ORIGINAL SIGNATURES 16-014

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

LTC APPLICATION FOR PERMIT
July 2012 Edition

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HEALTH FACILITIES & SERVICES REVIEW BOARD

ORIGINAL

LONG-TERM CARE APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

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

The Applicant, **St. Clara's Senior Services** (Owner) and **St. Clara's Manor** (Operator/Licensee), currently own and operate St. Clara's Manor, a 140 bed general long-term nursing care facility located at 200 Fifth Street, Lincoln, Illinois. The Applicant proposes to construct a total replacement facility to be located at 1450 Castle Manor Drive, Logan County, Lincoln, reducing the existing 140 nursing care beds by 34 nursing care beds for a total of 106 nursing care beds. The proposed one-story structure will have a total of 77% private rooms (82 privates and 12 semi-private) in 73,491 gross square feet with a total cost of $20,631,082 on approximately 5 acres and adjacent to its sister facility, Castle Manor (SLF), completing the continuum of care.

This project will continue to be certified for both Medicare and Medicaid. Although this project is a replacement, as an offsite replacement it is considered an establishment of beds and services, therefore, the project is considered Substantive in accordance with the rules of the 77 IAC, Part 1125.140.

The existing St. Clara's Manor facility will be discontinued upon project completion and transfer of all existing residents. There are no plans at this time for the existing building and site other than its sale. The razing of the existing building has not been decided as will not be part of this project.

Facility/Project Identification

Facility Name: **St. Clara's Manor**
Street Address: **1450 Castle Manor Drive**
City and Zip Code: **Lincoln, Illinois 62656**
County: **Logan** Health Service Area: **003** Health Planning Area: **107 Logan**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **St. Clara's Senior Services**
Address: **200 5th Street, Lincoln, IL 62656**
Name of Registered Agent: **E. Zachary Dinardo**
Name of Chief Executive Officer: **Clyde Reynolds**
CEO Address: **1221 IL-121. Lincoln, IL 62656**
Telephone Number: **(217) 732-9720**

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Facility/Project Identification

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Street Address: **1450 Castle Manor Drive**
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Name of Chief Executive Officer: **Clyde Reynolds**
CEO Address: **1221 IL-121, Lincoln, IL 62656**
Telephone Number: **(217) 732-9720**

Type of Ownership (Applicant/Co-Applicants)

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

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- 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.

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E-mail Address: **cfoley@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Post Permit Contact

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

Name: **Michael Eads**
Title: **Administrator**
Company Name: **St. Clara's Manor**
Address: **200 5th Street, Lincoln, IL 62656**
Telephone Number: **(217) 735-1507**
E-mail Address: **meads@heritageofcare.com**
Fax Number: **(217) 732-3188**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **St. Clara's Senior Services**
Address of Site Owner: **200 5th Street, Lincoln, IL 62656**
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: **St. Clara's Manor**
Address: **200 5th Street, Lincoln, IL 62656**

☒ 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 St. Clara's Manor * **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
Clyde R. Reynolds	Tonita M Reifsteck
PRINTED NAME	PRINTED NAME
President	Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 21st day of March 2016	Notarization: Subscribed and sworn to before me this 21st day of March 2016
Susan M. Boyd	Susan M. Boyd
Signature of Notary	Signature of Notary
OFFICIAL SEAL SUSAN M. BOYD NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 7-13-2018	OFFICIAL SEAL SUSAN M. BOYD NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 7-13-2018
Seal	Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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- 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 St. Clara's Senior Services* 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

Clyde R. Reynolds
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21st day of March 2016

Susan M. Boyd
Signature of Notary

OFFICIAL SEAL
SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-13-2018

Seal

SIGNATURE

Tonita M Reifsteck
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21st day of March 2016

Susan M. Boyd
Signature of Notary

OFFICIAL SEAL
SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-13-2018

Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

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

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

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

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

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

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

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

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

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ General Long-Term Care	140	106
☐ 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	2013 2014 2019	99 82	37,881 36,052 35,405
☐ 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

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

Defined Population – Establishment or Expansion	.520	Background of the Applicant
	.560(b)(1) & (2)	Defined Population to be Served
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
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Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SPECIALIZED LONG-TERM CARE

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

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

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

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

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

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

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

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

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

Criterion 1125.530 - Planning Area Need

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

than the number of years projected;

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

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

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

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

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

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

1. Historical Service Demand

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

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

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

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

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

2. The proposal shall be for the purposes of and serve only the residents of the housing complex

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

3. The applicant shall demonstrate that:

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

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

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

Defined Population:

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SPECIALIZED LONG-TERM CARE

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

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

1. **Community Related Functions**

   Read the criterion and submit the following information:

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

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

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

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

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

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

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

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

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

   e. documentation of the availability of community workshops.

3. **Recommendation from State Departments**

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

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

Read the criterion and submit the following information:

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

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

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

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

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

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

5. **Zoning**

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

6. **Establishment of Chronic Mental Illness**

Read the criterion and provide the following:

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

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

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

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

Read this criterion and submit the following information:

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

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

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

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

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

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

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

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

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

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

$5,000,000	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;
$15,631,082	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.
$20,631,082		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.

COMBINED (St. Clara's Manor and St. Clara's Senior Services)

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:	2012	2013	2014	2019
Current Ratio	6.10	9.00	11.87	5.80
Net Margin Percentage	12.81	10.23	-7.17	3.26
Percent Debt to Total Capitalization	0.00%	0.00%	0.00%	54.55%
Projected Debt Service Coverage	N/A	N/A	N/A	1.54
Days Cash on Hand	351.56	401.79	438.08	178.25
Cushion Ratio	N/A	N/A	N/A	4.03

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

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.

St. Clara's Senior Services

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:	**2012**	**2013**	**2014**	**2019**
Current Ratio	17963.21	20793.11	N/A	5.85
Net Margin Percentage	80.26	82.90	-61.92	-145.88
Percent Debt to Total Capitalization	0.00%	0.00%	0.00%	60.01%
Projected Debt Service Coverage	N/A	N/A	N/A	0.48
Days Cash on Hand	50349.11	44443.07	50371.08	1938.81
Cushion Ratio	N/A	N/A	N/A	2.73

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.

St. Clara's Manor

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**2012**	**2013**	**2014**	**2019**
Current Ratio	3.10	3.99	4.03	5.74
Net Margin Percentage	6.94	1.72	-1.87	12.00
Percent Debt to Total Capitalization	0.00%	0.00%	0.00%	0.00%
Projected Debt Service Coverage	N/A	N/A	N/A	1.06
Days Cash on Hand	80.72	79.27	52.51	61.46
Cushion Ratio	N/A	N/A	N/A	1.30

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

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

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing-Clinical	**$209.77**		**49,681**				**$10,421,799**		**$10,421,799**
Contingency	**20.98**		**49,681**				**$ 1,042,180**		**$ 1,042,180**
TOTALS	**230.75**		**49,681**				**$11,463,979**		**$11,463,979**
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

APPENDIX A

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$37,181	$17,819	$55,000
Site Survey and Soil Investigation	$110,528	$52,972	$163,500
Site Preparation	$462,671	$221,738	$684,409
Off Site Work	$676	$324	$1,000
New Construction Contracts	$10,421,799	$4,994,727	$15,416,526
Modernization Contracts	$0	$0	$0
Contingencies	$1,042,180	$499,473	$1,541,653
Architectural/Engineering Fees	$767,071	$367,624	$1,134,695
Consulting and Other Fees	$124,363	$59,602	$183,965
Movable or Other Equipment (not in construction contracts)	$619,197	$296,755	$915,952
Bond Issuance Expense (project related)	$148,670	$71,251	$219,921
Net Interest Expense During Construction (project related)	$212,580	$101,881	$314,461
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	**$13,946,916**	**$6,684,166**	**$20,631,082**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$3,380,074	$1,619,926	$5,000,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)	$10,566,842	$5,064,240	$15,631,082
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$13,946,916**	**$6,684,166**	**$20,631,082**

***Appended as APPENDIX-A1, is a further breakdown of project costs.**

Breakout of Project Costs

Use of Funds	Project Costs - Breakout	Cost
Preplanning Costs		
	Reimbursable Professional Expenses	$5,000
	Pre-Opening Mgmt/Mkt'g	$50,000
		$55,000
Site Survey and Soil Investigation		
	ALTA Land Survey	$5,000
	Soil Testing	$6,000
	Illinois EPA Permit Fee	$2,500
	Phase II Enviromental	$150,000
		$163,500
Site Preparation		
	Fill & Grading	$684,409
		$684,409
Off Site Work		
	City Tap-on & Impact Fee	$1,000
		$1,000
New Construction Contracts		
	Construction & Building Cost	$14,974,315
	Insurance - Builder's Risk	$18,454
	Construction Management	$423,757
		$15,416,526
Modernization Contracts		
Contingencies		
	Contingency - 10%	$1,541,653
		$1,541,653
Architectural/Engineering Fees		
	Architectural & Engineering	$1,134,695
		$1,134,695
Consulting and Other Fees		
	Building Permit Fees	$13,565
	Construction Inspection Fees	$2,400
	Legal Fees	$50,000
	Title & Recording	$5,000
	Illinois Health Facilities CON Fees	$95,000
	Illinois Department of Public Health Fee	$11,000
	Appraisal	$7,000
		$183,965
Movable or Other Equipment		
	Furniture, Fixtures & Equipment	$915,952
		$915,952
Bond Issuance Expense		
	Letter of Credit Fee/Bond Premium	$88,050
	Points	$131,871
		$219,921
Net Interest Expense During Construction		
	Construction Interest Escrow	$314,461
		$314,461
Fair Market Value of Leased Space or Equipment		
Other Costs to be Capitalized		
Acquisition of Building or Other Property		
Total IDPH Regulated Uses of Funds		**$20,631,082**

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: $ **N/A**
Fair Market Value: $ **N/A**

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 **$ 0.00**.

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): **January 31, 2018**

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.**

Proposed Building		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	$9,321,900	0	33,206	33,206	0	0	0
Living/Dining/Activity	$3,026,824	0	10,782	10,782	0	0	0
Kitchen/Food Service	$425,305	0	1,515	1,515	0	0	0
P.T./O.T.	$606,375	0	2,160	2,160	0	0	0
Laundry	$172,087	0	613	613	0	0	0
Janitor Closets	$56,988	0	203	203	0	0	0
Clean/Soiled Utility	$278,484	0	992	992	0	0	0
Beauty/Barber	$58,953	0	210	210	0	0	0
Total Clinical	$13,946,916	0	49,681	49,681	0	0	0
NON-CLINICAL							
Office/Administration	$557,528	0	1,986	1,986	0	0	0
Employee Lounge/ Locker/Training	$80,289	0	286	286	0	0	0
Mechanical/Electrical	$359,334	0	1,280	1,280	0	0	0
Lobby	$273,430	0	974	974	0	0	0
Storage/Maintenance	$510,647	0	1,819	1,819	0	0	0
Public Toilets	$184,439	0	657	657	0	0	0
Corridor	$4,718,499	0	16,808	16,808			
Total Non-clinical	$6,684,166	0	23,810	23,810	0	0	0
TOTAL	**$20,631,082**	**0**	**73,491**	**73,491**	**0**	**0**	**0**

67.601% Clinical as a % of total

32.399% Non-Clinical as a % of total

Existing Building	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
St. Clara's Manor	50,942			0	0	50,942

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:

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12	Background of the Applicant	216-221
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C	Project Status and Completion Schedule	34
D	Cost/Space Requirements	35

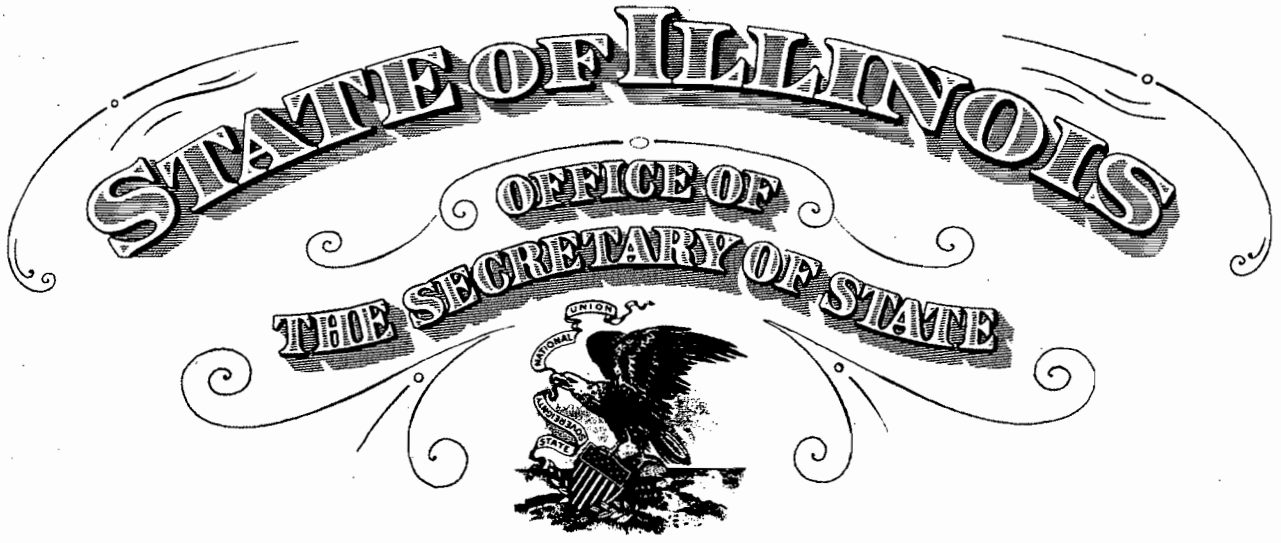
Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

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

St. Clara's Senior Services will be the Owner of the proposed site and building. **St. Clara's Manor** will be the Operator/Licensee of the proposed replacement facility. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A.**

ATTACHMENT-1

File Number 4285-948-6



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

ST. CLARA'S SENIOR SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 01, 1963, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, 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* 16TH *day of* MARCH *A.D.* 2016 .

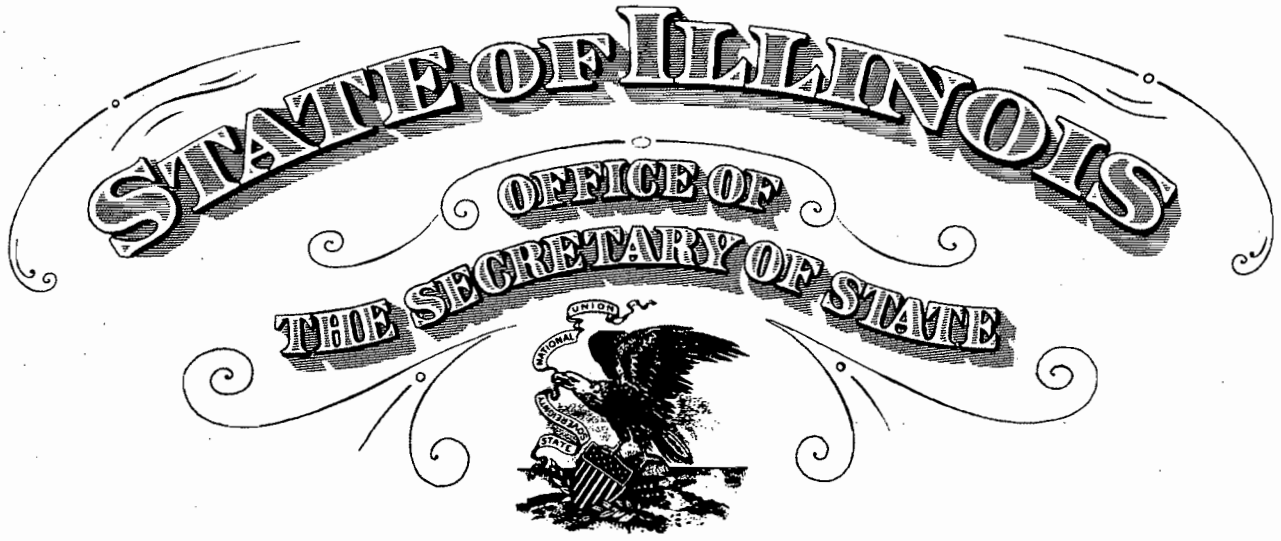
Authentication #: 1607600970 verifiable until 03/16/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 6589-837-3



To all to whom these Presents Shall Come, Greeting:

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

ST. CLARA'S MANOR, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 11, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, 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* 14TH *day of* MARCH *A.D.* 2016 .

Authentication #: 1607402460 verifiable until 03/14/2017
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 **St. Clara's Senior Services**. An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-2A**. The Warranty Deed documenting site control is appended as **ATTACHMENT-2B**.

ATTACHMENT-2

File Number 4285-948-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ST. CLARA'S SENIOR SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 01, 1963, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, 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* 16TH *day of* MARCH *A.D.* 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1607600970 verifiable until 03/16/2017

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

ATTACHMENT-2A

Welcome to Logan County, Illinois

Serving the Citizens of Lincoln and Logan County

Property Tax Online Inquiry

Information for Parcel 12-026-041-00, Tax Year 2014 Payable 2015

Property Information

Tax Year 2014	**Township** WEST LINCOLN	**Images/Sketches** No images found.
Property Class 0090-Tax Exempt	**Land Use**	
Tax Status Exempt	**Tax Code** 12016	
Net Taxable Value	**Tax Rate**	
Total Tax $0.00	**Site Address** 1550 CASTLE MANOR DR LINCOLN, IL 62656	
Owner Name and Address ST CLARAS MANOR, INC	**Mailing Name and Address** ST CLARAS MANOR, INC DBA CASTLE MANOR INC 200 5TH ST LINCOLN, IL 62656	
Legal Description 12-461A S26 T20 R3 S 1/2 NW SE		
Lot Size 20 A		

Site Addresses

House Number	House Number Suffix	Street Name	
1550		CASTLE MANOR DR	
City LINCOLN	**State** IL	**Zip Code** 62656	**Location**

I Want To...

- Start a New Search
- Go to County Website
- Go to the Assessor Website
- Go to the Clerk Website
- Go to the Treasurer Website

View:

- Assessments
- Appraisal
- Billing & Collection
- Exemptions
- Farmland
- Genealogy
- Legal Description
- Names
- Sales
- Site Addresses
- Taxing Bodies

Print:

- Current Page
- Full Report

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wEdge version 3.1
Data updated 2016/03/02

loading

Requested By: AAM 03/03/2016

200700050594
Filed for Record in
LOGAN COUNTY, ILLINOIS
SALLY J LITTERLY
11-01-2007 At 10:15 am.
WARRANTYDED 46.00
RHSP Fund 10.00

(For Recorder's Use Only)

WARRANTY DEED

THE **GRANTOR, LINDA KNOCHEL NIEMEYER, a married person conveying in her individual right, by SCOTT A. WERNER under a Power of Attorney dated February 9, 2006, for** and in consideration of TEN and NO/100 DOLLARS ($10.00) and other good and valuable considerations in hand paid, **CONVEY and WARRANT** to **ST. CLARA'S MANOR, INC., an Illinois not-for-profit corporation, GRANTEE,** of the City of Lincoln, County of Logan, State of Illinois, an undivided one-half (1/2) interest in the following described Real Estate to wit:

The South Half of the Northwest Quarter of the Southeast Quarter of Section 26, Township 20 North, Range 3 West of the 3rd P.M., Logan County, Illinois, more particularly described as follows:

Commencing at the center of Section 26; thence South 1 degree 04 minutes 48 seconds East 59.10 feet on the West line of the North Half of the Northwest Quarter of the Southeast Quarter of said Section 26 to the South right of way line of Illinois Route 10 and the North line of the Old Airport Subdivision, according to the plat thereof recorded as Doc. No. 05-40277 in the Logan County Recorder of Deeds office; thence North 89 degrees 07 minutes 06 seconds East 29.82 feet on the North line of said Old Airport Subdivision to the Northeast corner of said Old Airport Subdivision; thence South 01 degrees 04 minutes 48 seconds East 602.81 feet on the East line of said Old Airport Subdivision to the Point of Beginning on the North line of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence North 89 degrees 56 minutes 47 seconds East 1287.16 feet to the Northeast corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence South 01 degrees 06 minutes 17 seconds East 661.64 feet to the Southeast corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence North 89 degrees 58 minutes 25 seconds West 1317.12 feet to the Southwest corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26, also being the East line of said Old Airport Subdivision; thence North 01 degrees 06 minutes 37 seconds West 659.80 feet on the East line of said Old Airport Subdivision to the Northeast corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence North 89 degrees 56 minutes 47 seconds East

29.99 feet to the Point of Beginning, with assumed bearings given for description purposes only.

The above-described tract of real estate being subject to the following:

a. Taxes for the years 2007 and all subsequent years' real estate taxes, which the Grantee assumes and agrees to pay;

b. Confirmed special assessments, if any, constructive notice of which is not imparted by the records of the Recorder of Deeds;

c. Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used, or dedicated for roads or highways;

d. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any;

e. Rights of parties in possession, encroachments, overlaps, boundary line disputes, and any such matters as would be disclosed by an accurate survey and inspection of the land, and easements or claims of easements not shown by the public records;

f. Encroachment of 0.1 feet of an electrical transformer on the North boundary line as shown by Plat of Survey dated June 26, 2007 made by Randel D. Nydegger, Illinois Professional Land Surveyor No. 3014;

g. Encroachment of 1.5 feet of a parking lot line pole on the North boundary line as shown by Plat of Survey dated June 26, 2007 made by Randel D. Nydegger, Illinois Professional Land Surveyor No. 3014;

h. Six inch vertical corrugated metal pipe 2.9 feet North of the South boundary of premises in question as shown by Plat of Survey dated June 26, 2007 made by Randel D. Nydegger, Illinois Professional Land Surveyor No. 3014:

and hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State. This is not homestead property of the Grantor her spouse.

DATED: This 31st day of October, 2007.

Scott A. Werner

LINDA KNOCHEL NIEMEYER, by SCOTT A. WERNER, under a Power of Attorney dated February 9, 2006

STATE OF ILLINOIS)
) SS
COUNTY OF LOGAN)

I, the undersigned, a Notary Public for said County, in the State aforesaid, do hereby certify that **SCOTT A. WERNER**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal, this 31st day of October, 2007.

OFFICIAL SEAL
JENNIFER A AWE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/03/08

Jennifer A. Awe
NOTARY PUBLIC

PERMANENT INDEX NUMBER: 54 12 026 041 00

PROPERTY ADDRESS: Farmland, Lincoln, Logan County, Illinois

TAX NOTICE TO
and RETURN TO: St. Clara's Manor, 200 Fifth Street, Lincoln, Illinois 62656

PREPARED BY: John R. Gehlbach Law Office, 529 Pulaski Street, Lincoln, Illinois 62656 (217) 735-4311

Requested By: AAM 03/03/2016

Instrument PG 1 OF 4
200700050593

200700050593
Filed for Record in
LOGAN COUNTY, ILLINOIS
SALLY J LITTERLY
11-01-2007 At 10:15 am.
WARRANTYDED 46.00
RHSP Fund 10.00

WARRANTY DEED

THE GRANTORS, CYNTHIA SHUMATE, F/K/A CYNTHIA STEPHENS, of the City of Madison, County of Dane and State of Wisconsin, JAMES J. DEHNER, of the City of Indianapolis, County of Marion and State of Indiana, MARY E. MARTINEZ, of the City of Granite City, County of Madison and State of Illinois, JOHN P. KILLION, of the City of Rockford, County of Winnebago and State of Illinois, and KRISTOPHER MICHAEL KILLION, of the City of Loves Park, County of Winnebago and State of Illinois for and in consideration of Ten Dollars ($10.00) and other good and valuable consideration in hand paid, CONVEY and WARRANT to ST. CLARA'S MANOR, INC., an Illinois not-for-profit corporation, an undivided one-half (½) interest in and to the following described real estate, to-wit:

Schedule A attached hereto and by reference incorporated herein,

situated in the County of Logan, in the State of Illinois, and hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Grantors further warrant that the foregoing described real estate is not the homestead of Grantors or their spouses.

This deed is made subject to taxes for the year 2007 and subsequent years and to any and all covenants and easements of record.

Dated this 14th day of October A.D., 2007.

(SEAL)
Cynthia Shumate f/k/a Cynthia Stephens

(SEAL)
James J. Dehner

(SEAL)
Mary E. Martinez

(SEAL)
John P. Killion

(SEAL)
Kristopher Michael Killion

Requested By: AAM 03/03/2016

STATE OF ~~WISCONSIN~~ Illinois)
) SS.
DANE ~~COUNTY~~ Madison)

OFFICIAL SEAL
VICKI ENGLISH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 03/24/10

I, the undersigned, a Notary Public, in and for the said County, in the State aforesaid, do hereby certify that CYNTHIA SHUMATE F/K/A CYNTHIA STEPHENS, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and Notarial Seal this 4th day of October A.D., 2007.

Vicki English
Notary Public

STATE OF INDIANA)
) SS.
MARION COUNTY)

I, the undersigned, a Notary Public, in and for the said County, in the State aforesaid, do hereby certify that JAMES J. DEHNER, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and Notarial Seal this 3rd day of October A.D., 2007.

NOTARY PUBLIC SEAL INDIANA
JODY ANN HANLEY
NOTARY PUBLIC
A RESIDENT OF MARION COUNTY
MY COMM. EXPIRES 04/10/2013

Jody Ann Hanley
Notary Public

STATE OF ILLINOIS)
) SS.
MADISON COUNTY)

I, the undersigned, a Notary Public, in and for the said County, in the State aforesaid, do hereby certify that MARY E. MARTINEZ, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and Notarial Seal this 19th day of October A.D., 2007.

Vicki English
Notary Public

OFFICIAL SEAL
VICKI ENGLISH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 03/24/10

STATE OF ILLINOIS)
) SS.
WINNEBAGO COUNTY)

I, the undersigned, a Notary Public, in and for the said County, in the State aforesaid, do hereby certify that JOHN P. KILLION, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and Notarial Seal this 26 day of October A.D., 2007.

Notary Public

STATE OF ILLINOIS)
) SS.
WINNEBAGO COUNTY)

OFFICIAL SEAL
DOUGLAS M THORSEN
Notary Public State of Illinois
My Commission Expires 7/08/2009

I, the undersigned, a Notary Public, in and for the said County, in the State aforesaid, do hereby certify that KRISTOPHER MICHAEL KILLION, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and Notarial Seal this 26 day of October A.D., 2007.

Notary Public

OFFICIAL SEAL
DOUGLAS M THORSEN
Notary Public State of Illinois
My Commission Expires 7/08/2009

Permanent Index No.: 54 12 026 041 00

Commonly known as: Lincoln, IL 62656

SEND TAX
NOTICE TO: St. Clara's Manor, 200 5th Street, Lincoln, IL 62656
RETURN TO: St. Clara's Manor, 200 5th Street, Lincoln, IL 62656
PREPARED BY: Thomas M. Harris, Griesheim Bldg., 101 ½. S. Kickapoo Street, Lincoln, IL 62656

The South Half of the Northwest Quarter of the Southeast Quarter of Section 26, Township 20 North, Range 3 West of Third Principal Meridian, Logan County, Illinois, more particularly described as follows: Commencing at the center of Section 26; thence S01°04'48"E 59.10 feet on the west line of the North Half of the Northwest Quarter of the Southeast Quarter of said Section 26 to the south right of way line of Illinois Route 10 and the north line of the Old Airport Subdivision, according to the plat thereof recorded as Document No. 05-40277 in the Logan County Recorder of Deeds Office; thence N89°07'06"E 29.82 feet on the north line of said Old Airport Subdivision to the northeast corner of said Old Airport Subdivision; thence S01°04'48"E 602.81 feet on the east line of said Old Airport Subdivision to the Point of Beginning on the north line of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence N89°56'47"E 1287.16 feet to the northeast corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence S01°06'17"E 661.64 feet to the southeast corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence N89°58'25"W 1317.12 feet to the southwest corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26 also being the east line of said Old Airport Subdivision; thence N01°06'37"W 659.80 feet on the east line of said Old Airport Subdivision to the northeast corner of the South Half of the Northwest Quarter of the Southeast Quarter of said Section 26; thence N89°56'47"E 29.99 feet to the Point of Beginning, with assumed bearings given for description purposes only.

Schedule A

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 St. Clara's Manor will be **St. Clara's Manor.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A. St. Clara's Manor** is an Illinois Not-For-Profit whose Board is the sole governing body. The ongoing operations of this entity, along with the assets of **St. Clara's Senior Services,** will fund the project's equity contribution and will pay the mortgage.

File Number 6589-837-3

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ST. CLARA'S MANOR, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 11, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, 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* 14TH *day of* MARCH *A.D.* 2016 .

Authentication #: 1607402460 verifiable until 03/14/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

Organizational Relationships

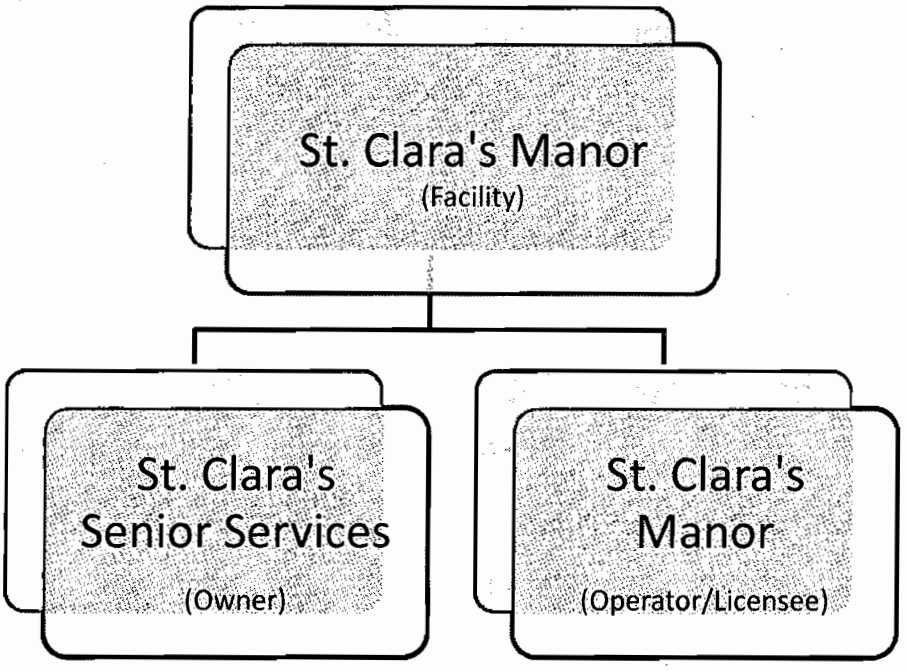
Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type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

Appended as **ATTACHMENT-4A,** is the organizational chart for the proposed St. Clara's Manor. It should be known that each entity, **St. Clara's Senior Services** (Owner) and **St. Clara's Manor** (Operator/Licensee) each have their own Board of trustees and each Board has the rights and control to direct its own assets. Moreover, **St. Clara's Senior Services** was established as a "supporting organization" to support **St. Clara's Manor** in its mission of operating the nursing home. As such, **St. Clara's Manor** has the right to appoint 1/3 of the trustees to the **St. Clara's Senior Services** Board. Further clarification of these entities, and their responsibilities and control is addressed by E. Zachary Dinardo (Sorling Northrup), General Counsel to each entity in **ATTACHMENT-4B**.

Funding of the project will be provided through bond financing that will be supported with each entity's assets and revenues from ongoing operations.

ATTACHMENT-4

St. Clara's Manor Organizational Chart



SORLING
NORTHRUP
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F: 217-522-3173

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Stephen J. Bochenek
David A. Rolf
Peggy J. Ryan
Todd M. Turner
James D. Broadway
E. Zachary Dinardo
James G. Fahey
Michael G. Horstman Jr.
Stephen F. Hedinger
Jeffrey R. Jurgens
Michelle L. Blackburn
Brian D. Jones
Lisa A. Petrilli
Kirk W. Laudeman
Lisa Harms Hartzler
John R. Simpson
Elizabeth A. Urbance
Jeffrey T. Baker
Kevin M. Morphew
Gregory E. Moredock
Angela Fyans-Jimenez
Emily A. Reid-Peterson
Timothy J. Palen
Christine L. Self
Joshua J. Watson

Of Counsel:
William B. Bates Jr.
Mark H. Ferguson

401 S.W. Water Street
Suite 603
Peoria, IL 61602

P: 309-674-1144
F: 309-671-4368

March 25, 2016

E-Mail – jkniery@foleyandassociates.com

Mr. John P. Kniery
Health Care Consultant
Foley & Associates, Inc.
133 South Fourth Street, Suite 200
Springfield, IL 62701

Re: St. Clara's Manor
St. Clara's Senior Services
Castle Manor

Dear John:

This letter will explain the relationships among St. Clara's Manor ("SCM"), Castle Manor ("CM"), and St. Clara's Senior Services ("SCSS").

SCM is an Illinois not for profit corporation with tax exempt status under Section 501(c)(3) of the Internal Revenue Code (the "Code") which operates a skilled nursing facility. CM is an Illinois not for profit corporation with tax exempt status under Section 501(c)(3) of the Code which operates a supportive living facility. Neither of these entities has any control over the other; rather, the only legal connection between these entities is that they are both supported by SCSS, as explained below.

SCSS is an Illinois not for profit corporation that qualifies as a "supporting organization" under Section 509(a)(3) of the Code, with tax exempt status under Section 501(c)(3) of the Code. As a supporting organization, SCSS is organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of two entities, SCM and CM.

The Articles of Incorporation and Bylaws of SCSS ensure that it is operated exclusively for the benefit of SCM and CM by virtue of a provision which requires one-third (1/3) of the Board of Trustees of SCSS to be appointed or elected by SCM, and one-third (1/3) of the Board of Trustees of SCSS to be appointed or elected by CM; provided that no more than one (1) of the Trustees of SCM may also serve as a Trustee of SCSS at the same time, and

no more than one (1) of the Trustees of CM may serve as a Trustee of SCSS at the same time. Although SCSS does not have the ability to control SCM, it does control the real property associated with the project, and thus, for that reason, should be a co-applicant.

If you need anything else, please let me know.

Sincerely,

Zach Dinardo

E. Zachary Dinardo

EZD:smr

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 Worn Jerabek Wiltse Architects, P. C. dated 01/21/16, as well as a FIRM Map printed from www.FEMA.gov and the Plat of Survey providing documentation that the site is not within a special flood hazard area.

ATTACHMENT-5

WORN JERABEK WILTSE ARCHITECTS, P.C.

212 W. Superior Suite 600, Chicago, IL 60654
(p) 312 642 5587 www.wjwarchitecture.com

301 North Neil Suite 400, Champaign, IL 61820
(p) 217 531 1150 www.wjwarchitecture.com

January 21, 2016

Mike Blake
Heritage Enterprises, Inc.
115 W. Jefferson St. Suite 401
Bloomington, IL 61702

RE: Flood Zone designation
St. Clara's Manor SNF
1450 Castle Manor Drive
Lincoln, IL 62656

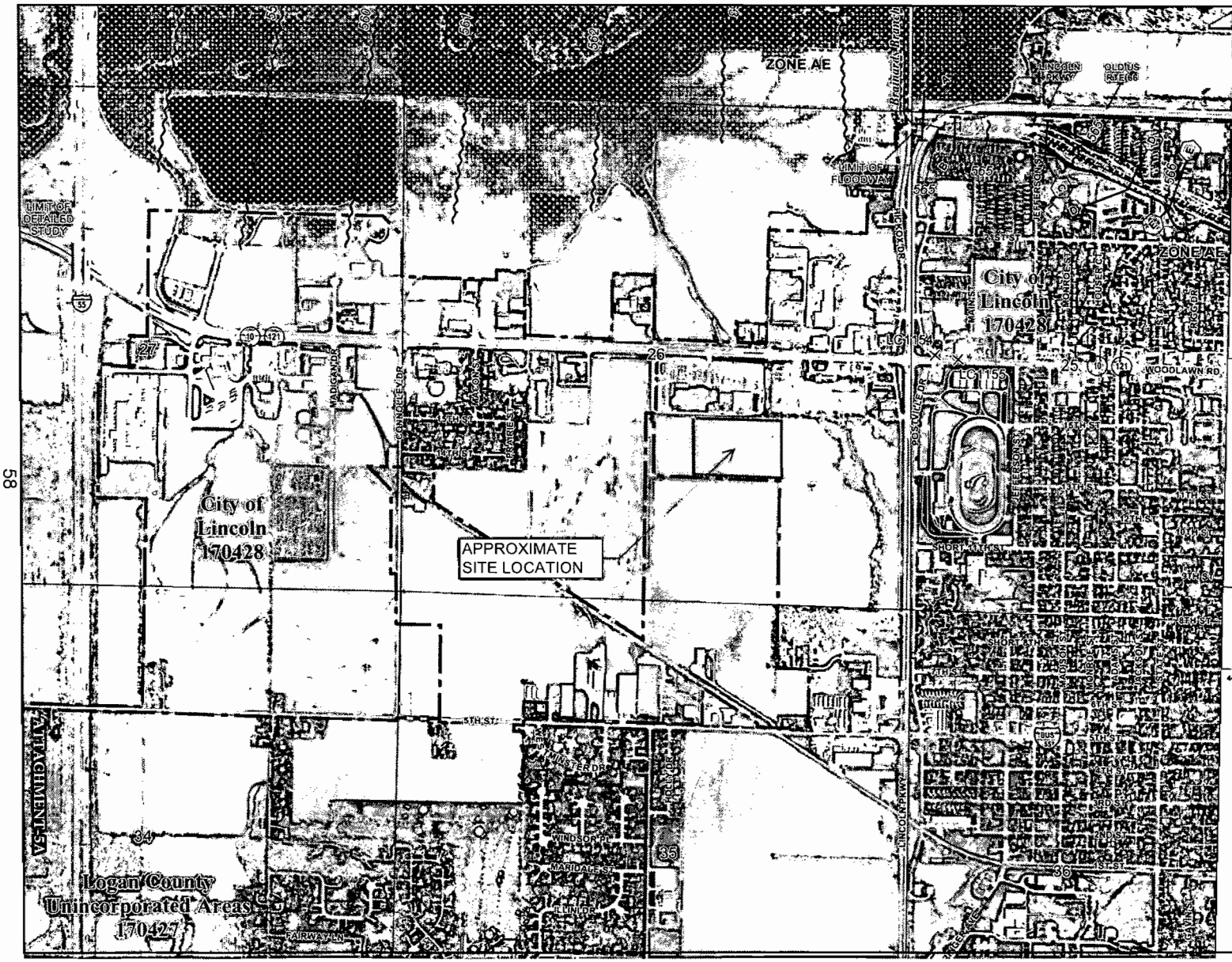
Dear Mike,

To the best of our professional knowledge and belief, the above-referenced site does not lie within a designated Flood Zone. This is based on information contained in the attached FIRM map for Lincoln, Illinois dated February 18, 2011 and the flood certification contained within the attached Plat of Survey of the St. Clara's site dated March 23, 2009.

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

Sincerely,

Todd Wiltse, AIA, LEED AP
Partner



MAP SCALE 1" = 1000'

0 1000 2000 FEET

METERS

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0145D

FIRM

FLOOD INSURANCE RATE MAP

LOGAN COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 145 OF 400

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
LINCOLN, CITY OF	170428	0145	D
LOGAN COUNTY	170427	0145	D

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
17107C0145D

MAP REVISED
FEBRUARY 18, 2011

Federal Emergency Management Agency

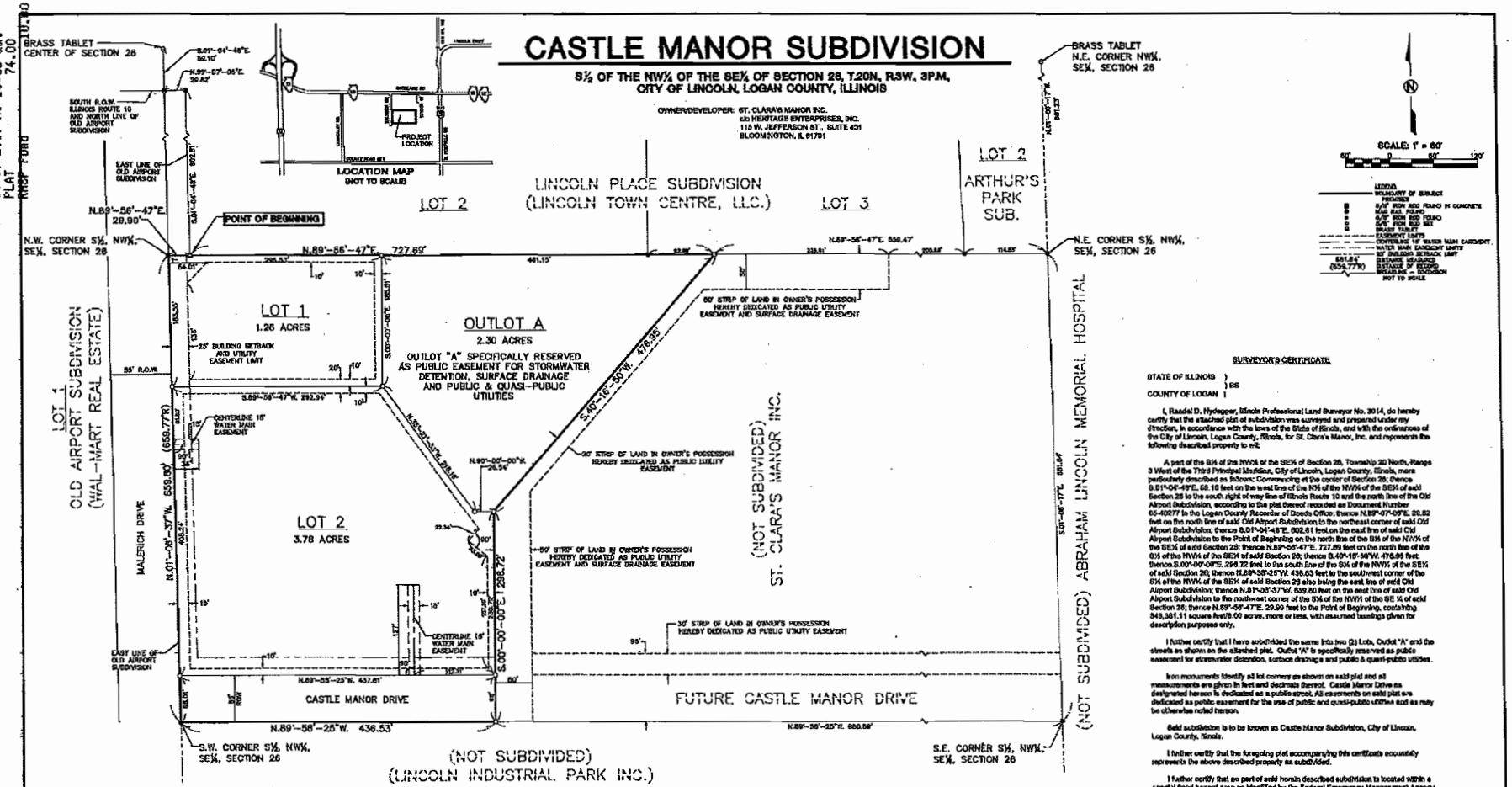
This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Instrument
2009R00057958
PG 1 OF 4
2009R00057958
Filed for Record in
LOGAN COUNTY, ILLINOIS
SALLY J LITTERLY
04-09-2009 AT 10:36 a.m.
PLAT
74.00
RMSP Fund

CASTLE MANOR SUBDIVISION

S½ OF THE NW¼ OF THE SE¼ OF SECTION 28, T.20N, R.3W, 3P.M,
CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS

OWNER/DEVELOPER: ST. CLARA'S MANOR INC.
c/o HERITAGE ENTERPRISES, INC.
119 W. JEFFERSON ST., SUITE 401
BLOOMINGTON, IL 61701



CERTIFICATE OF APPROVAL

Under the authority provided by Chapter 24, Illinois Revised Statutes, 1949, enacted by the State Legislature of the State of Illinois and ordinances adopted by the City Council of the City of Lincoln, Illinois, this plat was given approval by the City of Lincoln and shall be recorded only by the City Clerk.

Approved by the Plan Commission at a meeting held March 12 2009

Chairman

Secretary

Approved by the City Council at a meeting held April 6 2009

Mayor

City Clerk

Approved by the City Engineer:

SURVEYOR'S CERTIFICATE

STATE OF ILLINOIS)
) SS
COUNTY OF LOGAN)

I, Randel D. Nydegger, Illinois Professional Land Surveyor No. 3014, do hereby certify that the attached plat of subdivision was surveyed and prepared under my direction, in accordance with the laws of the State of Illinois, and with the ordinances of the City of Lincoln, Logan County, Illinois, for St. Clara's Manor, Inc. and represents the following described property to wit:

A part of the S½ of the NW¼ of the SE¼ of Section 28, Township 20 North, Range 3 West of the Third Principal Meridian, City of Lincoln, Logan County, Illinois, more particularly described as follows: Commencing at the center of Section 28; thence S.01°-04'-49"E. 56.10 feet on the west line of the N½ of the NW¼ of the SE¼ of said Section 28 to the south right of way line of Illinois Route 10 and the north line of the Old Airport Subdivision, according to the plat thereof recorded as Document Number 05-10277 in the Logan County Recorder of Deeds Office; thence N.89°-57'-05"E. 29.82 feet on the north line of said Old Airport Subdivision to the northeast corner of said Old Airport Subdivision; thence S.01°-04'-49"E. 992.01 feet on the east line of said Old Airport Subdivision to the Point of Beginning on the north line of the S½ of the NW¼ of the SE¼ of said Section 28; thence N.89°-56'-47"E. 727.69 feet on the north line of the S½ of the NW¼ of the SE¼ of said Section 28; thence S.40°-16'-50"W. 476.86 feet; thence S.00°-00'-00"E. 298.32 feet to the south line of the S½ of the NW¼ of the SE¼ of said Section 28; thence N.89°-58'-25"W. 438.63 feet to the southwest corner of the S½ of the NW¼ of the SE¼ of said Section 28 also being the east line of said Old Airport Subdivision; thence N.01°-06'-37"W. 659.80 feet on the east line of said Old Airport Subdivision to the northwest corner of the S½ of the NW¼ of the SE ¼ of said Section 28; thence N.89°-56'-47"E. 29.99 feet to the Point of Beginning, containing 848,361.11 square feet/19.00 acres, more or less, with assumed bearings given for description purposes only.

I further certify that I have subdivided the same into two (2) Lots, Outlot "A" and the streets as shown on the attached plat. Outlot "A" is specifically reserved as public easement for stormwater detention, surface drainage and public & quasi-public utilities.

Iron monuments identify all lot corners as shown on said plat and all measurements are given in feet and decimals thereof. Castle Manor Drive as designated hereon is dedicated as a public street. All easements on said plat are dedicated as public easement for the use of public and quasi-public utilities and as may be otherwise noted hereon.

Said subdivision is to be known as Castle Manor Subdivision, City of Lincoln, Logan County, Illinois.

I further certify that the foregoing plat accompanying this certificate accurately represents the above described property as subdivided.

I further certify that no part of said herein described subdivision is located within a special flood hazard area as identified by the Federal Emergency Management Agency on Community Panel No. 17107C0145 C dated September 2, 1988.

Lewis, Yockey & Brown, Inc.
Consulting Engineers & Land Surveyors
505 N. Main St.
Bloomington, IL 61701

02/25/09
Date

Randel D. Nydegger
Illinois Professional Land Surveyor No. 3014
License Expires 11/30/2010

Lewis, Yockey & Brown, Inc. Consulting Engineers & Land Surveyors					CASTLE MANOR SUBDIVISION FINAL PLAT CITY OF LINCOLN LOGAN COUNTY, ILLINOIS	Sheet 1 of 1
Professional Design Firm Registration #184.000806						
505 North Main Street, Bloomington, Illinois, Ph. (309) 829-2552	222 East Center Street, Lafayette, Illinois, Ph. (765) 463-8151	155 South Elm Street, Old Ford, Illinois, Ph. (309) 877-2552	2/25/09	Dr. BSS		
				Des. SPM		
				Dwg. RDN		
				Apv. RDN		

4729.03

ATTACHMENT 5A

OWNER'S CERTIFICATE

STATE OF ILLINOIS)
)SS
COUNTY OF LOGAN)

KNOW ALL MEN BY THESE PRESENTS: That we, the undersigned, hereby certify that we are the owners of all the premises embodied in the attached plat to of the Castle Manor Subdivision to the City of Lincoln, Logan County, Illinois and that we have caused said plat to be made and that it is a true and correct plat of the Castle Manor Subdivision to the City of Lincoln, Logan County, Illinois, as laid off into lots and streets by Randel D. Nydegger, Illinois Professional Land Surveyor Number 3014; and we, the undersigned, hereby dedicate to the City of Lincoln, Logan County, Illinois and set apart for the use of the general public forever all of the streets and thoroughfares as indicated and shown on said plat; and we further dedicate easements within the rights-of-way of such streets and thoroughfares to the applicable public utility companies for those utility installations that are permitted by this and other resolutions and codes of the City and the County to be installed in street or thoroughfare rights-of-way.

IN WITNESS WHEREOF we have hereunto set our hands and affixed our seals this 2 day of March, 2009.

_____(SEAL)

_____(SEAL)

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ATTACHMENT-5A

NOTARY'S CERTIFICATE

STATE OF ILLINOIS)
) SS
COUNTY OF LOGAN)

I, the undersigned, a Notary Public in and for said County and State aforesaid, do hereby certify that Benjamin Hart is (are) personally known to me to be the same person(s) whose name(s) is (are) subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he (she/they) signed, sealed and delivered the said instrument as his (her/their) free and voluntary act for the uses and purposes therein set forth, including the release and waiver of Homestead, and also including the dedication of all streets and highways to the use of the general public forever, and including the grant of certain general utility easements to the applicable utility public utility companies.

Given under my hand and notary seal this 2 day of March, 2009.

Julie A. Wolf Notary Public

OFFICIAL SEAL
JULIE A. WOLF
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-3-2009

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ATTACHMENT-5A

SCHOOL DISTRICT CERTIFICATE

I, St. Clara's Senior Services, developer/owner of the property described in the Surveyor's Certificate of the tract of land platted as Castle Manor Subdivision, certify that to the best of my knowledge and belief that said platted land is located within the boundaries of West Lincoln-Broadwell Elementary School District No. 92 and the Lincoln Community High School, High School District No. 404 in Logan County, Illinois.

By: _____
Benjamin Hart, owner rep.

Attest C. Jina Smith

STATE OF ILLINOIS)
) SS
COUNTY OF LOGAN)

I, the undersigned, a Notary Public in and for said County and State aforesaid, do hereby certify that Ben Hart is (are) personally known to me to be the same person(s) whose name(s) is (are) subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he (she/they) signed, sealed and delivered the said instrument as his (her/their) free and voluntary act

Given under my hand and notarial seal this 2 day of March, 2009.

_____
Notary Public

OFFICIAL SEAL
JULIE A. WOLF
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-3-2009

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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 a letter from Rachel Leibowitz, Ph.D., Deputy State Historic Preservation Officer, Illinois Historic Preservation Agency (HPA) dated March 3, 2016 addressing this requirement. In response to the IHPA findings, the Applicant has provided a Phase I archaeological survey for the property located at 1450 Castle Manor Drive, Lincoln, Logan County.

The Phase I Environmental Site Assessment prepared by Lewis, Yockey & Brown, Inc., Consulting Engineers & Land Surveyors is appended as **ATTACHMENT-6B**. The Applicant will work with the Historic Preservation Agency on satisfactorily addressing this requirement.

Illinois Historic Preservation Agency

SURVEY REQUEST

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

FAX 217/524-7525

www.illinoishistory.gov

Logan County
Lincoln
1450 Castle Manor Drive
IHFSRB
New construction, St. Clara's Manor long term care facility

PLEASE REFER TO: IHPA LOG #002021616

March 3, 2016

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

Dear Ms. Harris:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 1AC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. We have received information indicating that the referenced project will, under the state law cited above, require comments from our office and our comments follow. Should you have any contrary information, please contact our office at the number below.

According to the information provided to us concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology, therefore if your project will use federal loans or grants, need federal agency permits or federal property then your project must be reviewed by us under a slightly different procedure under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

The project area has a high probability of containing significant prehistoric/historic archaeological resources. Accordingly, a Phase I archaeological reconnaissance survey to locate, identify, and record all archaeological resources within the project area will be required, in addition to the survey we will also need clear photographs of all structures in, or adjacent to, the current project area. This decision is based upon our understanding that there has not been any large scale disturbance of the ground surface (excluding agricultural activities) or major construction activity within the project area which would have destroyed existing cultural resources prior to your project. If the area has been disturbed, please contact our office with the appropriate written and/or photographic evidence. The area(s) that need(s) to be surveyed (within the zone that needs to be surveyed) include(s) all area(s) that will be developed as a result of the issuance of the state agency permit(s) or the granting of the state funds or loan guarantees that have prompted this review. Enclosed you will find an attachment briefly describing Phase I surveys and listing archaeological contracting services. A COPY OF OUR LETTER WITH THE IHPA LOG NUMBER SHOULD BE PROVIDED TO THE SELECTED PROFESSIONAL ARCHAEOLOGICAL CONTRACTOR TO ENSURE THAT THE SURVEY RESULTS ARE CONNECTED TO YOUR PROJECT PAPERWORK.

If you have further questions, please contact Joe Phillippe at 217/785-1279.

Sincerely,

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

Enclosure

ATTACHMENT-6A

Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512 www.illinoishistory.gov

PROTECTING ILLINOIS' CULTURAL RESOURCES
An Introduction to Archaeological Surveys

Prepared by
ILLINOIS STATE HISTORIC PRESERVATION OFFICE

When you read the accompanying letter, you were notified that your Federal or State permitted, funded, or licensed project will require an archaeological survey. We also review projects that use public land. The purpose of this survey will be to determine if prehistoric or historic resources are present within the project area. If you are the average applicant you have had little or no experience with such surveys – this short introduction is designed to help you fulfill the Federal/State requirements and complete the process.

WHY PROTECT HISTORIC RESOURCES? Historic preservation legislation grew out of the public concern for the rapid loss of our prehistoric and historic heritage in the wake of increasingly large-scale Federal/State and private development. The legislation is an attempt to protect our heritage while at the same time allowing economic development to go forward.

WHAT IS THE LEGAL BASIS? The basis for all subsequent historic preservation legislation lies within the national Historic Preservation Act of 1966 (NHPA). Section 106 of NHPA requires all Federal Agencies "undertakings" to "take into account" their effect on historic properties. As of January 1, 1990, the State Agency Historic Resources Preservation Act (Public Act 86-707) requires the same for all private or public undertakings involving state agencies. An "undertaking" is defined to cover a wide range of Federal or State permitting, funding, and licensing activities. It is the responsibility of Federal/State Agencies to ensure the protection of historic resources and the State Historic Preservation Office (SHPO) regulates this effort. In Illinois the SHPO is part of the Illinois Historic Preservation Agency (IHPA).

WHAT IS AN ARCHAEOLOGICAL SURVEY? An archaeological survey includes both (1) an examination of the written records, such as county plat books, published and unpublished archaeological reports, state site files, and (2) a field investigation of the project area to determine if prehistoric or historic resources are present. This process of resource identification is called a Phase I survey.

WHAT DOES A PHASE I SURVEY REQUIRE? Archaeological evidence is normally buried beneath the surface of the ground. To determine if an archaeological site is present it is necessary to get below this surface. The most efficient way is by plowing. If the project area is or can be plowed then the artifactual evidence will be brought to the surface and systematic pedestrian surveys (walkovers) will determine if a site is present. These walkovers are best done when the vegetation is low in the fall or spring. If the project area is covered with vegetation then small shovel probes (1' sq.) are excavated on a systematic grid pattern (usually 50' intervals) to sample the subsurface deposits. Where deeply buried sites may be present, such as in floodplains, deep coring or machine trenching may be required.

WHO DOES ARCHAEOLOGICAL SURVEYS? Professional archaeologists who meet the Federal standards set forth in the Secretary of the Interior's Professional Qualifications Standards (48 FR 44738-9) may conduct Federal surveys, while those meeting the State standards set forth in the Archaeological and Paleontological Resources Protection Act (20 ILCS 3435) may conduct surveys on public land in the State (see the other side of this sheet for information on obtaining the services of a contract archaeologist). The applicant is responsible for obtaining and paying for such services.

AFTER THE SURVEY – WHAT NEXT? When the field investigations are completed the archaeologist will submit a report of their findings and recommendations to the applicant. **IT IS THE RESPONSIBILITY OF THE APPLICANT TO FORWARD TWO (2) PAPER COPIES AND ONE (1) CD WITH THE REPORT IN PDF FORMAT TO THE SHPO FOR EVALUATION AND FINDINGS.** If no sites were found or the sites found are not eligible for the National Register the project may proceed. Occasionally, a significant archaeological site may be encountered. In such a case the SHPO and the Federal or State Agency will work with the applicant to protect both the cultural resources and to facilitate the completion of your project.

NEED FURTHER ASSISTANCE? The IHPA is here to assist you and the Federal/State agencies in complying with the mandates of the historic preservation legislation. If you have questions or need assistance with archaeological resources protection or Federal/State compliance, please contact the Archaeology Section, Preservation Services Division, Illinois Historic Preservation Agency, One Old State Capitol Plaza, Springfield, Illinois 62701 (217-782-4836).

Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512 www.illinoishistory.gov

Illinois Historic Preservation Agency – Archaeology Section
Information for Developers and Agencies about general procedures for Phase 2 archaeology projects

Anyone notified of an archaeological site subject to Phase 2 testing in their project area, has several options:

1. Preserve the site by planning your project to avoid or greenspace the site, a deed covenant maybe necessary depending on the land ownership and the law the project is being reviewed under.
2. Hire an archaeological firm to conduct a Phase 2 project on the site.
3. Choose a different location for the project (generally means starting review process over from scratch, but there will be rare occasions when this is actually the fastest and cheapest option). This is something you may wish to consider if there are burials in the project area, or an extremely large or dense site in the project area.

Phase 2 archaeological projects consist of fieldwork, analysis, and report by the archaeological firm, and then review of the report by the IHPA and sometimes also by the funding or permitting agency, with additional work required part of time depending on the significance of the site(s). However, if a project has no significant sites after a Phase 2 project has been completed and reviewed, then the archaeology is completed as soon as IHPA accepts the report. If a project area has more than 1 site, each one is reviewed independently, in other words, one could be determined not significant and while another one is determined significant or potentially significant.

Phase 2 field work generally consists of obtaining good artifact type and location data from the site surface by methods such as grid collections, piece plotting, etc., this is followed by a small scale excavation. In some cases the fieldwork (commonly called test units) can be done with assistance of machines like backhoes or occasionally even large equipment like belly scrapers (plowed or partially disturbed sites), but sometimes it is necessary to dig by hand (mounds, unplowed sites, or inaccessible locations). The test units are excavated to the base of the plowzone or topsoil, and then the base of the unit is checked for presence of archaeological features (foundations, pits, hearths, burials, middens, etc.) If features are present, a small number (generally not more than 5-10) of them are excavated to provide information about the site's age, function, integrity, etc. Samples of soil from each feature for botanical and zoological analysis are usually taken. Also on floodplains of large rivers, several additional "deep" trenches are usually necessary to check for buried sites. The amount of time required for fieldwork is highly dependent on the size of a site, on whether machines can be used, and on the density of features, as well as the weather.

Analysis at Phase 2 consists of identifying and inventorying all of the artifacts recovered and preparing data recorded in the field for a report. The length of time needed is again highly variable based on the factors listed above. The report describes the field and lab information, provides a preliminary interpretation of the site, and makes recommendations concerning the significance of the site.

The archaeology staff at the State Historic Preservation Office (IHPA in Illinois) and sometimes the archaeologists at the lead funding or permitting agency review the report. Based on the report and their knowledge of regional archaeological, they determine (following criteria outlined in the appropriate law and regulations for each project) if the work done was acceptable, and whether the site(s) are not significant and need no further investigation or are significant. If a site is significant (meets the eligibility criteria for the National Register of Historic Places), the choices are mitigation (generally by complete excavation) or preservation.

Joseph S. Phillippe, Chief Archaeologist (1-1-2005)

ILLINOIS-BASED CONSULTING SERVICES WITH PROFESSIONAL ARCHAEOLOGISTS (by zip code order) In order to assist agencies, engineering firms, and others who require professional archaeological services the Illinois Historic Preservation Agency (IHPA) has listed below Illinois-based firms with professional archaeologists currently performing contract archaeological compliance work. Based on documentation supplied by them these individuals appear to meet current Federal qualifications. This list is provided for your assistance, however, you may use any archaeologist who meets the minimum qualifications as set forth in Secretary of the Interior's Professional Qualifications Standards (36 CFR 61). Federal and state regulations require a completed graduate degree with an emphasis in archaeology and 16 months of professional archaeological experience (**BOLD names** below). If you have any questions please contact IHPA at 217-785-4512. THE INCLUSION OF INDIVIDUALS OR ORGANIZATIONS ON THIS LIST DOES NOT CONSTITUTE ANY RECOMMENDATION OR ENDORSEMENT OF THEIR PROFESSIONAL EXPERTISE OR PERFORMANCE RECORD BY THE IHPA.

CHICAGO METRO REGION

Dr. Kevin P. McGowan
Public Service Archaeology Prgm
Chicagoland Office (UI-UC)
7428 Bradford Court
Gurnee, Illinois 60031
847-548-7961 (fax same)
kevin57m@earthlink.net

Dr. Thomas E. Berres
OurHeritage Archaeological Srvs, Inc.
983 Quail Run
DeKalb, Illinois 60115-6117
815-754-9611 / 758-5692 (fax)
Ohas.berres23@gmail.com

Dr. Rochelle Lurie
Dr. M. Catherine Bird
Dr. Clare Tolmie
Mr. Steven Katz
Midwest Archaeological
Research Services, Inc.
3819 N. State Route 23, Suite F
Marengo, Illinois 60152
815-568-0680 / 0681 (fax)
Rlurie200@gmail.com
mcbmars@sbcglobal.net

Jim Snyder, MA
Civil & Environmental Consultants, Inc.
555 Butterfield Road, Suite 300
Lombard, IL 60148
630/963-6026 or 877/963-6026
Fax – 630/963-6027
jsnyder@cecinc.com

Dr. Cynthia L. Balek
Archaeology & Geomorphology Services
2220 Mayfair Avenue
Westchester, Illinois 60154
708-531-1445/562-7314fax
clb2220@gmail.com

Ms. Lynn M. Gierek
ENSR International
27755 Diehl Road
Warrenville, Illinois 60555-3998
630-839-5332 / 836-1711 (fax)
lgierek@ensr.com

Mr. Douglas Kullen
Burns & McDonnell
1431 Opus Place, Suite 400
Downers Grove, Illinois 60515
630/515-4626, Cell-630/408-2385
dkullen@burnsmcd.com

Dr. Leslie Kirchler
Ecology and Environment, Inc.
33 West Monroe
Chicago, Illinois 60603
312/578-9243, ext 4109-Office
312/802-5598 – Cell
LKirchler-Owen@ene.com

Ben Banks, Archaeologist
Atwell, LLC
1245 East Diehl Road, Suite 100
Naperville, Illinois 60563
866/850-4200
bbanks@atwell-group.com

Judy Cooper, Ph.D.
SWCA Environmental Consultants
4320 Winfield Rd. Suite 200
Warrenville, IL 60555
630/836-8717, Judy–630/836-8722
jcooper@swca.com

Veronica Parsell, MA
Cardno JFNew
6605 Steger Road, Unit A
Monee, IL 60449
708/534-3450, cell-574/229-8747
Veronica.parsell@cardno.com

William Whitehead
SWCA Environmental Consultants
4320 Winfield Road, Suite 200
Warrenville, IL 60555
630/836-8717
wwhitehead@swca.com

Dr. Philip G. Millhouse
Red Gates Archaeology
410 Wight St.
Galena, IL 61036
608/205-2753 / Cell-608/718-9324
philipgmillhouse@gmail.com

CENTRAL REGION

Ms. Karen A. Atwell
Farmland Archaeological Services
10475 N 2300 Avenue
Geneseo, Illinois 61254
309-507-1330
Karen@karenatwell.com

Mr. Keith L. Barr
Archaeological & Architectural Surveys
Old Inn Farm
Rural Route 1
Fairview, Illinois 61432
309-778-2536

Mr. Lawrence A. Conrad
Western Illinois Archaeology Research
Center, 1104 West Piper Street
Macomb, Illinois 61455
309-333-6783 or 836-3811
La-conrad@wiu.edu

Dr. Charles L. Rohrbaugh
Archaeological Consultants
302 Kelly Drive
Normal, Illinois 61761
309-454-6590
crohr@springnet1.com

Mr. Gregory Walz
University of Illinois
Anthropology Department
Public Service Archaeology Program
1707 South Orchard Street
Urbana, Illinois 61801
217-333-1636 (fax same)
kpmcgowa@illinois.edu
gwalz@netonecom.net

More Central Listings – Over

CENTRAL REGION CON'T

Mr. Dale McElrath
University of Illinois Champaign-Urbana
UIUC-ISAS Statewide Office
23 East Stadium Drive
209 Nuclear Physics Lab (MC 571)
Champaign, Illinois 61820
217-333-0667 / 244-7458 (fax)
dmcelrat@illinois.edu

Mr. Mark C. Branstner
Great Lakes Research, Inc.
P.O. Box 2341
Champaign, Illinois 61825-2341
217-549-6990
mark.branstner@glrinc.org

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HERITAGE ENTERPRISES, INC.

St. Clara's Manor/Lincoln, Illinois

PHASE I ENVIRONMENTAL SITE ASSESSMENT

ATTACHMENT-6B

ST. CLARA'S MANOR

Phase I Environmental Site Assessment

May 16, 2007

Prepared by:

Lewis, Yockey & Brown, Inc.
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ATTACHMENT-6B

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Figure 1: Site Location Map (USGS 7.5-Minute Topographic Base)
Figure 2: Site Sketch

Appendix A: Chain-of-Title Report
Appendix B: Historical Research Documentation (Air Photos, Historical Maps, etc.)
Appendix C: Environmental Database Report
Appendix D: Current Site Photographs
Appendix E: Interview Documentation
Appendix F: Qualifications of the Environmental Professional

ATTACHMENT-6B

1.0 EXECUTIVE SUMMARY

Lewis, Yockey & Brown, Inc. (LYB), has completed a Phase I Environmental Site Assessment of property referred to herein as St. Clara's Manor, located at adjacently east of Malerich Drive, south of Illinois Route 10 in the City of Lincoln, Illinois.

The subject property is located on land that originally formed as glacial till plain. As such, it is likely to be predominantly well-compacted silt and/or clay. With the exception of localized minor deposits of coarser grained materials, this depositional setting creates a subsurface with fairly low hydraulic conductivity through which migration of either contaminants or groundwater is extremely slow.

The subject property, as well as the area immediately surrounding the subject property, was studied from an historic land use perspective. The vicinity was also researched from a recorded environmental reporting perspective. Details of these investigations are contained within the body of this report. This assessment has revealed no evidence of recognized environmental conditions in connection with the subject property except for the following:

1. The old Wal Mart, located adjacently north of the subject property and now vacant, has an above ground waste oil storage tank located just south of the southwest corner of the building. It is not likely, though, that this recognized environmental condition has had a negative impact on the subject property.

2. Tropic Restaurant, located at 1007 Hitchcock Drive, is reported to have experienced a release of "other" petroleum. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

3. Wendy's International, located at 930 North Postville Road, is reported to have experienced a release of gasoline and diesel fuel. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

4. The 901 Woodlawn Road SRP site was determined to be former gas station. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

5. The Kenneth Levi site, located at 922 Woodlawn Road, is reported to have experienced a release of gasoline. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

6. The MII Lincoln site, located at 2150 West 5th Street, is reported to have experienced a release of gasoline. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

Despite the cautionary delineation of the recognized adverse environmental conditions presented above, no intrusive soil or groundwater sampling and analysis is recommended at the present time. The User of this Report is directed to Section 10.0 for specific recommendations regarding adverse environmental conditions discovered in the performance of this ESA.

The information provided within this report is intended to advise the Client of discovered potential contamination sources, to offer where possible a description of the nature and/or extent of the potential environmental impact sources, and to recommend additional investigation as warranted within the stated scope of this Phase I Environmental Site Assessment. On the basis of this information, the Client must determine the acceptable level of risk and associated cost involved with ownership of the subject real estate.

2.0 INTRODUCTION

Lewis, Yockey & Brown, Inc. (LYB), was retained by Mr. Ben Hart of Heritage Enterprises, Inc. (Client), to conduct a Phase I Environmental Site Assessment of the SE¼ of the SE¼ and the S½ of the N½ of the SE¼ of Section 26 in Township 20 North, Range 3 West of the 3rd P.M.; situate in the County of Logan in the State of Illinois, as described in the chain of title report provided by Logan County title; referred to herein as the St. Clara's Manor property.

The subject property location, in relation to the surrounding area, is presented on the Site Location Map, submitted herein as Figure 1. The subject property is further delineated on the Site Sketch, enclosed as Figure 2.

This report of environmental assessment describes work performed by LYB during the period from April 3 to May 16, 2007. The investigation was performed and is being reported in substantial compliance with ASTM Practice E 1527-05 and Illinois Public Act 88-438. Federal and State regulatory agency listings required to be reviewed under the standard were obtained for the subject site through Environmental Data Resources, Inc. (EDR), a national database search firm located in Southport, Connecticut, and a chain-of-title report commencing in 1940 was obtained from McLean County Title Company, Bloomington, Illinois.

2.1 *Purpose*

The purpose of the investigation was to provide the user with both an identification of general environmental conditions and an assessment of the potential for environmental liabilities resulting from current or previous uses of the subject property, pursuant to criteria established by the ASTM. It is assumed that the Client's objective is to develop environmental information about the site as an initial step in order to qualify as an innocent landowner, a contiguous property owner, or a bona fide prospective purchaser. The information obtained during the course of the investigation, along with the conclusions and recommendations contained herein, is intended to assist the User of this Report in making their own determination as to the acceptability of the potential risks and associated costs involved with ownership of the subject real estate.

2.2 *Scope of Services*

In accordance with ASTM Practice E 1527-05, a Phase I Environmental Site Assessment shall include the following four components:

2.2.1 Records Review

This task shall include a review of reasonably obtainable historic records, which may include sources such as Sanborn fire insurance maps, city directory listings, aerial photographs, and USGS maps, as well as a review of specific regulatory agency listings for the subject site and surrounding area within various radii, all specified by the standard.

2.2.2 Site Reconnaissance

The site reconnaissance requires a walk-through visual inspection of accessible areas of the subject property, with photographic documentation of current conditions.

2.2.3 Interviews

Reasonable efforts shall be made to interview or have questionnaires completed by owners and/or occupants of the subject property, as well as representatives of various local agencies, such as the fire department, emergency services and disaster agency (ESDA), health department, engineering department, and the planning and zoning department, concerning any records or knowledge of environmental conditions at the subject site.

2.2.4 Evaluation and Report

The accessed information shall be evaluated and summarized in a written report of findings. The report shall include the credentials of the environmental professional(s) who conducted the Environmental Site Assessment and the environmental professional's opinion of the impact of recognized environmental conditions in connection with the property.

2.3 Significant Assumptions

The following assumptions have been made in the performance of this Assessment:

(1) It is assumed that the information discovered in the performance of this Assessment is true and accurate; and,

(2) The soils beneath the site are consistent with the predicted geology found in the available State publications.

2.4 Limitations and Exceptions

The subject investigation did not include any consideration, in accordance with applicable standards, of issues related to asbestos, lead, radon, wetlands, regulatory compliance, cultural and historic risks, industrial hygiene, health and safety, ecological resources, endangered species, indoor air quality, biological agents, mold, or high voltage power lines. This report has been prepared for the exclusive use of our Client, with specific application limited to the subject property at the present time. No expressed or implied warranty is made. The observations and conclusions reported herein have been made in accordance with referenced standards and generally accepted environmental investigative methods, and provide a reasonable basis for making a general environmental assessment of the subject site. Any statements contained herein reflect environmental engineering experience only, and should not be construed as a legal opinion or conclusion. Any interpretation as to the potential environmental liability associated with the property shall be the responsibility of the user. LYB is not responsible for any claims, damages or liabilities associated with either interpretation of the findings or reuse of the data, unless given written authorization by LYB. This report should not be used as legal representation or for interpretation of environmental laws, rules and regulations.

2.5 Special Terms and Conditions

LYB's authorized duties in the performance of this assessment include no special terms and conditions outside the standard scope, as defined by ASTM 1527-05.

2.6 User Reliance

The User of this Report is not required to independently verify the information provided but may rely on information provided unless he or she has actual knowledge that certain information is incorrect based on other information actually known to the User.

3.0 SITE DESCRIPTION

3.1 *Location and Legal Description*

The subject tract of land is located adjacently east of Malerich Drive, south of Illinois Route 10, on the west side of the City of Lincoln, in Section 26, Township 20 North, Range 03 West in Logan County, Illinois.

The subject property's legal description is contained in a Logan County Title Company Chain of Title Report dated May 4, 2007 which has been included as Appendix A to this report.

3.2 *Site and Vicinity General Characteristics*

The subject property has a gentle northwesterly swale located approximately near its center, with both the eastern and western portions of the property sloping toward that swale. The area is generally fairly flat, with an overall northerly slope toward westerly flowing Kickapoo Creek that is located approximately three-quarters of a mile to the north.

The till plain that comprises the subject area is Illinoian in age, formed during glacial advancements from approximately 250,000 to 130,000 years ago, during the geologic time scale's Pleistocene Series of the Neogene (formerly Quaternary) System. As the glaciers scoured the land surface, they picked up materials ranging in size from clay to boulders and transported them for many hundreds of miles. The till beneath the glacier formed as silts and clays were deposited at the glacier's base.

According to maps and literature published by the Illinois State Geological Survey, the geological formation beneath the subject property is the Radnor Till Member of the Glasford Formation. The Radnor Till is described as a massive, calcareous, compact, gray silty till. As such, it has fairly low permeability.

The modern surficial soil association dominating the subject area formed in moderately thick loess over fine-textured glacial till. These dark colored soils were formed under prairie grass and deciduous trees, and are moderately to strongly developed and generally moderately permeable. Being recent deposits compared to those of glacial origin, the surficial soils constitute a minor part of the unconsolidated overburden of the area.

Loess is a wind-blown deposit, chiefly silt, which accumulated on the land surface when large quantities of silt were blown from the Mississippi and Illinois River Valleys onto the uplands bordering the valleys after the final glaciation episode in Central Illinois. Because the winds were generally from the northwest, the loess deposits are thicker on uplands east of the main river valleys than on uplands to the west of these valleys. The Lincoln area lies east of both rivers, and the loess deposits in the vicinity are moderately thick. The loess in this area is medium to fine textured and is thin in comparison to the glacial till.

Groundwater flow in the sedimentary sequence described above is typically in general conformance with the topography. Flow will typically occur preferentially within the coarser sands and silts, and trapped or perched groundwater is not uncommon where the coarser silts and sands are discontinuous. Shallow groundwater aquifers commonly develop in association with, and are located along, the stream channels formed as valley trains.

The underlying bedrock surface of Logan County, as with most of the State of Illinois, is comprised of sediments that were deposited as sand, clay, swampy vegetation, and marine organisms that were respectively consolidated into sandstones, shales, coals, and limestones. The sediments were deposited when most of Illinois was submerged under ancient oceans during the geologic Pennsylvanian Period, an approximately 35 million year period ending approximately 280 million years ago.

3.3	*Current Use of the Property*	The subject property is currently empty field, last planted in soy beans.
3.4	*Descriptions of Structures, Roads, Other Improvements*	Malerich Drive bounds the property to the west. There are no structures or other roads on the property.
3.5	*Current Uses of Adjoining Properties*	The properties adjacently east and south are agricultural in use. As stated above, Malerich Drive is located adjacently west, with the new Wal Mart located beyond that. The property adjacently north is used in shopping space.

4.0 USER PROVIDED INFORMATION

4.1	*Title Records*	Title records were obtained in the form of a Logan County Title Company Chain of Title Report dated May 4, 2007 which has been included as Appendix A to this report.
4.2	*Environmental Liens or Activity and Use Limitations*	No environmental liens or activity and use limitations were reported by the Client, nor were any reported by the title company that performed the Chain of Title search.
4.3	*Specialized Knowledge*	The Client reported no specialized knowledge or experience material to recognized environmental conditions in connection with the subject property.
4.4	*Commonly Known or Reasonably Ascertainable Information*	No other commonly known or reasonable ascertainable information was discovered in the performance of this Assessment.
4.5	*Valuation Reduction for Environmental Issues*	The Client reported no significant reduction in the value of the subject property due to environmental issues.
4.6	*Owner, Property Manager, and Occupant Information*	The following individuals and/or entities associated with the subject property have been identified.

The property owner is:	Linda Knochel Niemeyer owns a one-half interest in the subject property
The property manager is:	Mr. Scott Werner has Ms. Neimeyer's Power of Attorney, and manages her interest
The occupants are:	the property is not occupied

4.7 Reason for Performing Assessment

The Client is interested in determining whether historic site and area activities may have created negative environmental impacts and associated liabilities. It is assumed that the purpose of this Assessment is to assist in qualifying for the innocent landowner defense to CERCLA liability.

4.8 Other

The Client provided no other information for the performance of this Assessment.

5.0 RECORDS REVIEW

5.1 Standard Environmental Record Sources

A review was made of State of Illinois and Federal agency listings, as provided in a comprehensive report by EDR to identify potential negative environmental impact sources both on-site and from properties within a specified radius of the subject site. Different radii were applied to the various types of listings in accordance with the ASTM guidelines for environmental site assessments. These radii and actual findings are illustrated on a map included with the environmental database report attached hereto as Appendix C.

5.2 Additional Environmental Record Sources

Databases maintained by the Illinois Environmental Protection Agency's for Leaking Undergound Storage Tanks (LUST) sites, Site Remediation Program (SRP) voluntary cleanup sites, and Remediation Sites Map Service were also used in the performance of this Assessment.

5.3 Physical Setting Source(s)

The sources providing information about the geologic, hydrogeologic, hydrologic, or topographic characteristics of a property include USGS maps, State Geological Bulletins and maps, and USDA soil reports. These sources are delineated in Section 13.0, "References."

5.4 Historical Use Information on the Property

The subject property has been agricultural in use ever since its initial development.

5.5 Historical Use Information on Adjoining Properties

Prior to the uses described above, the adjoining properties were all agricultural in use.

6.0 SITE RECONNAISSANCE

6.1 Methodology and Limiting Conditions

The subject property was inspected in a random manner. There were no limitations imposed by physical obstructions such as adjacent buildings, bodies of water, paved areas, snow, rain, etc.

6.2 General Site Setting

The subject property is situated on land with a topographic gradient generally sloping from south-southeast to north-northwest, toward Kickapoo Creek.

6.3 Exterior Observations

LYB Environmental Professional Richard J. Scott conducted a walk-through visual inspection of the subject property, and adjacent property to a more limited extent, on April 20, 2007. Photographic documentation of current site conditions was completed during the site reconnaissance and is included as Appendix D to this report.

No roads or paths with no apparent outlet were observed on the property.

There were no unnatural appearing areas of ground surface subsidence, indicative of former fill areas.

There was no evidence of any above ground or below ground tanks, including vent or fill pipes, which appeared to be currently utilized for the storage of any type of petroleum product or hazardous substance.

No unusual odors were evidenced.

One ground-mounted power transformers were observed adjacent to the center of the northern property boundary. The transformer appeared to be relatively new and in good shape.

No pits, ponds or lagoons were evidenced on the subject property. A swampy detention basin is located adjacent to the northeast corner of the subject property.

There was no observation of any stained soil or pavement.

There was no unusually stressed vegetation observed.

6.4 Interior Observations

There are no interior areas to be inspected.

7.0 INTERVIEWS

7.1 Interview with Owner

No interview was conducted of the property owner(s), as ownership is held in absentia.

7.2 Interview with Site Manager

A questionnaire following ASTM protocol was used to interview Mr. Scott Werner of the Gelbach Law Office. Mr. Werner indicated no knowledge of any occurrences and/or conditions of the subject property, or associated with the operation of the subject property, which might possibly represent an environmental concern relevant to hazardous substances or petroleum products.

7.3 Interviews with Occupants

There are no occupants on the subject property.

7.4 Interviews with Local Government Officials

In addition to conducting a review of the previously listed published databases, our investigation included a check with the following agencies for instances of recorded environmental concerns or relevant installations at the subject site:

Logan County Health Department/Division of Environmental Health

Lincoln Fire Department

Logan County Emergency Services and Disaster Agency

Representatives from these agencies indicated no knowledge or record of hazardous material storage or adverse environmental conditions associated with the subject property or adjacent properties.

7.5 Interviews with Others

No other individuals were interviewed in the performance of this Assessment.

8.0 FINDINGS

8.1 Environmental Database Findings

Examination of the environmental databases and site reconnaissance activities revealed no regulatory history relating to incident reporting or adverse environmental impact associated with the subject property. However, the database search did identify Leaking Underground Storage Tank sites and Site Remediation Program (SRP) sites in the vicinity of the subject property within the radii specified for these databases. These findings are summarized below.

Tropic Restaurant 1007 Hitchcock Drive approx. 1,700 ft. NE	LUST ID No. 961413 other petroleum release reported; site was ruled Non-LUST
Wendy's International 930 North Postville Road approx. 1,700 ft. ENE	LUST ID No. 910902 gasoline and diesel release reported; site was ruled Non-LUST enrolled in the SRP 05/08/2003 NFR letter issued 11/21/2003
901 Woodlawn Rd. SRP site approx. 1,800 ft. NE	IEPA ID No. 1070355089 determined to be former gas station no NFR letter; listed as inactive
Kenneth Levi 922 Woodlawn Road approx. 2,200 ft. ENE	LUST ID No. 930601 gasoline release reported; NFR letter issued 10/12/2004
MII Lincoln 2150 West 5th Street approx. 2,500 ft. SSW	LUST ID No. 952512 gasoline release reported; NFR letter issued 08/22/1996

The database search also identified a number of sites that were unable to be mapped due to their ambiguous addresses. It was determined that none of these sites are located within the radii specified for their specific database inclusion.

8.2 Findings Based on Observation and/or Interviews

The old Wal Mart, located adjacently north of the subject property and now vacant, has an above ground waste oil storage tank located just south of the southwest corner of the building. There is some oil staining on the pavement and in the grass immediately surrounding this tank.

9.0 OPINION

A Material Threat is specifically defined by the Standard as a physically observable or obvious threat which is reasonably likely to lead to a release that, in the opinion of the environmental professional, is threatening and might result in impact to public health or the environment. No Material Threats were observed in the performance of this Assessment.

Although agricultural use of property per se is generally not expected to create an adverse environmental impact, the extensive use of agricultural chemicals during recent decades, including herbicides and pesticides, has been known to contribute to the contamination of soil, groundwater, and surface water. Due to the solubility of some chemicals and their associated transportability, soil, ground water, and surface water impact from field run-off can occur. Published environmental impact data for the most commonly used agricultural chemicals indicates that half lives or retention time in soils are generally less than one year, with limited or no effect on mammals at expected concentration levels.

10.0 CONCLUSIONS

We have performed a Phase I Environmental Site Assessment in conformance with the scope and limitations of ASTM Practice 1527-05 of the St. Clara's Manor Property. Any exceptions to or deletions from this practice are described in Section 11.0 of this report. This assessment has revealed no evidence of recognized environmental conditions in connection with the subject property except for the following:

1. The old Wal Mart, located adjacently north of the subject property and now vacant, has an above ground waste oil storage tank located just south of the southwest corner of the building, in a direction that is likely to be hydrogeologically down-gradient. There is some oil staining on the pavement and in the grass immediately surrounding this tank However, because of the relatively tight soils that are found in the area, it is not likely that this recognized environmental condition has had a negative impact on the subject property.

2. Tropic Restaurant, located at 1007 Hitchcock Drive, is reported to have experienced a release of "other" petroleum. This site is located approximately 1,700 feet to the northeast, in a direction that is likely to be hydrogeologically down-gradient. This site was ruled a Non-LUST site. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

3. Wendy's International, located at 930 North Postville Road, is reported to have experienced a release of gasoline and diesel fuel. This site is located approximately 1,700 feet to the east-northeast, in a direction that is likely to be hydrogeologically down-gradient. This site was ruled a Non-LUST site and is listed as inactive in the voluntary Site Remediation Program. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

4. The 901 Woodlawn Rd. SRP site was determined to be former gas station. This site is located approximately 1,800 feet to the northeast, in a direction that is likely to be hydrogeologically down-gradient. Although there has not been a No Further Remediation letter issued, the site is listed as inactive. It is not likely that this recognized environmental condition has had a negative impact on the subject property.

5. The Kenneth Levi site, located at 922 Woodlawn Road, is reported to have experienced a release of gasoline. This site is located approximately 2,200 feet to the east-northeast, in a direction that is likely to be hydrogeologically down-gradient. A No Further Remediation letter has been issued for this site, and it is not likely that this recognized environmental condition has had a negative impact on the subject property.

6. The MII Lincoln site, located at 2150 West 5th Street, is reported to have experienced a release of gasoline. This site is located approximately 2,500 feet to the south-southwest, in a direction that is likely to be hydrogeologically up-grqadient. A No Further Remediation letter has been issued for this site, and it is not likely that this recognized environmental condition has had a negative impact on the subject property.

No de minimis conditions have been included in this Section as recognized environmental conditions. A de minimis condition is one that generally does not present a threat to human health or the environment and that generally would not be the subject of an enforcement action if brought to the attention of appropriate governmental agencies.

The information provided within this report is intended to advise the Client of discovered potential contamination sources, to offer where possible a description of the nature and/or extent of the potential environmental impact sources, and to recommend additional investigation as warranted within the stated scope of this Phase I Environmental Site Assessment. On the basis of this information, the Client must determine the acceptable level of risk and associated cost involved with ownership of the subject real estate.

11.0 DEVIATIONS

The Phase I Environmental Site Assessment performed for the subject property and reported herein was in compliance with ASTM Practice E 1527-05 and the All Appropriate Inquiries (AAI) requirement for the first step in CERCLA liability protection. Under AAI, the following ten components are mandatory.

Responsibilities of the Environmental Professional:

1. The results of an inquiry by an environmental professional (EP).

2. Interviews with past and present owners, operators, and occupants of the facility for the purpose of gathering information regarding the potential for contamination at the facility.

3. Reviews of historical sources, such as chain of title documents, aerial photographs, building department records and land use records, to determine previous uses and occupancies of the real property since the property was first developed.

4. Reviews of federal, state, and local government records, waste disposal records, underground storage tank records, and hazardous waste handling, generation, treatment, disposal, and spill records concerning contamination at or near the facility.

5. Visual inspections of the facility and of adjoining properties.

Responsibilities of the User:

6. Searches for recorded environmental cleanup liens against the facility that are filed under federal, state, or local law.

7. Specialized knowledge or experience on the part of the defendant.

8. The relationship of the purchase price to the value of the property, if the property was not contaminated.

Responsibilities Shared by the EP and the User:

9. Commonly known or reasonably ascertainable information about the property.

10. The degree of obviousness of the presence or likely presence of contamination at the property, and the ability to detect the contamination by appropriate investigation.

The only deviations from these mandatory components are that the search for recorded environmental liens against the facility, as well as a search for activity and use limitations, was performed by the subcontracted title company that performed the chain of title search and that no relationship between the purchase price of the property and its value was reported.

The Phase I Environmental Site Assessment reported herein is not subject to data gaps.

12.0 ADDITIONAL SERVICES

Any recommendation for intrusive Phase II testing that may or may not be included in the body of this report is specifically beyond the scope of ASTM Practice E 1527-05. As such, any such recommendation is specifically defined as additional services. No such recommendation has been made in this Report.

13.0 REFERENCES

"Geologic Map of Illinois," compiled by H.B. Willman and Others, Illinois State Geological Survey Map, 1967.

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Pleistocene Stratigraphy of Illinois, H.B. Willman and John C. Frye, Illinois State Geological Survey Bulletin 94, 1970.

Handbook of Illinois Stratigraphy, H.B. Willman *et al.*, Illinois State Geological Survey Bulletin 95, 1975.

I declare that, to the best of my professional knowledge and belief, I meet the definition of Environmental Professional as defined in §312.10 of 40 CFR 312. I have the specific qualifications based on education, training, and experience to assess a property of the nature, history, and setting of the subject property. I have developed and performed the all appropriate inquiries in conformance with the standards and practices set forth in 40 CFR Part 312.

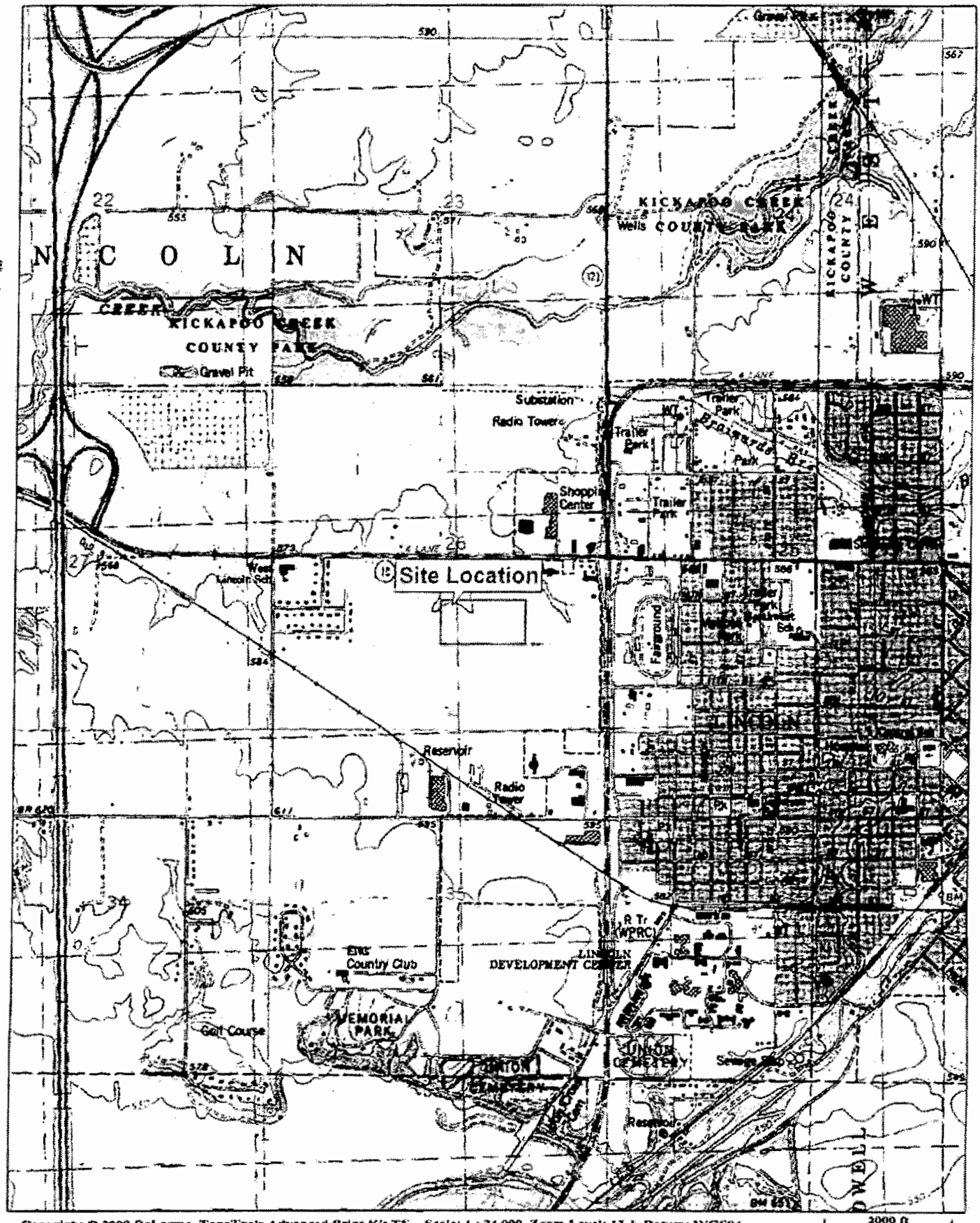
A Phase I Environmental Site Assessment of the property reported herein has been performed in conformance with ASTM E 1527-05 "Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process." No recognized environmental condition was discovered in the performance of this assessment that is not reported herein. I certify that this Assessment is complete and accurate.

Richard J. Scott, P.G.
Environmental Project Manager

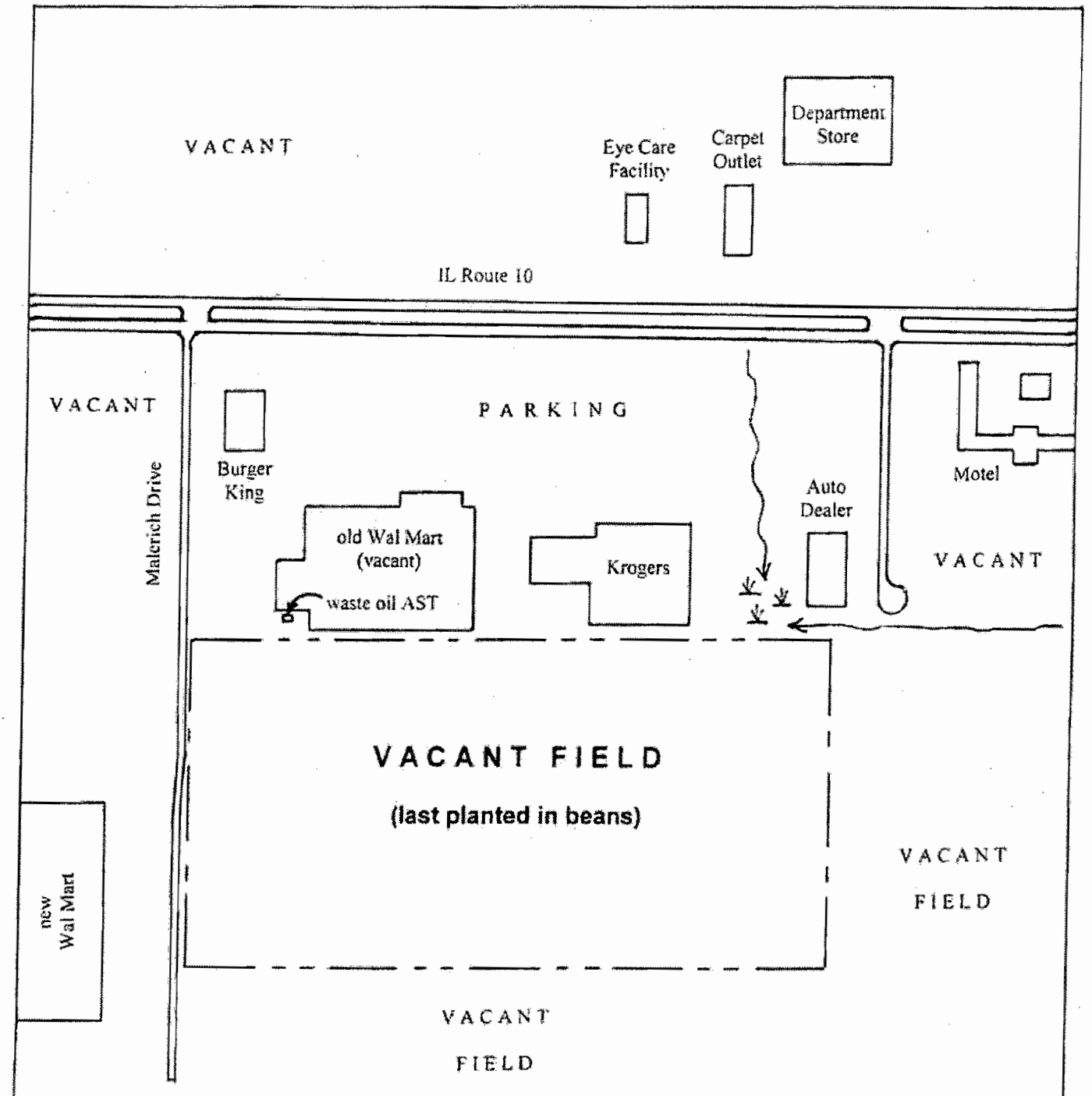
Illinois Licensed Professional Geologist No. 196-000224

Lewis, Yockey & Brown, Inc.
Consulting Engineers & Land Surveyors
505 North Main Street
Bloomington, Illinois 61701

Figures



ATTACHMENT-6B



St. Clara's Manor
Lincoln, Illinois

SITE SKETCH

Lewis, Yockey & Brown, Inc.
Consulting Engineers & Land Surveyors
505 North Main Street
Bloomington, Illinois

Figure 2

ATTACHMENT-6B

Appendix A

Chain-of-Title Report

ATTACHMENT-6B

(28) Dean Hill, Special Master in Chancery of the Circuit Court of Logan County in the State of Illinois, in the cause of Grace M. Wilmert VS Edward Wilmert et al, Chancery No. 6127.

To
George M. Knochel.

Master's Deed.
Dated July 6th, 1937.
Filed July 9th, 1937.
Recorded in Book 126 ,
page 327.
Consideration: $11,400.00.
Stamps: $11.50.

Grants, bargains, Sells, and Conveys:- The SE¼ of the SE¼ and the S½ of the E½ of the SW¼ of Section 26 in Township 20 North, Range 3 West of the 3rd P. M.: situate in the County of Logan in the State of Illinois.

Sale made at public vendue June 12th, 1937, by the said Special Master, in pursuance of a decree entered May 11th, 1937, in the Circuit Court of said Logan County, in the State of Illinois, in a cause then pending therein on the Chancery side thereof wherein Grace M. Wilmert was complainant and Edward Wilmert et al were parties defendant, said cause being numbered 6127 of said court, in which decree it was ordered, adjudged and decreed that the lands and premises in question, among other lands, were so circumstanced that partition and division thereof among the parties interested therein could not be made without manifest prejudice to the rights and interests of the owners thereof, and that they be sold to the highest and best bidder provided the bid upon said described premises or on the whole of the real estate in this cause under said decree would be equal to or more than at least two-thirds of the valuation put upon the same as shown by the report of the commissioners in this cause appointed by the court to make partition thereof on the following terms:

Said premises to be sold subject to taxes which became a lien April 1st, A. D. 1937, and subject to the rights of tenants for the year commencing March 1st, 1937, and expiring March 1st, 1938, but purchaser shall receive the farm rent for said year commencing March 1st, 1937; abstracts of title to be brought down to date and delivered to purchaser or purchasers upon approval of sale; 20% of the amount bid shall be payable on the day of sale and the balance of said bid or purchase price shall be payable on approval of sale by the court and offer of delivery of deed, after having duly advertised for sale said premises as required by statute, and George M. Knochel having offered and bid for said premises the sum of $11,400.00 and said bid being the highest and best bid offered for said real estate and said bid taken together with the bids for other tracts sold in this cause being at least two-thirds of the valuation put upon the whole of said real estate, sold in this cause, by the Commissioners appointed in said cause to make partition of the same, said real estate was struck off and sold to said George M. Knochel for the said sum of $11,400.00, and said George M. Knochel having paid to said Special Master in Chancery the amount so offered and bid by him; and said Special Master in Chancery having on June 15th, 1937, duly made and filed in the office of the Clerk of the Circuit Court in said Logan County in accordance with said decree and with the statute in such case made and provided, a

ATTACHMENT-6B

report of sale so made by him and exceptions having been made thereto and overruled an order was duly made and entered in said court, approving and confirming said proceeding, sale and report of sale on July 2d, 1937;

Deed made in consideration of the premises.

Deed executed by:- "Dean Hill (Seal)
Special Master in Chancery."

Acknowledged July 7th, 1937, by Dean Hill, Special Master in Chancery of said Logan County, as his free and voluntary act, as such Master in Chancery, before John R. Parker, Clerk of the Circuit Court of Logan County, Illinois.

12396

George M. Knochel and Anna Katherine Knochel, his wife,
To
Marie Horton.

Quit Claim Deed.
Dated July 9th, 1937.
Filed July 9th, 1937.
Recorded in Book 116, page 174.

Consideration $1.00 and other good and valuable considerations.
Convey and quit claim all interest in the following described real estate:- The S½ of the N½ and the S½ of the N½ of the S½ of Section 20, containing 80 acres, more or less; also the north 5 acres of the S½ of the NW¼ of the NE¼ of Section 30; all in Township 20 North, Range 3 West of the 3d P. M.; and containing in all 85 acres, more or less.
Acknowledged July 9th, 1937, by George M. Knochel and Anna Katherine Knochel, his wife, before Lynn R. Parker, a N. P., of Logan County, Illinois.

ATTACHMENT-6B

127897

Marie Horton, a spinster,
To
George H. Knochel and Anna Katherine Knochel, husband and wife, as joint tenants and not as tenants in common.

Quit Claim Deed.
Dated July 9th, 1937.
Filed July 9th, 1937.
Recorded in Book 116, page 175.
Consideration $1.00 and other good and valuable considerations.

Conveys and quit claims all interest in the following described real estate: The SE¼ of the SE¼ and the S½ of the N½ of the SE¼ of Section 36, containing 80 acres, more or less; also the north 5 acres of the S½ of the NE¼ of the NE¼ of Section 36; all in Township 20 North, Range 8 West of the [illegible] and containing in all 85 acres, more or less.

Acknowledged July 9th, 1937, by Marie Horton, a spinster, before Lyle H. Parker, a N. P., of Logan County, Illinois.

ATTACHMENT-6B

Appendix B

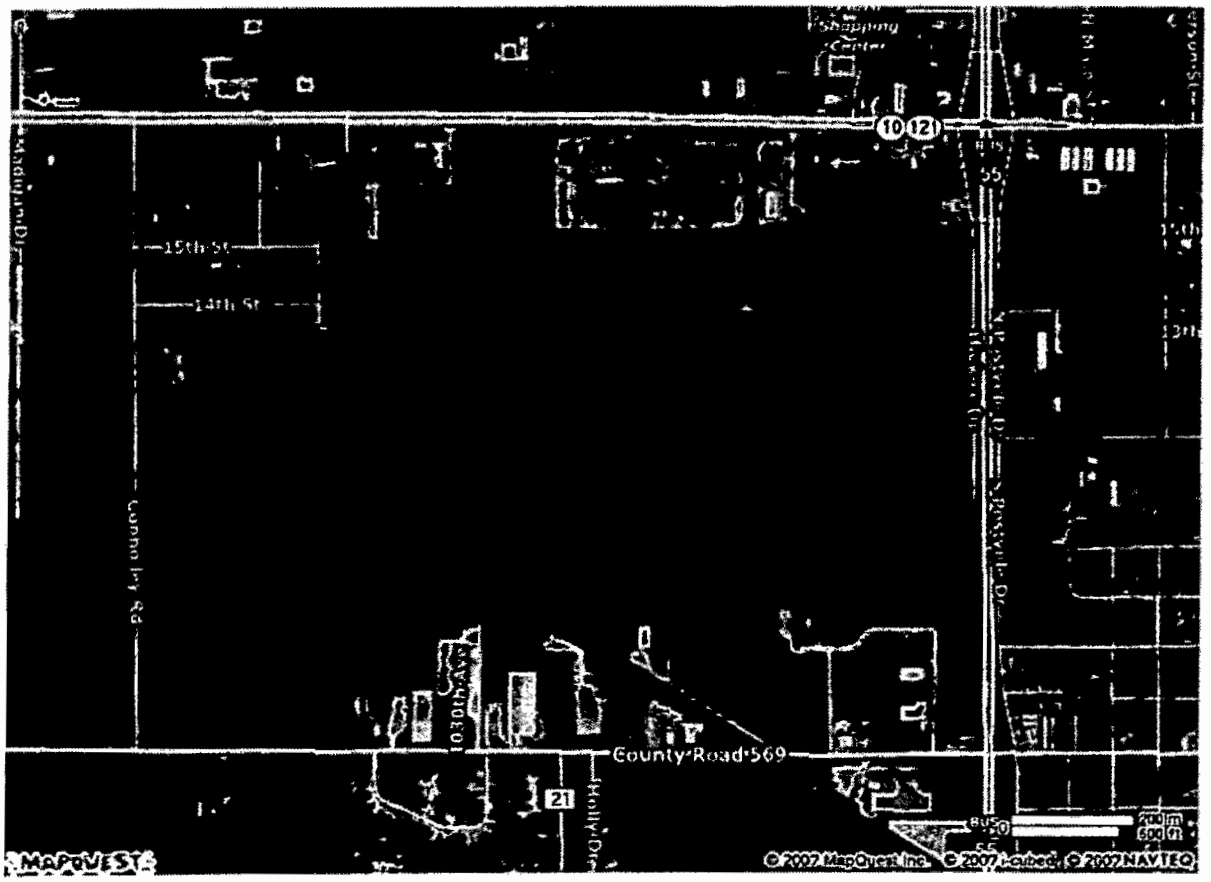
Historical Research Documentation

Sorry! When printing directly from the browser your map may be incorrectly cropped. To print the entire map, try clicking the **"Printer-Friendly"** link at the top of your results page.

MAPQUEST.

☆ Lincoln, IL US

Sorry! When printing directly from the browser your map may be incorrectly cropped. To print the entire map, try clicking the **"Printer-Friendly"** link at the top of your results page.



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Appendix C

Environmental Database Report

The EDR Radius Map™ Report

St. Claras Manor
Malerich Drive
Lincoln, IL 62656

Inquiry Number: 1893692.1s

April 03, 2007

EDR® Environmental Data Resources Inc

The Standard in Environmental Risk Information

440 Wheelers Farms Road
Milford, Connecticut 06461

Nationwide Customer Service

Telephone: 1-800-352-0050
Fax: 1-800-231-6802
Internet: www.edrnet.com

ATTACHMENT-6B

TABLE OF CONTENTS

SECTION	PAGE
Executive Summary	ES1
Overview Map	2
Detail Map	3
Map Findings Summary	4
Map Findings	6
Orphan Summary	7
Government Records Searched/Data Currency Tracking	GR-1

GEOCHECK ADDENDUM

GeoCheck - Not Requested

Thank you for your business.
Please contact EDR at 1-800-352-0050
with any questions or comments.

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EXECUTIVE SUMMARY

A search of available environmental records was conducted by Environmental Data Resources, Inc (EDR). The report was designed to assist parties seeking to meet the search requirements of EPA's Standards and Practices for All Appropriate Inquiries (40 CFR Part 312), the ASTM Standard Practice for Environmental Site Assessments (E 1527-05) or custom requirements developed for the evaluation of environmental risk associated with a parcel of real estate.

TARGET PROPERTY INFORMATION

ADDRESS

MALERICH DRIVE
LINCOLN, IL 62656

COORDINATES

Latitude (North):	40.155100 - 40° 9' 18.4"
Longitude (West):	89.393700 - 89° 23' 37.3"
Universal Tranverse Mercator:	Zone 16
UTM X (Meters):	296122.0
UTM Y (Meters):	4447509.0
Elevation:	581 ft. above sea level

USGS TOPOGRAPHIC MAP ASSOCIATED WITH TARGET PROPERTY

Target Property Map:	40089-B4 LINCOLN WEST, IL
Most Recent Revision:	1995

TARGET PROPERTY SEARCH RESULTS

The target property was not listed in any of the databases searched by EDR

DATABASES WITH NO MAPPED SITES

No mapped sites were found in EDR's search of available ("reasonably ascertainable ") government records either on the target property or within the search radius around the target property for the following databases:

FEDERAL RECORDS

NPL	National Priority List
Proposed NPL	Proposed National Priority List Sites
Delisted NPL	National Priority List Deletions
NPL RECOVERY	Federal Superfund Liens
CERCLIS	Comprehensive Environmental Response, Compensation, and Liability Information System
CERC-NFRAP	CERCLIS No Further Remedial Action Planned
CORRACTS	Corrective Action Report
RCRA-TSDF	Resource Conservation and Recovery Act Information
RCRA-LQG	Resource Conservation and Recovery Act Information

RCRA-SQG	Resource Conservation and Recovery Act Information
ERNS	Emergency Response Notification System
HMIRS	Hazardous Materials Information Reporting System
US ENG CONTROLS	Engineering Controls Sites List
US INST CONTROL	Sites with Institutional Controls
DOD	Department of Defense Sites
FUDS	Formerly Used Defense Sites
US BROWNFIELDS	A Listing of Brownfields Sites
CONSENT	Superfund (CERCLA) Consent Decrees
ROD	Records Of Decision
UMTRA	Uranium Mill Tailings Sites
ODI	Open Dump Inventory
TRIS	Toxic Chemical Release Inventory System
TSCA	Toxic Substances Control Act
FTTS	FIFRA/ TSCA Tracking System - FIFRA (Federal Insecticide, Fungicide, & Rodenticide Act)/TSCA (Toxic Substances Control Act)
SSTS	Section 7 Tracking Systems
ICIS	Integrated Compliance Information System
LUCIS	Land Use Control Information System
RADINFO	Radiation Information Database
US CDL	Clandestine Drug Labs
PADS	PCB Activity Database System
MLTS	Material Licensing Tracking System
MINES	Mines Master Index File
FINDS	Facility Index System/Facility Registry System
RAATS	RCRA Administrative Action Tracking System

STATE AND LOCAL RECORDS

SHWS	State Oversight List
CAT	Category List
SWF/LF	Available Disposal for Solid Waste in Illinois - Solid Waste Landfills Subject to State Surcharge
UIC	Underground Injection Wells
IL NIPC	Solid Waste Landfill Inventory
LUST TRUST	Underground Storage Tank Fund Payment Priority List
UST	Underground Storage Tank Facility List
SPILLS	State spills
ENG CONTROLS	Sites with Engineering Controls
Inst Control	Institutional Controls
SRP	Site Remediation Program Database
DRYCLEANERS	Illinois Licensed Drycleaners
IMPDMENT	Surface Impoundment Inventory
BROWNFIELDS	Municipal Brownfields Redevelopment Grant Program Project Descriptions
CDL	Meth Drug Lab Site Listing
AIRS	AIRS

TRIBAL RECORDS

INDIAN RESERV	Indian Reservations
INDIAN LUST	Leaking Underground Storage Tanks on Indian Land
INDIAN UST	Underground Storage Tanks on Indian Land

EDR PROPRIETARY RECORDS

Manufactured Gas Plants	EDR Proprietary Manufactured Gas Plants

EXECUTIVE SUMMARY

SURROUNDING SITES: SEARCH RESULTS

Surrounding sites were identified in the following databases.

Elevations have been determined from the USGS Digital Elevation Model and should be evaluated on a relative (not an absolute) basis. Relative elevation information between sites of close proximity should be field verified. Sites with an elevation equal to or higher than the target property have been differentiated below from sites with an elevation lower than the target property.
Page numbers and map identification numbers refer to the EDR Radius Map report where detailed data on individual sites can be reviewed.

Sites listed in ***bold italics*** are in multiple databases.

Unmappable (orphan) sites are not considered in the foregoing analysis.

STATE AND LOCAL RECORDS

LUST: The Leaking Underground Storage Tank Incident Reports contain an inventory of reported leaking underground storage tank incidents. The data come from the Illinois Environmental Protection Agency's LUST Incident Report.

A review of the LUST list, as provided by EDR, and dated 02/03/2007 has revealed that there are 2 LUST sites within approximately 0.5 miles of the target property.

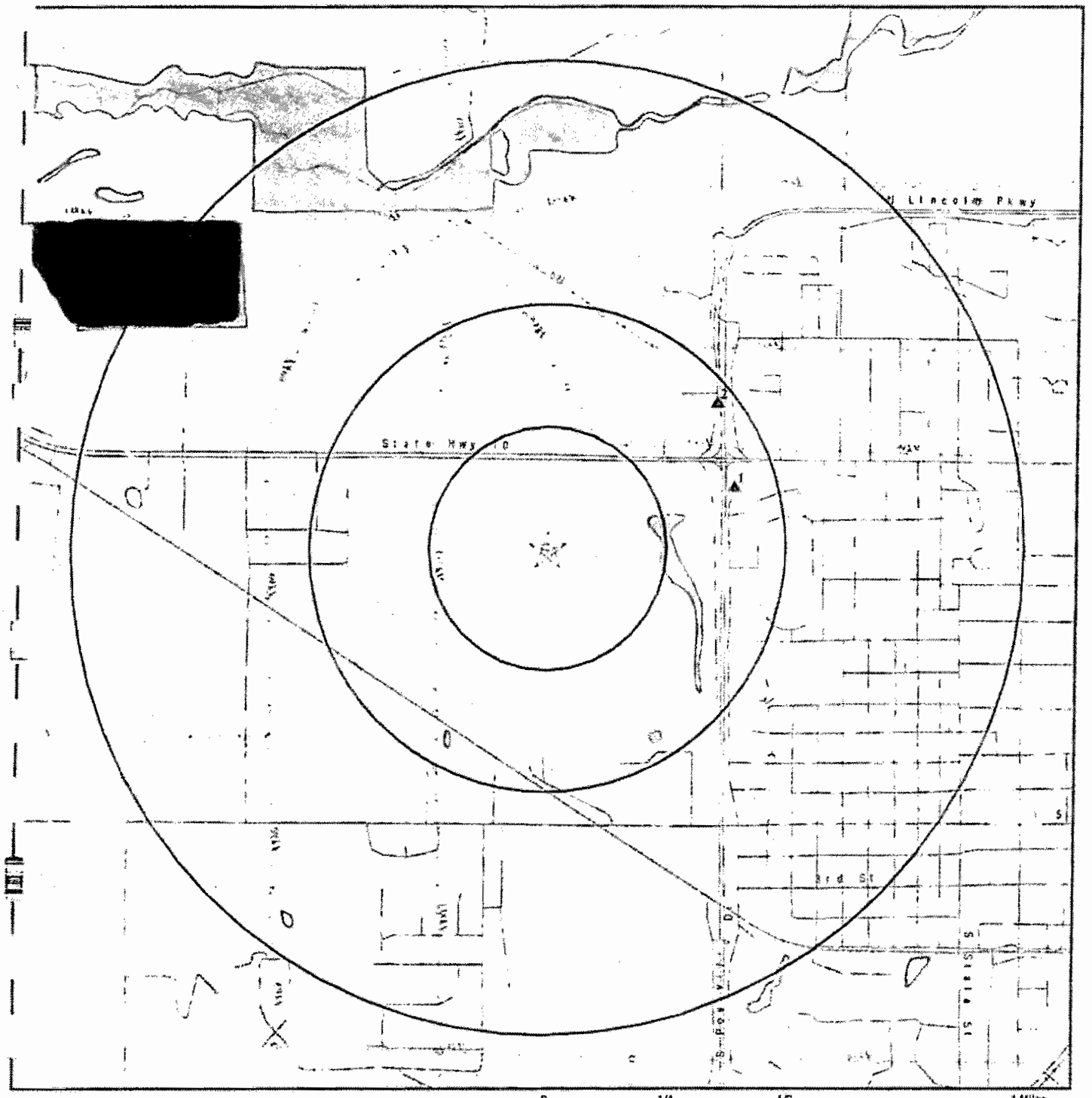
Equal/Higher Elevation	Address	Dist / Dir	Map ID	Page
WENDY'S INTERNATIONAL	930 NORTH POSTVILLE RD.	1/4 - 1/2 ENE	1	6
TROPIC RESTAURANT	1007 HICKCOCK DR.	1/4 - 1/2 NE	2	6

EXECUTIVE SUMMARY

Due to poor or inadequate address information, the following sites were not mapped:

Site Name	Database(s)
LANDERS	CERCLIS, FINDS
LOGAN LANDFILL INC	SWF/LF
TOTAL-GB OIL	UST
LOGAN CORRECTIONAL CENTER	UST
LOGAN CORRECTIONAL CTR	UST
MAURER JOHN F & NETTIE L ESTATES	UST
JACQUES SEED CO	RCRA-SQG, FINDS
PEPL-LINCOLN M&R	RCRA-SQG, FINDS
RS USED OIL SERVICES INC	RCRA-SQG
KEOKUK ST	ERNS
STATE ST BAPTIST	FINDS

OVERVIEW MAP - 1893692.1s

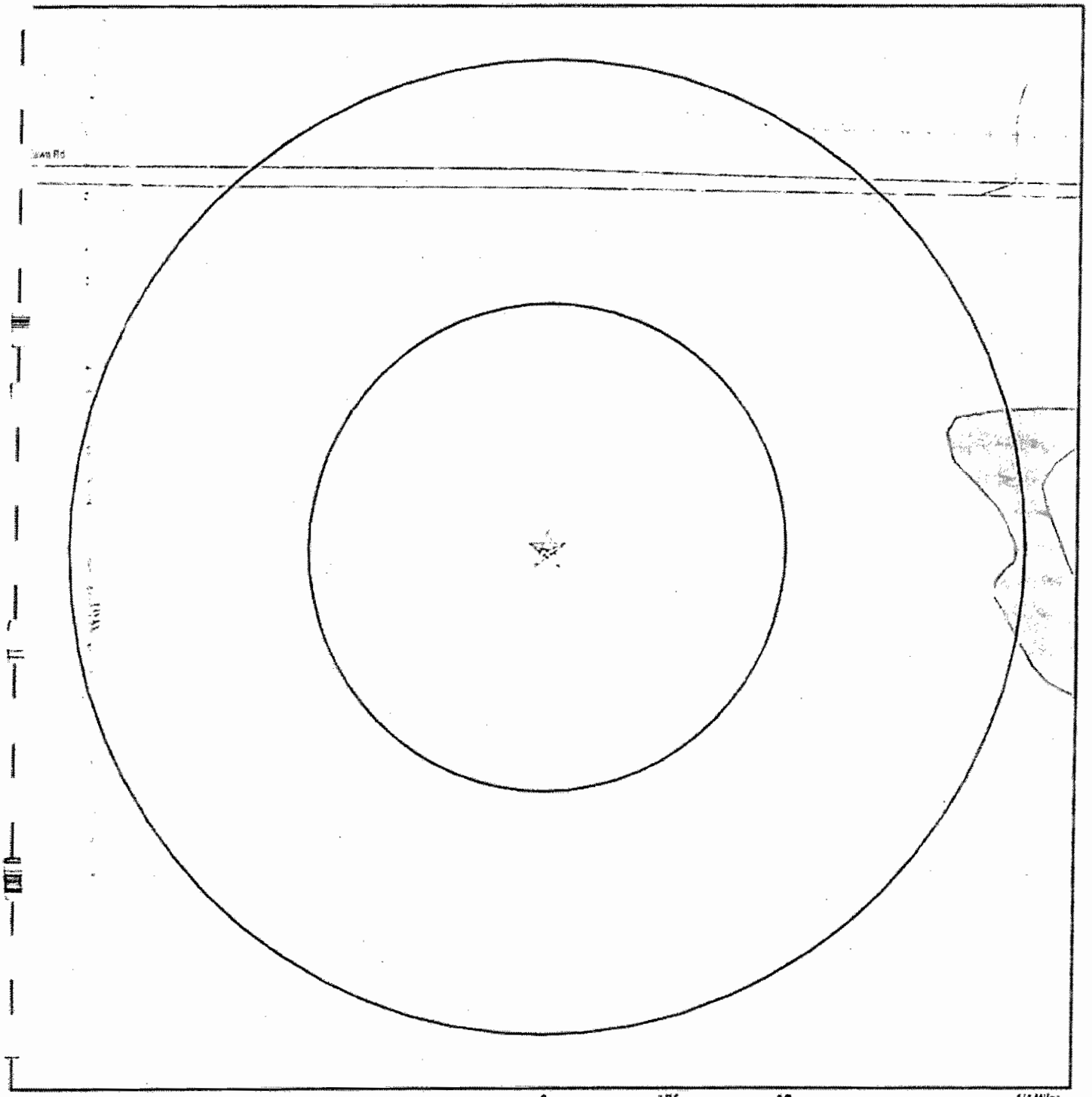


- ★ Target Property
- ▲ Sites at elevations higher than or equal to the target property
- ◆ Sites at elevations lower than the target property
- ♟ Manufactured Gas Plants
- National Priority List Sites
- Landfill Sites
- Dept. Defense Sites
- Indian Reservations BIA
- Power transmission lines
- Oil & Gas pipelines
- National Wetland Inventory

SITE NAME: St. Claras Manor	CLIENT: Lewis, Yockey, & Brown
ADDRESS: Malerich Drive Lincoln IL 62656	CONTACT: Rick Scott
LAT/LONG: 40.1551 / 89.3937	INQUIRY #: 1893692.1s DATE: April 03, 2007 11:32 am

ATTACHMENT-6B

DETAIL MAP - 1893692.1s



- ☆ Target Property
- ▲ Sites at elevations higher than or equal to the target property
- ◆ Sites at elevations lower than the target property
- Manufactured Gas Plants
- Sensitive Receptors
- National Priority List Sites
- Landfill Sites
- Dept. Defense Sites
- Indian Reservations BIA
- Power transmission lines
- Oil & Gas pipelines
- National Wetland Inventory

0 1/16 1/8 1/4 Miles

SITE NAME:	St. Claras Manor	CLIENT:	Lewis, Yockey, & Brown
ADDRESS:	Malerich Drive Lincoln IL 62656	CONTACT:	Rick Scott
LAT/LONG:	40.1551 / 89.3937	INQUIRY #:	1893692.1s
		DATE:	April 03, 2007 11:32 am

ATTACHMENT-6B

MAP FINDINGS SUMMARY

Database	Target Property	Search Distance (Miles)	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
FEDERAL RECORDS								
NPL		1.000	0	0	0	0	NR	0
Proposed NPL		1.000	0	0	0	0	NR	0
Delisted NPL		1.000	0	0	0	0	NR	0
NPL RECOVERY		TP	NR	NR	NR	NR	NR	0
CERCLIS		0.500	0	0	0	NR	NR	0
CERC-NFRAP		0.500	0	0	0	NR	NR	0
CORRACTS		1.000	0	0	0	0	NR	0
RCRA TSD		0.500	0	0	0	NR	NR	0
RCRA Lg. Quan. Gen.		0.250	0	0	NR	NR	NR	0
RCRA Sm. Quan. Gen.		0.250	0	0	NR	NR	NR	0
ERNS		TP	NR	NR	NR	NR	NR	0
HMIRS		TP	NR	NR	NR	NR	NR	0
US ENG CONTROLS		0.500	0	0	0	NR	NR	0
US INST CONTROL		0.500	0	0	0	NR	NR	0
DOD		1.000	0	0	0	0	NR	0
FUDS		1.000	0	0	0	0	NR	0
US BROWNFIELDS		0.500	0	0	0	NR	NR	0
CONSENT		1.000	0	0	0	0	NR	0
ROD		1.000	0	0	0	0	NR	0
UMTRA		0.500	0	0	0	NR	NR	0
ODI		0.500	0	0	0	NR	NR	0
TRIS		TP	NR	NR	NR	NR	NR	0
TSCA		TP	NR	NR	NR	NR	NR	0
FTTS		TP	NR	NR	NR	NR	NR	0
SSTS		TP	NR	NR	NR	NR	NR	0
ICIS		TP	NR	NR	NR	NR	NR	0
LUCIS		0.500	0	0	0	NR	NR	0
RADINFO		TP	NR	NR	NR	NR	NR	0
CDL		TP	NR	NR	NR	NR	NR	0
PADS		TP	NR	NR	NR	NR	NR	0
MLTS		TP	NR	NR	NR	NR	NR	0
MINES		0.250	0	0	NR	NR	NR	0
FINDS		TP	NR	NR	NR	NR	NR	0
RAATS		TP	NR	NR	NR	NR	NR	0
STATE AND LOCAL RECORDS								
State Haz. Waste		1.000	0	0	0	0	NR	0
CAT		1.000	0	0	0	0	NR	0
State Landfill		0.500	0	0	0	NR	NR	0
UIC		TP	NR	NR	NR	NR	NR	0
IL NIPC		0.500	0	0	0	NR	NR	0
LUST		0.500	0	0	2	NR	NR	2
LUST TRUST		0.500	0	0	0	NR	NR	0
UST		0.250	0	0	NR	NR	NR	0
SPILLS		TP	NR	NR	NR	NR	NR	0
ENG CONTROLS		0.500	0	0	0	NR	NR	0
Inst Control		0.500	0	0	0	NR	NR	0

MAP FINDINGS SUMMARY

Database	Target Property	Search Distance (Miles)	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
SRP		0.500	0	0	0	NR	NR	0
DRYCLEANERS		0.250	0	0	NR	NR	NR	0
IMPDMENT		0.500	0	0	0	NR	NR	0
BROWNFIELDS		0.500	0	0	0	NR	NR	0
CDL		TP	NR	NR	NR	NR	NR	0
AIRS		TP	NR	NR	NR	NR	NR	0
TRIBAL RECORDS								
INDIAN RESERV		1.000	0	0	0	0	NR	0
INDIAN LUST		0.500	0	0	0	NR	NR	0
INDIAN UST		0.250	0	0	NR	NR	NR	0
EDR PROPRIETARY RECORDS								
Manufactured Gas Plants		1.000	0	0	0	0	NR	0

NOTES:

TP = Target Property

NR = Not Requested at this Search Distance

Sites may be listed in more than one database

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	Database(s)	EDR ID Number EPA ID Number
1 ENE 1/4-1/2 2175 ft.	WENDY'S INTERNATIONAL 930 NORTH POSTVILLE RD.. LINCOLN, IL 62656	LUST	S104526108 N/A

Relative: Higher
Actual: 582 ft.

LUST:

Incident Num:	910902
IL EPA Id:	1070355036
IEMA Date:	1991-04-04 00:00:00
PRP Name:	Dennis Bookwalter
PRP Contact:	Not reported
PRP Address:	P.O. Box 256
PRP City,St,Zip:	Dublin, OH 43017
PRP Phone:	Not reported
Product:	Gasoline, Deisel
Project Manager:	Zuehlke
Site Classification:	Not reported
Section 57.59(g) Letter:	731
Project Manager Phone:	1-888-299-9533
Email:	Wayne.Zuehlke@epa.state.il.us
Non LUST Determination Letter:	2002-09-25
20 Report Received:	Not reported
45 Report Received:	Not reported
Section 57.59(g) Letter:	Not reported
NFA/NFR Letter:	**Not reported**
NFR Date Recorded:	Not reported

2 NE 1/4-1/2 2457 ft.	TROPIC RESTAURANT 1007 HICKCOCK DR. LINCOLN, IL 62656	LUST	S104003954 N/A

Relative: Higher
Actual: 585 ft.

LUST:

Incident Num:	961413
IL EPA Id:	1070355075
IEMA Date:	1996-08-08 00:00:00
PRP Name:	Tropic Resaurant
PRP Contact:	Louis Johnson
PRP Address:	1007 Hickcock Dr.
PRP City,St,Zip:	Lincoln, IL 62656
PRP Phone:	Not reported
Product:	Other Petro
Project Manager:	Davis
Site Classification:	Not reported
Section 57.59(g) Letter:	732
Project Manager Phone:	(217) 785-7492
Email:	Valerie.Davis@epa.state.il.us
Non LUST Determination Letter:	1996-11-19
20 Report Received:	Not reported
45 Report Received:	Not reported
Section 57.59(g) Letter:	Not reported
NFA/NFR Letter:	**Not reported**
NFR Date Recorded:	Not reported

ORPHAN SUMMARY

City	EDR ID	Site Name	Site Address	Zip	Database(s)
EAST PEORIA	U003911396	TOTAL-GB OIL	RT 26 & 116	62656	UST
LINCOLN	S108112184	LOGAN LANDFILL INC	RR #3	62656	SWF/LF
LINCOLN	U001386259	LOGAN CORRECTIONAL CENTER	ROUTE 1	62656	UST
LINCOLN	U003910707	LOGAN CORRECTIONAL CTR	RT 1 POWER HOUSE	62656	UST
LINCOLN	1000825090	JACQUES SEED CO	RT 10 E	62656	RCRA-SQG, FINDS
LINCOLN	U000860538	MAURER JOHN P & NETTIE L ESTATES	RT 3	62656	UST
LINCOLN	2005632756	KEOKUK ST	KEOKUK ST		ERNS
LINCOLN	1000188409	LANDERS	NE1/4 OF SEC 23 T19N R3W	62656	CERCLIS, FINDS
LINCOLN	1004479332	STATE ST BAPTIST	STATE AND SHORT 11TH	62656	FINDS
LINCOLN	1006806982	PEPL-LINCOLN M&R	STATE ST	62656	RCRA-SQG, FINDS
LINCOLN	1007448645	RS USED OIL SERVICES INC	1006 WOODLAWN BLDG A	62656	RCRA-SQG

111

ATTACHMENT-6B

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

To maintain currency of the following federal and state databases, EDR contacts the appropriate governmental agency on a monthly or quarterly basis, as required.

Number of Days to Update: Provides confirmation that EDR is reporting records that have been updated within 90 days from the date the government agency made the information available to the public.

FEDERAL RECORDS

NPL: National Priority List

National Priorities List (Superfund). The NPL is a subset of CERCLIS and identifies over 1,200 sites for priority cleanup under the Superfund Program. NPL sites may encompass relatively large areas. As such, EDR provides polygon coverage for over 1,000 NPL site boundaries produced by EPA's Environmental Photographic Interpretation Center (EPIC) and regional EPA offices.

Date of Government Version: 01/25/2007
Date Data Arrived at EDR: 01/31/2007
Date Made Active in Reports: 03/12/2007
Number of Days to Update: 40

Source: EPA
Telephone: N/A
Last EDR Contact: 01/31/2007
Next Scheduled EDR Contact: 04/30/2007
Data Release Frequency: Quarterly

NPL Site Boundaries

Sources:

EPA's Environmental Photographic Interpretation Center (EPIC)
Telephone: 202-564-7333

EPA Region 1
Telephone 617-918-1143

EPA Region 3
Telephone 215-814-5418

EPA Region 4
Telephone 404-562-8033

EPA Region 5
Telephone 312-886-6686

EPA Region 10
Telephone 206-553-8665

EPA Region 6
Telephone: 214-655-6659

EPA Region 7
Telephone: 913-551-7247

EPA Region 8
Telephone: 303-312-6774

EPA Region 9
Telephone: 415-947-4246

Proposed NPL: Proposed National Priority List Sites

A site that has been proposed for listing on the National Priorities List through the issuance of a proposed rule in the Federal Register. EPA then accepts public comments on the site, responds to the comments, and places on the NPL those sites that continue to meet the requirements for listing.

Date of Government Version: 09/27/2006
Date Data Arrived at EDR: 11/01/2006
Date Made Active in Reports: 11/22/2006
Number of Days to Update: 21

Source: EPA
Telephone: N/A
Last EDR Contact: 02/23/2007
Next Scheduled EDR Contact: 04/30/2007
Data Release Frequency: Quarterly

DELISTED NPL: National Priority List Deletions

The National Oil and Hazardous Substances Pollution Contingency Plan (NCP) establishes the criteria that the EPA uses to delete sites from the NPL. In accordance with 40 CFR 300.425.(e), sites may be deleted from the NPL where no further response is appropriate.

Date of Government Version: 12/28/2006
Date Data Arrived at EDR: 01/31/2007
Date Made Active in Reports: 03/12/2007
Number of Days to Update: 40

Source: EPA
Telephone: N/A
Last EDR Contact: 01/31/2007
Next Scheduled EDR Contact: 04/30/2007
Data Release Frequency: Quarterly

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

NPL RECOVERY: Federal Superfund Liens

Federal Superfund Liens. Under the authority granted the USEPA by CERCLA of 1980, the USEPA has the authority to file liens against real property in order to recover remedial action expenditures or when the property owner received notification of potential liability. USEPA compiles a listing of filed notices of Superfund Liens.

Date of Government Version: 10/15/1991
Date Data Arrived at EDR: 02/02/1994
Date Made Active in Reports: 03/30/1994
Number of Days to Update: 56

Source: EPA
Telephone: 202-564-4267
Last EDR Contact: 03/26/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: No Update Planned

CERCLIS: Comprehensive Environmental Response, Compensation, and Liability Information System

CERCLIS contains data on potentially hazardous waste sites that have been reported to the USEPA by states, municipalities, private companies and private persons, pursuant to Section 103 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). CERCLIS contains sites which are either proposed to or on the National Priorities List (NPL) and sites which are in the screening and assessment phase for possible inclusion on the NPL.

Date of Government Version: 11/28/2006
Date Data Arrived at EDR: 12/19/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 41

Source: EPA
Telephone: 703-603-8960
Last EDR Contact: 03/21/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Quarterly

CERCLIS-NFRAP: CERCLIS No Further Remedial Action Planned

Archived sites are sites that have been removed and archived from the inventory of CERCLIS sites. Archived status indicates that, to the best of EPA's knowledge, assessment at a site has been completed and that EPA has determined no further steps will be taken to list this site on the National Priorities List (NPL), unless information indicates this decision was not appropriate or other considerations require a recommendation for listing at a later time. This decision does not necessarily mean that there is no hazard associated with a given site; it only means that, based upon available information, the location is not judged to be a potential NPL site.

Date of Government Version: 12/20/2006
Date Data Arrived at EDR: 01/29/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 29

Source: EPA
Telephone: 703-603-8960
Last EDR Contact: 03/19/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Quarterly

CORRACTS: Corrective Action Report

CORRACTS identifies hazardous waste handlers with RCRA corrective action activity.

Date of Government Version: 01/04/2007
Date Data Arrived at EDR: 01/18/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 40

Source: EPA
Telephone: 800-424-9346
Last EDR Contact: 03/05/2007
Next Scheduled EDR Contact: 06/04/2007
Data Release Frequency: Quarterly

RCRA: Resource Conservation and Recovery Act Information

RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. RCRAInfo replaces the data recording and reporting abilities of the Resource Conservation and Recovery Information System (RCRIS). The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Conditionally exempt small quantity generators (CESQGs) generate less than 100 kg of hazardous waste, or less than 1 kg of acutely hazardous waste per month. Small quantity generators (SQGs) generate between 100 kg and 1,000 kg of hazardous waste per month. Large quantity generators (LQGs) generate over 1,000 kilograms (kg) of hazardous waste, or over 1 kg of acutely hazardous waste per month. Transporters are individuals or entities that move hazardous waste from the generator off-site to a facility that can recycle, treat, store, or dispose of the waste. TSDFs treat, store, or dispose of the waste.

Date of Government Version: 06/13/2006
Date Data Arrived at EDR: 06/28/2006
Date Made Active in Reports: 08/23/2006
Number of Days to Update: 56

Source: EPA
Telephone: 800-424-9346
Last EDR Contact: 02/27/2007
Next Scheduled EDR Contact: 04/16/2007
Data Release Frequency: Quarterly

ERNS: Emergency Response Notification System

Emergency Response Notification System. ERNS records and stores information on reported releases of oil and hazardous substances.

Date of Government Version: 12/31/2006
Date Data Arrived at EDR: 01/24/2007
Date Made Active in Reports: 03/12/2007
Number of Days to Update: 47

Source: National Response Center, United States Coast Guard
Telephone: 202-260-2342
Last EDR Contact: 01/24/2007
Next Scheduled EDR Contact: 04/23/2007
Data Release Frequency: Annually

HMIRS: Hazardous Materials Information Reporting System

Hazardous Materials Incident Report System. HMIRS contains hazardous material spill incidents reported to DOT.

Date of Government Version: 11/28/2006
Date Data Arrived at EDR: 01/17/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 41

Source: U.S. Department of Transportation
Telephone: 202-366-4555
Last EDR Contact: 01/17/2007
Next Scheduled EDR Contact: 04/16/2007
Data Release Frequency: Annually

US ENG CONTROLS: Engineering Controls Sites List

A listing of sites with engineering controls in place. Engineering controls include various forms of caps, building foundations, liners, and treatment methods to create pathway elimination for regulated substances to enter environmental media or effect human health.

Date of Government Version: 10/18/2006
Date Data Arrived at EDR: 12/14/2006
Date Made Active in Reports: 01/11/2007
Number of Days to Update: 28

Source: Environmental Protection Agency
Telephone: 703-603-8905
Last EDR Contact: 04/02/2007
Next Scheduled EDR Contact: 07/02/2007
Data Release Frequency: Varies

US INST CONTROL: Sites with Institutional Controls

A listing of sites with institutional controls in place. Institutional controls include administrative measures, such as groundwater use restrictions, construction restrictions, property use restrictions, and post remediation care requirements intended to prevent exposure to contaminants remaining on site. Deed restrictions are generally required as part of the institutional controls.

Date of Government Version: 01/24/2007
Date Data Arrived at EDR: 01/31/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 27

Source: Environmental Protection Agency
Telephone: 703-603-8905
Last EDR Contact: 04/02/2007
Next Scheduled EDR Contact: 07/02/2007
Data Release Frequency: Varies

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

DOD: Department of Defense Sites

This data set consists of federally owned or administered lands, administered by the Department of Defense, that have any area equal to or greater than 640 acres of the United States, Puerto Rico, and the U.S. Virgin Islands.

Date of Government Version: 12/31/2005
Date Data Arrived at EDR: 11/10/2006
Date Made Active in Reports: 01/11/2007
Number of Days to Update: 62

Source: USGS
Telephone: 703-692-8801
Last EDR Contact: 02/08/2007
Next Scheduled EDR Contact: 05/07/2007
Data Release Frequency: Semi-Annually

FUDS: Formerly Used Defense Sites

The listing includes locations of Formerly Used Defense Sites properties where the US Army Corps of Engineers is actively working or will take necessary cleanup actions.

Date of Government Version: 12/31/2005
Date Data Arrived at EDR: 09/20/2006
Date Made Active in Reports: 11/22/2006
Number of Days to Update: 63

Source: U.S. Army Corps of Engineers
Telephone: 202-528-4285
Last EDR Contact: 04/02/2007
Next Scheduled EDR Contact: 07/02/2007
Data Release Frequency: Varies

US BROWNFIELDS: A Listing of Brownfields Sites

Included in the listing are brownfields properties addresses by Cooperative Agreement Recipients and brownfields properties addressed by Targeted Brownfields Assessments. Targeted Brownfields Assessments-EPA's Targeted Brownfields Assessments (TBA) program is designed to help states, tribes, and municipalities--especially those without EPA Brownfields Assessment Demonstration Pilots--minimize the uncertainties of contamination often associated with brownfields. Under the TBA program, EPA provides funding and/or technical assistance for environmental assessments at brownfields sites throughout the country. Targeted Brownfields Assessments supplement and work with other efforts under EPA's Brownfields Initiative to promote cleanup and redevelopment of brownfields. Cooperative Agreement Recipients-States, political subdivisions, territories, and Indian tribes become Brownfields Cleanup Revolving Loan Fund (BCRLF) cooperative agreement recipients when they enter into BCRLF cooperative agreements with the U.S. EPA. EPA selects BCRLF cooperative agreement recipients based on a proposal and application process. BCRLF cooperative agreement recipients must use EPA funds provided through BCRLF cooperative agreement for specified brownfields-related cleanup activities.

Date of Government Version: 10/17/2006
Date Data Arrived at EDR: 10/20/2006
Date Made Active in Reports: 12/13/2006
Number of Days to Update: 54

Source: Environmental Protection Agency
Telephone: 202-566-2777
Last EDR Contact: 03/12/2007
Next Scheduled EDR Contact: 06/11/2007
Data Release Frequency: Semi-Annually

CONSENT: Superfund (CERCLA) Consent Decrees

Major legal settlements that establish responsibility and standards for cleanup at NPL (Superfund) sites. Released periodically by United States District Courts after settlement by parties to litigation matters.

Date of Government Version: 12/14/2004
Date Data Arrived at EDR: 02/15/2005
Date Made Active in Reports: 04/25/2005
Number of Days to Update: 69

Source: Department of Justice, Consent Decree Library
Telephone: Varies
Last EDR Contact: 02/06/2007
Next Scheduled EDR Contact: 04/23/2007
Data Release Frequency: Varies

ROD: Records Of Decision

Record of Decision. ROD documents mandate a permanent remedy at an NPL (Superfund) site containing technical and health information to aid in the cleanup.

Date of Government Version: 01/10/2007
Date Data Arrived at EDR: 01/24/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 34

Source: EPA
Telephone: 703-416-0223
Last EDR Contact: 03/27/2007
Next Scheduled EDR Contact: 07/02/2007
Data Release Frequency: Annually

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

UMTRA: Uranium Mill Tailings Sites

Uranium ore was mined by private companies for federal government use in national defense programs. When the mills shut down, large piles of the sand-like material (mill tailings) remain after uranium has been extracted from the ore. Levels of human exposure to radioactive materials from the piles are low; however, in some cases tailings were used as construction materials before the potential health hazards of the tailings were recognized.

Date of Government Version: 12/31/2005
Date Data Arrived at EDR: 11/08/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 82

Source: Department of Energy
Telephone: 505-845-0011
Last EDR Contact: 03/20/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Varies

ODI: Open Dump Inventory

An open dump is defined as a disposal facility that does not comply with one or more of the Part 257 or Part 258 Subtitle D Criteria.

Date of Government Version: 06/30/1985
Date Data Arrived at EDR: 08/09/2004
Date Made Active in Reports: 09/17/2004
Number of Days to Update: 39

Source: Environmental Protection Agency
Telephone: 800-424-9346
Last EDR Contact: 06/09/2004
Next Scheduled EDR Contact: N/A
Data Release Frequency: No Update Planned

TRIS: Toxic Chemical Release Inventory System

Toxic Release Inventory System. TRIS identifies facilities which release toxic chemicals to the air, water and land in reportable quantities under SARA Title III Section 313.

Date of Government Version: 12/31/2004
Date Data Arrived at EDR: 06/22/2006
Date Made Active in Reports: 08/23/2006
Number of Days to Update: 62

Source: EPA
Telephone: 202-566-0250
Last EDR Contact: 03/20/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Annually

TSCA: Toxic Substances Control Act

Toxic Substances Control Act. TSCA identifies manufacturers and importers of chemical substances included on the TSCA Chemical Substance Inventory list. It includes data on the production volume of these substances by plant site.

Date of Government Version: 12/31/2002
Date Data Arrived at EDR: 04/14/2006
Date Made Active in Reports: 05/30/2006
Number of Days to Update: 46

Source: EPA
Telephone: 202-260-5521
Last EDR Contact: 01/15/2007
Next Scheduled EDR Contact: 04/16/2007
Data Release Frequency: Every 4 Years

FTTS: FIFRA/ TSCA Tracking System - FIFRA (Federal Insecticide, Fungicide, & Rodenticide Act)/TSCA (Toxic Substances Control Act)

FTTS tracks administrative cases and pesticide enforcement actions and compliance activities related to FIFRA, TSCA and EPCRA (Emergency Planning and Community Right-to-Know Act). To maintain currency, EDR contacts the Agency on a quarterly basis.

Date of Government Version: 10/19/2006
Date Data Arrived at EDR: 10/27/2006
Date Made Active in Reports: 11/22/2006
Number of Days to Update: 26

Source: EPA/Office of Prevention, Pesticides and Toxic Substances
Telephone: 202-566-1667
Last EDR Contact: 03/19/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Quarterly

FTTS INSP: FIFRA/ TSCA Tracking System - FIFRA (Federal Insecticide, Fungicide, & Rodenticide Act)/TSCA (Toxic Substances Control Act)

A listing of FIFRA/TSCA Tracking System (FTTS) inspections and enforcements.

Date of Government Version: 10/19/2006
Date Data Arrived at EDR: 10/27/2006
Date Made Active in Reports: 11/22/2006
Number of Days to Update: 26

Source: EPA
Telephone: 202-566-1667
Last EDR Contact: 03/19/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Quarterly

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

SSTS: Section 7 Tracking Systems

Section 7 of the Federal Insecticide, Fungicide and Rodenticide Act, as amended (92 Stat. 829) requires all registered pesticide-producing establishments to submit a report to the Environmental Protection Agency by March 1st each year. Each establishment must report the types and amounts of pesticides, active ingredients and devices being produced, and those having been produced and sold or distributed in the past year.

Date of Government Version: 12/31/2004
Date Data Arrived at EDR: 05/11/2006
Date Made Active in Reports: 05/22/2006
Number of Days to Update: 11

Source: EPA
Telephone: 202-564-4203
Last EDR Contact: 01/29/2007
Next Scheduled EDR Contact: 04/16/2007
Data Release Frequency: Annually

ICIS: Integrated Compliance Information System

The Integrated Compliance Information System (ICIS) supports the information needs of the national enforcement and compliance program as well as the unique needs of the National Pollutant Discharge Elimination System (NPDES) program.

Date of Government Version: 02/13/2006
Date Data Arrived at EDR: 04/21/2006
Date Made Active in Reports: 05/11/2006
Number of Days to Update: 20

Source: Environmental Protection Agency
Telephone: 202-564-5088
Last EDR Contact: 01/15/2007
Next Scheduled EDR Contact: 04/16/2007
Data Release Frequency: Quarterly

CDL: Clandestine Drug Labs

A listing of clandestine drug lab locations. The U.S. Department of Justice ("the Department") provides this web site as a public service. It contains addresses of some locations where law enforcement agencies reported they found chemicals or other items that indicated the presence of either clandestine drug laboratories or dumpsites. In most cases, the source of the entries is not the Department, and the Department has not verified the entry and does not guarantee its accuracy. Members of the public must verify the accuracy of all entries by, for example, contacting local law enforcement and local health departments.

Date of Government Version: 12/01/2006
Date Data Arrived at EDR: 01/08/2007
Date Made Active in Reports: 01/11/2007
Number of Days to Update: 3

Source: Drug Enforcement Administration
Telephone: 202-307-1000
Last EDR Contact: 03/29/2007
Next Scheduled EDR Contact: 06/25/2007
Data Release Frequency: Quarterly

LUCIS: Land Use Control Information System

LUCIS contains records of land use control information pertaining to the former Navy Base Realignment and Closure properties.

Date of Government Version: 12/09/2005
Date Data Arrived at EDR: 12/11/2006
Date Made Active in Reports: 01/11/2007
Number of Days to Update: 31

Source: Department of the Navy
Telephone: 843-820-7326
Last EDR Contact: 03/26/2007
Next Scheduled EDR Contact: 06/11/2007
Data Release Frequency: Varies

RADINFO: Radiation Information Database

The Radiation Information Database (RADINFO) contains information about facilities that are regulated by U.S. Environmental Protection Agency (EPA) regulations for radiation and radioactivity

Date of Government Version: 01/30/2007
Date Data Arrived at EDR: 01/31/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 27

Source: Environmental Protection Agency
Telephone: 202-343-9775
Last EDR Contact: 01/31/2007
Next Scheduled EDR Contact: 04/30/2007
Data Release Frequency: Quarterly

PADS: PCB Activity Database System

PCB Activity Database. PADS Identifies generators, transporters, commercial storers and/or brokers and disposers of PCB's who are required to notify the EPA of such activities.

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 10/17/2006
Date Data Arrived at EDR: 11/29/2006
Date Made Active in Reports: 01/11/2007
Number of Days to Update: 43

Source: EPA
Telephone: 202-566-0500
Last EDR Contact: 03/02/2007
Next Scheduled EDR Contact: 05/07/2007
Data Release Frequency: Annually

MLTS: Material Licensing Tracking System

MLTS is maintained by the Nuclear Regulatory Commission and contains a list of approximately 8,100 sites which possess or use radioactive materials and which are subject to NRC licensing requirements. To maintain currency, EDR contacts the Agency on a quarterly basis.

Date of Government Version: 01/11/2007
Date Data Arrived at EDR: 01/26/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 32

Source: Nuclear Regulatory Commission
Telephone: 301-415-7169
Last EDR Contact: 04/02/2007
Next Scheduled EDR Contact: 07/02/2007
Data Release Frequency: Quarterly

MINES: Mines Master Index File

Contains all mine identification numbers issued for mines active or opened since 1971. The data also includes violation information.

Date of Government Version: 11/15/2006
Date Data Arrived at EDR: 12/28/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 32

Source: Department of Labor, Mine Safety and Health Administration
Telephone: 303-231-5959
Last EDR Contact: 03/28/2007
Next Scheduled EDR Contact: 06/25/2007
Data Release Frequency: Semi-Annually

FINDS: Facility Index System/Facility Registry System

Facility Index System. FINDS contains both facility information and 'pointers' to other sources that contain more detail. EDR includes the following FINDS databases in this report: PCS (Permit Compliance System), AIRS (Aerometric Information Retrieval System), DOCKET (Enforcement Docket used to manage and track information on civil judicial enforcement cases for all environmental statutes), FURS (Federal Underground Injection Control), C-DOCKET (Criminal Docket System used to track criminal enforcement actions for all environmental statutes), FFIS (Federal Facilities Information System), STATE (State Environmental Laws and Statutes), and PADS (PCB Activity Data System).

Date of Government Version: 01/18/2007
Date Data Arrived at EDR: 01/23/2007
Date Made Active in Reports: 02/27/2007
Number of Days to Update: 35

Source: EPA
Telephone: N/A
Last EDR Contact: 04/02/2007
Next Scheduled EDR Contact: 07/02/2007
Data Release Frequency: Quarterly

RAATS: RCRA Administrative Action Tracking System

RCRA Administration Action Tracking System. RAATS contains records based on enforcement actions issued under RCRA pertaining to major violators and includes administrative and civil actions brought by the EPA. For administration actions after September 30, 1995, data entry in the RAATS database was discontinued. EPA will retain a copy of the database for historical records. It was necessary to terminate RAATS because a decrease in agency resources made it impossible to continue to update the information contained in the database.

Date of Government Version: 04/17/1995
Date Data Arrived at EDR: 07/03/1995
Date Made Active in Reports: 08/07/1995
Number of Days to Update: 35

Source: EPA
Telephone: 202-564-4104
Last EDR Contact: 03/05/2007
Next Scheduled EDR Contact: 06/04/2007
Data Release Frequency: No Update Planned

BRS: Biennial Reporting System

The Biennial Reporting System is a national system administered by the EPA that collects data on the generation and management of hazardous waste. BRS captures detailed data from two groups: Large Quantity Generators (LQG) and Treatment, Storage, and Disposal Facilities.

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 12/31/2003
Date Data Arrived at EDR: 06/17/2005
Date Made Active in Reports: 08/04/2005
Number of Days to Update: 48

Source: EPA/NTIS
Telephone: 800-424-9346
Last EDR Contact: 03/06/2007
Next Scheduled EDR Contact: 06/11/2007
Data Release Frequency: Biennially

STATE AND LOCAL RECORDS

SHWS: State Oversight List

State Hazardous Waste Sites. State hazardous waste site records are the states' equivalent to CERCLIS. These sites may or may not already be listed on the federal CERCLIS list. Priority sites planned for cleanup using state funds (state equivalent of Superfund) are identified along with sites where cleanup will be paid for by potentially responsible parties. Available information varies by state.

Date of Government Version: 12/18/2006
Date Data Arrived at EDR: 12/27/2006
Date Made Active in Reports: 02/07/2007
Number of Days to Update: 42

Source: Illinois Environmental Protection Agency
Telephone: 217-524-4863
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Semi-Annually

CAT: Category List

Sites on this list are: Notice of Response Action, NPL, Pre/proposed NPL, Completed Remedial Action, Site Remediation Program, Federal Facilities, and Cleanup Started and/or Completed Sites.

Date of Government Version: 06/01/1997
Date Data Arrived at EDR: 07/07/1997
Date Made Active in Reports: 08/14/1997
Number of Days to Update: 38

Source: Illinois EPA
Telephone: N/A
Last EDR Contact: 02/26/2001
Next Scheduled EDR Contact: N/A
Data Release Frequency: No Update Planned

SWF/LF: Available Disposal for Solid Waste in Illinois - Solid Waste Landfills Subject to State Surcharge

Solid Waste Facilities/Landfill Sites. SWF/LF type records typically contain an inventory of solid waste disposal facilities or landfills in a particular state. Depending on the state, these may be active or inactive facilities or open dumps that failed to meet RCRA Subtitle D Section 4004 criteria for solid waste landfills or disposal sites.

Date of Government Version: 12/01/2005
Date Data Arrived at EDR: 03/31/2006
Date Made Active in Reports: 05/04/2006
Number of Days to Update: 34

Source: Illinois Environmental Protection Agency
Telephone: 217-785-8604
Last EDR Contact: 03/23/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Annually

LF WMRC: Waste Management & Research Center Landfill Database

The Waste Management & Research Center Landfill Database includes records from the Department of Public Health, Department of Mines & Minerals, Illinois Environmental Protection Agency, State Geological Survey, Northeastern Illinois Planning Commission and Pollution Control Board.

Date of Government Version: 12/31/2001
Date Data Arrived at EDR: 10/06/2006
Date Made Active in Reports: 11/06/2006
Number of Days to Update: 31

Source: Department of Natural Resources
Telephone: 217-333-8940
Last EDR Contact: 04/02/2007
Next Scheduled EDR Contact: 07/02/2007
Data Release Frequency: No Update Planned

UIC: Underground Injection Wells

Injection wells are used for disposal of fluids by "injection" into the subsurface. The construction of injection wells range from very technical designs with twenty-four hour monitoring to simply a hole dug in the ground to control runoff. As a result of this diversity, the UIC Program divides injection wells into five different classes.

Date of Government Version: 03/20/2006
Date Data Arrived at EDR: 12/22/2006
Date Made Active in Reports: 02/07/2007
Number of Days to Update: 47

Source: Illinois EPA
Telephone: 217-782-9878
Last EDR Contact: 03/19/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Varies

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

IL NIPC: Solid Waste Landfill Inventory

Solid Waste Landfill Inventory. NIPC is an inventory of active and inactive solid waste disposal sites, based on state, local government and historical archive data. Included are numerous sites which previously had never been identified largely because there was no obligation to register such sites prior to 1971.

Date of Government Version: 08/01/1988
Date Data Arrived at EDR: 08/01/1994
Date Made Active in Reports: 08/12/1994
Number of Days to Update: 11

Source: Northeastern Illinois Planning Commission
Telephone: 312-454-0400
Last EDR Contact: 05/23/2006
Next Scheduled EDR Contact: N/A
Data Release Frequency: No Update Planned

LUST: Leaking Underground Storage Tank Sites

Leaking Underground Storage Tank Incident Reports. LUST records contain an inventory of reported leaking underground storage tank incidents. Not all states maintain these records, and the information stored varies by state.

Date of Government Version: 02/03/2007
Date Data Arrived at EDR: 02/21/2007
Date Made Active in Reports: 02/28/2007
Number of Days to Update: 7

Source: Illinois Environmental Protection Agency
Telephone: 217-782-6762
Last EDR Contact: 02/21/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Semi-Annually

LUST TRUST: Underground Storage Tank Fund Payment Priority List

In case sufficient funds are not available in the Underground Storage Tank Fund, requests for payment are entered on the Payment Priority List by "queue date" order. As required by the Environmental Protection Act, the queue date is the date that a complete request for partial or final payment was received by the Agency. The queue date is "officially" confirmed at the end of the payment review process when a Final Decision Letter is sent to the site owner.

Date of Government Version: 11/02/2006
Date Data Arrived at EDR: 12/01/2006
Date Made Active in Reports: 12/20/2006
Number of Days to Update: 19

Source: Illinois EPA
Telephone: 217-782-6762
Last EDR Contact: 02/20/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

UST: Underground Storage Tank Facility List

Registered Underground Storage Tanks. UST's are regulated under Subtitle I of the Resource Conservation and Recovery Act (RCRA) and must be registered with the state department responsible for administering the UST program. Available information varies by state program.

Date of Government Version: 01/19/2007
Date Data Arrived at EDR: 01/26/2007
Date Made Active in Reports: 03/21/2007
Number of Days to Update: 54

Source: Illinois State Fire Marshal
Telephone: 217-785-0969
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Quarterly

SPILLS: State spills

A listing of incidents reported to the Office of Emergency Response.

Date of Government Version: 07/26/2006
Date Data Arrived at EDR: 08/29/2006
Date Made Active in Reports: 09/27/2006
Number of Days to Update: 29

Source: Illinois EPA
Telephone: 217-558-1677
Last EDR Contact: 02/05/2007
Next Scheduled EDR Contact: 05/07/2007
Data Release Frequency: Varies

ENG CONTROLS: Sites with Engineering Controls

Sites using of engineered barriers (e.g., asphalt or concrete paving).

Date of Government Version: 02/09/2007
Date Data Arrived at EDR: 02/13/2007
Date Made Active in Reports: 02/28/2007
Number of Days to Update: 15

Source: Illinois Environmental Protection Agency
Telephone: 217-782-6761
Last EDR Contact: 02/13/2007
Next Scheduled EDR Contact: 05/14/2007
Data Release Frequency: Quarterly

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Inst Control: Institutional Controls
Legal or administrative restrictions on land use and/or other activities (e.g., groundwater use restrictions) which effectively limit exposure to contamination may be employed as alternatives to removal or treatment of contamination.

Date of Government Version: 02/13/2007
Date Data Arrived at EDR: 02/13/2007
Date Made Active in Reports: 02/28/2007
Number of Days to Update: 15

Source: Illinois Environmental Protection Agency
Telephone: 217-782-6761
Last EDR Contact: 02/13/2007
Next Scheduled EDR Contact: 05/14/2007
Data Release Frequency: Quarterly

SRP: Site Remediation Program Database
The database identifies the status of all voluntary remediation projects administered through the pre-notice site cleanup program (1989 to 1995) and the site remediation program (1996 to the present).

Date of Government Version: 02/09/2007
Date Data Arrived at EDR: 02/13/2007
Date Made Active in Reports: 02/28/2007
Number of Days to Update: 15

Source: Illinois Environmental Protection Agency
Telephone: 217-785-9407
Last EDR Contact: 02/13/2007
Next Scheduled EDR Contact: 05/14/2007
Data Release Frequency: Semi-Annually

DRYCLEANERS: Illinois Licensed Drycleaners
Any retail drycleaning facility in Illinois must apply for a license through the Illinois Drycleaner Environmental Response Trust Fund. Drycleaner Environmental Response Trust Fund of Illinois.

Date of Government Version: 12/01/2006
Date Data Arrived at EDR: 01/12/2007
Date Made Active in Reports: 02/07/2007
Number of Days to Update: 26

Source: Drycleaner Environmental Response Trust Fund of Illinois
Telephone: 800-765-4041
Last EDR Contact: 03/21/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Varies

IMPDMENT: Surface Impoundment Inventory
Statewide inventory of industrial, municipal, mining, oil & gas , and large agricultural impoundment. This study was conducted by the Illinois EPA to assess potentail for contamination of shallow aquifers. This was a one-time study. Although many of the impoundments may no longer be present, the sites may be contaminated.

Date of Government Version: 12/31/1980
Date Data Arrived at EDR: 03/08/2002
Date Made Active in Reports: 06/03/2002
Number of Days to Update: 87

Source: Illinois Waste Management & Research Center
Telephone: 217-333-8940
Last EDR Contact: 02/20/2002
Next Scheduled EDR Contact: N/A
Data Release Frequency: No Update Planned

BROWNFIELDS: Municipal Brownfields Redevelopment Grant Program Project Descriptions
The Illinois Municipal Brownfields Redevelopment Grant Program (MBRGP) offers grants worth a maximum of $240,000 each to municipalities to assist in site investigation activities, development of cleanup objectives, and performance of cleanup activities. Brownfields are abandoned or underused industrial and/or commercial properties that are contaminated (or thought to be contaminated) and have an active potential for redevelopment.

Date of Government Version: 11/21/2006
Date Data Arrived at EDR: 11/22/2006
Date Made Active in Reports: 12/20/2006
Number of Days to Update: 28

Source: Illinois Environmental Protection Agency
Telephone: 217-785-3486
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

BROWNFIELDS: Redevelopment Assessment Database
The Office of Site Evaluations Redevelopment Assessment database identifies the status of all properties within the State in which the Illinois EPA's Office of Site Evaluation has conducted a municipal Brownfield Redevelopment Assessment.

Date of Government Version: 02/20/2007
Date Data Arrived at EDR: 02/21/2007
Date Made Active in Reports: 02/28/2007
Number of Days to Update: 7

Source: Illinois Environmental Protection Agency
Telephone: 217-524-1658
Last EDR Contact: 02/21/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

CDL: Meth Drug Lab Site Listing
A listing of clandestine/meth drug lab locations.

Date of Government Version: 02/05/2007
Date Data Arrived at EDR: 02/06/2007
Date Made Active in Reports: 02/28/2007
Number of Days to Update: 22

Source: Department of Public Health
Telephone: 217-782-5750
Last EDR Contact: 02/05/2007
Next Scheduled EDR Contact: 05/07/2007
Data Release Frequency: Varies

AIRS: AIRS
A listing of air permits and emissions information.

Date of Government Version: 05/10/2006
Date Data Arrived at EDR: 05/15/2006
Date Made Active in Reports: 06/19/2006
Number of Days to Update: 35

Source: Illinois EPA
Telephone: 217-557-0314
Last EDR Contact: 05/03/2006
Next Scheduled EDR Contact: 07/30/2006
Data Release Frequency: Varies

TRIBAL RECORDS

INDIAN RESERV: Indian Reservations
This map layer portrays Indian administered lands of the United States that have any area equal to or greater than 640 acres.

Date of Government Version: 12/31/2005
Date Data Arrived at EDR: 02/06/2006
Date Made Active in Reports: 01/11/2007
Number of Days to Update: 339

Source: USGS
Telephone: 202-208-3710
Last EDR Contact: 02/08/2007
Next Scheduled EDR Contact: 05/07/2007
Data Release Frequency: Semi-Annually

INDIAN LUST R1: Leaking Underground Storage Tanks on Indian Land
A listing of leaking underground storage tank locations on Indian Land.

Date of Government Version: 12/01/2006
Date Data Arrived at EDR: 12/01/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 59

Source: EPA Region 1
Telephone: 617-918-1313
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

INDIAN LUST R6: Leaking Underground Storage Tanks on Indian Land
LUSTs on Indian land in New Mexico and Oklahoma.

Date of Government Version: 01/04/2005
Date Data Arrived at EDR: 01/21/2005
Date Made Active in Reports: 02/28/2005
Number of Days to Update: 38

Source: EPA Region 6
Telephone: 214-665-6597
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

INDIAN LUST R8: Leaking Underground Storage Tanks on Indian Land
LUSTs on Indian land in Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming.

Date of Government Version: 11/30/2006
Date Data Arrived at EDR: 12/08/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 52

Source: EPA Region 8
Telephone: 303-312-6271
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Quarterly

INDIAN LUST R10: Leaking Underground Storage Tanks on Indian Land
LUSTs on Indian land in Alaska, Idaho, Oregon and Washington.

Date of Government Version: 11/21/2006
Date Data Arrived at EDR: 12/08/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 52

Source: EPA Region 10
Telephone: 206-553-2857
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 02/21/2007
Data Release Frequency: Quarterly

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

INDIAN LUST R9: Leaking Underground Storage Tanks on Indian Land
LUSTs on Indian land in Arizona, California, New Mexico and Nevada

Date of Government Version: 12/19/2006
Date Data Arrived at EDR: 12/19/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 41

Source: Environmental Protection Agency
Telephone: 415-972-3372
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Quarterly

INDIAN LUST R7: Leaking Underground Storage Tanks on Indian Land
LUSTs on Indian land in Iowa, Kansas, and Nebraska

Date of Government Version: 09/06/2006
Date Data Arrived at EDR: 10/04/2006
Date Made Active in Reports: 11/08/2006
Number of Days to Update: 35

Source: EPA Region 7
Telephone: 913-551-7003
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

INDIAN LUST R4: Leaking Underground Storage Tanks on Indian Land
LUSTs on Indian land in Florida, Minnesota, Mississippi and North Carolina.

Date of Government Version: 08/24/2006
Date Data Arrived at EDR: 09/11/2006
Date Made Active in Reports: 11/06/2006
Number of Days to Update: 58

Source: EPA Region 4
Telephone: 404-562-8677
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Semi-Annually

INDIAN UST R4: Underground Storage Tanks on Indian Land

Date of Government Version: 08/24/2006
Date Data Arrived at EDR: 09/11/2006
Date Made Active in Reports: 11/08/2006
Number of Days to Update: 58

Source: EPA Region 4
Telephone: 404-562-9424
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Semi-Annually

INDIAN UST R10: Underground Storage Tanks on Indian Land

Date of Government Version: 11/21/2006
Date Data Arrived at EDR: 12/08/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 52

Source: EPA Region 10
Telephone: 206-553-2857
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Quarterly

INDIAN UST R5: Underground Storage Tanks on Indian Land

Date of Government Version: 12/02/2004
Date Data Arrived at EDR: 12/29/2004
Date Made Active in Reports: 02/04/2005
Number of Days to Update: 37

Source: EPA Region 5
Telephone: 312-886-6136
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

INDIAN UST R8: Underground Storage Tanks on Indian Land

Date of Government Version: 11/30/2006
Date Data Arrived at EDR: 12/08/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 52

Source: EPA Region 8
Telephone: 303-312-6137
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Quarterly

INDIAN UST R6: Underground Storage Tanks on Indian Land

Date of Government Version: 01/11/2007
Date Data Arrived at EDR: 01/12/2007
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 17

Source: EPA Region 6
Telephone: 214-665-7591
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Semi-Annually

INDIAN UST R1: Underground Storage Tanks on Indian Land
A listing of underground storage tank locations on Indian Land.

Date of Government Version: 12/01/2006
Date Data Arrived at EDR: 12/01/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 59

Source: EPA, Region 1
Telephone: 617-918-1313
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

INDIAN UST R7: Underground Storage Tanks on Indian Land

Date of Government Version: 09/06/2006
Date Data Arrived at EDR: 10/04/2006
Date Made Active in Reports: 11/08/2006
Number of Days to Update: 35

Source: EPA Region 7
Telephone: 913-551-7003
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Varies

INDIAN UST R9: Underground Storage Tanks on Indian Land

Date of Government Version: 12/19/2005
Date Data Arrived at EDR: 12/19/2006
Date Made Active in Reports: 01/29/2007
Number of Days to Update: 41

Source: EPA Region 9
Telephone: 415-972-3368
Last EDR Contact: 02/19/2007
Next Scheduled EDR Contact: 05/21/2007
Data Release Frequency: Quarterly

EDR PROPRIETARY RECORDS

Manufactured Gas Plants: EDR Proprietary Manufactured Gas Plants
The EDR Proprietary Manufactured Gas Plant Database includes records of coal gas plants (manufactured gas plants) compiled by EDR's researchers. Manufactured gas sites were used in the United States from the 1800's to 1950's to produce a gas that could be distributed and used as fuel. These plants used whale oil, rosin, coal, or a mixture of coal, oil, and water that also produced a significant amount of waste. Many of the byproducts of the gas production, such as coal tar (oily waste containing volatile and non-volatile chemicals), sludges, oils and other compounds are potentially hazardous to human health and the environment. The byproduct from this process was frequently disposed of directly at the plant site and can remain or spread slowly, serving as a continuous source of soil and groundwater contamination.

Date of Government Version: N/A
Date Data Arrived at EDR: N/A
Date Made Active in Reports: N/A
Number of Days to Update: N/A

Source: EDR, Inc.
Telephone: N/A
Last EDR Contact: N/A
Next Scheduled EDR Contact: N/A
Data Release Frequency: No Update Planned

OTHER DATABASE(S)

Depending on the geographic area covered by this report, the data provided in these specialty databases may or may not be complete. For example, the existence of wetlands information data in a specific report does not mean that all wetlands in the area covered by the report are included. Moreover, the absence of any reported wetlands information does not necessarily mean that wetlands do not exist in the area covered by the report.

CT MANIFEST: Hazardous Waste Manifest Data
Facility and manifest data. Manifest is a document that lists and tracks hazardous waste from the generator through transporters to a tsd facility.

Date of Government Version: 12/31/2004
Date Data Arrived at EDR: 02/17/2006
Date Made Active in Reports: 04/07/2006
Number of Days to Update: 49

Source: Department of Environmental Protection
Telephone: 860-424-3375
Last EDR Contact: 03/16/2007
Next Scheduled EDR Contact: 06/11/2007
Data Release Frequency: Annually

NJ MANIFEST: Manifest Information
Hazardous waste manifest information.

Date of Government Version: 01/01/2007
Date Data Arrived at EDR: 01/04/2007
Date Made Active in Reports: 02/13/2007
Number of Days to Update: 40

Source: Department of Environmental Protection
Telephone: N/A
Last EDR Contact: 01/04/2007
Next Scheduled EDR Contact: 04/02/2007
Data Release Frequency: Annually

NY MANIFEST: Facility and Manifest Data
Manifest is a document that lists and tracks hazardous waste from the generator through transporters to a TSD facility.

Date of Government Version: 10/26/2006
Date Data Arrived at EDR: 11/29/2006
Date Made Active in Reports: 01/05/2007
Number of Days to Update: 37

Source: Department of Environmental Conservation
Telephone: 518-402-8651
Last EDR Contact: 03/02/2007
Next Scheduled EDR Contact: 05/28/2007
Data Release Frequency: Annually

PA MANIFEST: Manifest Information
Hazardous waste manifest information.

Date of Government Version: 12/31/2005
Date Data Arrived at EDR: 03/17/2006
Date Made Active in Reports: 06/06/2006
Number of Days to Update: 81

Source: Department of Environmental Protection
Telephone: N/A
Last EDR Contact: 03/12/2007
Next Scheduled EDR Contact: 06/11/2007
Data Release Frequency: Annually

RI MANIFEST: Manifest Information
Hazardous waste manifest information

Date of Government Version: 04/11/2006
Date Data Arrived at EDR: 10/31/2006
Date Made Active in Reports: 12/18/2006
Number of Days to Update: 48

Source: Department of Environmental Management
Telephone: 401-222-2797
Last EDR Contact: 03/19/2007
Next Scheduled EDR Contact: 06/18/2007
Data Release Frequency: Annually

WI MANIFEST: Manifest Information
Hazardous waste manifest information.

Date of Government Version: 12/31/2005
Date Data Arrived at EDR: 03/17/2006
Date Made Active in Reports: 05/02/2006
Number of Days to Update: 46

Source: Department of Natural Resources
Telephone: N/A
Last EDR Contact: 02/06/2007
Next Scheduled EDR Contact: 04/09/2007
Data Release Frequency: Annually

Oil/Gas Pipelines: This data was obtained by EDR from the USGS in 1994. It is referred to by USGS as GeoData Digital Line Graphs from 1:100,000-Scale Maps. It was extracted from the transportation category including some oil, but primarily gas pipelines.

Electric Power Transmission Line Data
Source: PennWell Corporation
Telephone: (800) 823-6277
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Sensitive Receptors: There are individuals deemed sensitive receptors due to their fragile immune systems and special sensitivity to environmental discharges. These sensitive receptors typically include the elderly, the sick, and children. While the location of all sensitive receptors cannot be determined, EDR indicates those buildings and facilities - schools, daycares, hospitals, medical centers, and nursing homes - where individuals who are sensitive receptors are likely to be located.

GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

AHA Hospitals:
Source: American Hospital Association, Inc.
Telephone: 312-280-5991
The database includes a listing of hospitals based on the American Hospital Association's annual survey of hospitals.

Medical Centers: Provider of Services Listing
Source: Centers for Medicare & Medicaid Services
Telephone: 410-786-3000
A listing of hospitals with Medicare provider number, produced by Centers of Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services.

Nursing Homes
Source: National Institutes of Health
Telephone: 301-594-6248
Information on Medicare and Medicaid certified nursing homes in the United States.

Public Schools
Source: National Center for Education Statistics
Telephone: 202-502-7300
The National Center for Education Statistics' primary database on elementary and secondary public education in the United States. It is a comprehensive, annual, national statistical database of all public elementary and secondary schools and school districts, which contains data that are comparable across all states.

Private Schools
Source: National Center for Education Statistics
Telephone: 202-502-7300
The National Center for Education Statistics' primary database on private school locations in the United States.

Daycare Centers: Homes & Centers Listing
Source: Department of Children & Family Services
Telephone: 312-814-4150

Flood Zone Data: This data, available in select counties across the country, was obtained by EDR in 1999 from the Federal Emergency Management Agency (FEMA). Data depicts 100-year and 500-year flood zones as defined by FEMA.

NWI: National Wetlands Inventory. This data, available in select counties across the country, was obtained by EDR in 2002 and 2005 from the U.S. Fish and Wildlife Service.

STREET AND ADDRESS INFORMATION

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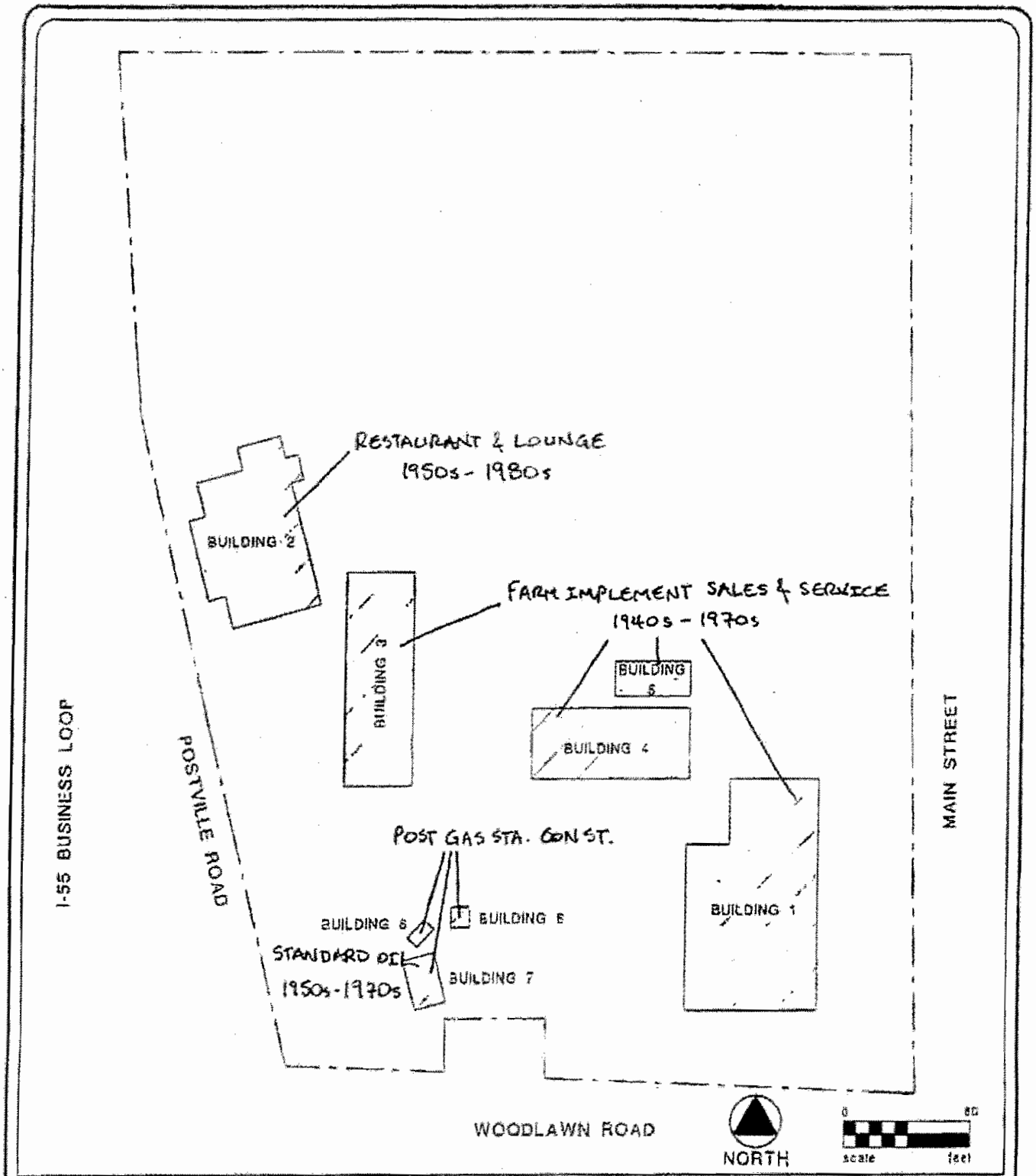

midwest engineering services, inc.	FIGURE 2 SITE PLAN PROPOSED DEVELOPMENT NE/C WOODLAWN AND POSTVILLE RD. LINCOLN, ILLINOIS	SCALE: 1 inch = 80 feet PROJECT NO.: 1-61092 DATE: DECEMBER 21, 1998 DRAWN BY: KFN

ATTACHMENT-6B

Illinois Environmental Protection Agency

www.epa.state.il.us

Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 930601 LPC # 1070355052 IEMA Date: 3/12/1993

Site: Levi, Kenneth

Address: 922 Woodlawn Rd.
Lincoln, IL. 62656 County: Logan

Regulated by: 732 Site Classification: HIGH

Products: Gasoline

20 Day Rpt: 4/9/1993 45 Day Rpt: 7/9/1993 NFR Date: 10/12/2004
Recorded: 3/10/2005

Project Manager: Steve Jones

Phone: (217) 524-1253 Email: Steve.Jones@illinois.gov

Tank Operator	General	Title XVI	TACO	Claims	Search

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Illinois Environmental Protection Agency

Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 930601 LPC # 1070355052

Site: Levi, Kenneth

Date	Description
3/16/1993	Notice of Release Letter sent
7/19/1993	Review Letter sent
1/27/1994	Review Letter sent
11/3/1994	Review Letter sent
7/12/1995	Review Letter sent
12/24/1997	Rescind Site Classification Deferral
9/13/2004	Professional Engineer Certification received

Site (Main)	Tank Operator	Title XVI	TACO	Claims	Search

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Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 930601 LPC # 1070355052

Site: Levi, Kenneth

Event Description	Date	Resp. Due	Decision	Mailed
Site Classification Work Plan Budget	2/14/1994	6/14/1994	DEN	6/15/1994
Site Classification Work Plan	2/14/1994	6/14/1994	DEN	6/15/1994
Site Classification Work Plan Budget	10/25/1994	2/22/1995	DEN	2/8/1995
Site Classification Work Plan	10/25/1994	2/22/1995	DEN	2/8/1995
Low Priority Corrective Action Plan Budget	3/3/1995	7/1/1995	APR	6/15/1995
Site Classification Work Plan Budget	3/3/1995	7/1/1995	APR	6/15/1995
Site Classification Work Plan	3/3/1995	7/1/1995	APR	6/15/1995
Site Classification Completion Report	6/8/1998	10/6/1998	DEN	9/25/1998
Site Classification Completion Report	1/14/1999	5/14/1999	APR	4/7/1999
High Priority Corrective Action Plan	1/17/2001	5/17/2001	APR	3/8/2001
High Priority Corrective Action Plan Budget	1/17/2001	5/17/2001	APR	3/8/2001
High Priority Corrective Action Plan	1/23/2002	5/23/2002	MOD	2/27/2002
High Priority Corrective Action Plan Budget	1/23/2002	5/23/2002	MOD	2/27/2002
High Priority Corrective Action Plan	9/27/2002	1/25/2003	MOD	11/12/2002
High Priority Corrective Action Plan Budget	9/27/2002	1/25/2003	APR	11/12/2002
High Priority Corrective Action Plan	2/18/2003	6/18/2003	APR	3/27/2003
High Priority Corrective Action Plan Budget	2/18/2003	6/18/2003	MOD	3/27/2003
High Priority Corrective Action Plan	4/1/2004	7/30/2004	APR	5/25/2004
High Priority Corrective Action Plan Budget	4/1/2004	7/30/2004	APR	5/25/2004
High Priority Corrective Action Completion Report	9/13/2004	1/11/2005	APR	10/12/2004

Site (Main) | Tank Operator | General | TACO | Claims | Search

ATTACHMENT-6B

Illinois Environmental Protection Agency

www.epa.state.il.us

Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 910902 LPC # 1070355036 IEMA Date: 4/4/1991

Site: Wendy's International

Address: 930 North Postville Rd.,
Lincoln, IL. 62656 County: Logan

Regulated by: 731

Products: Gasoline, Diesel

20 Day Rpt: 45 Day Rpt: Non-LUST Letter: 9/25/2002

Project Manager: Wayne Zuehlke

Phone: (217) 557-6937 Email: Wayne.Zuehlke@illinois.gov

Tank Operator	General	Title XVI	TACO	Claims	Search

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Illinois Environmental Protection Agency

www.epa.state.il.us

Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 910902 LPC # 1070355036

Site: Wendy's International

Date	Description
4/4/1991	Notice of Release Letter sent
5/2/1991	Response Letter received
11/29/1995	Review Letter sent
7/12/2002	Corrective Action Completion Report received
7/12/2002	Professional Engineer Certification received

Site (Main)	Tank Operator	Title XVI	TACO	Claims	Search

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Rod R. Blagojevich, Governor

Site Remediation

SRP Site Name: Wendy's International

Active: No
LPC#: 1070355036 USEPA ID:
Address: 930 Postville Drive
Lincoln, IL 62656- Logan County
Date Enrolled: 5/8/2003

Map this site with MAPQUEST.

Remediation Applicant:	**Wendy's Old Fashioned Hamburgers of New York, Inc.**
Point of Contact:	**Tony Kullman**
Address:	**4288 West Dublin-Granville Road**
	Dublin, OH 43017-
Phone:	**(614) 764-8485**
Consultant:	**Terracon**
Point of Contact:	**Matt A. Catlin**
Address:	**135 Ambassador Drive**
	Naperville, IL 60540-
Phone:	**(630) 717-4263**

Section 4(y) Letter:
No Further Remediation Letter: 11/21/2003
Project Manager: Rossi

ATTACHMENT-6B

Illinois Environmental Protection Agency

www.epa.state.il.us

Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 952512 LPC # 1070355033 IEMA Date: 12/14/1995

Site: MII Lincoln Inc.

Address: 2150 West 5th St.
Lincoln, IL. 62656 **County:** Logan

Regulated by: 732

Products: Gasoline

20 Day Rpt: 12/19/1995 **45 Day Rpt:** 1/31/1996 **NFR Date:** 8/22/1996

Project Manager: Valerie Davis

Phone: (217) 785-7492 **Email:** Valerie.A.Davis@illinois.gov

Tank Operator	General	Title XVI	TACO	Claims	Search

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Illinois Environmental Protection Agency

www.epa.state.il.us

Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 952512 LPC # 1070355033

Site: MII Lincoln Inc.

Date	Description
12/21/1995	Notice of Release Letter sent
8/14/1996	Professional Engineer Certification received

Site (Main)	Tank Operator	Title XVI	TACO	Claims	Search

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Illinois Environmental Protection Agency

www.epa.state.il.us

Rod R. Blagojevich, Governor

L.I.T. Search

IEMA # 952512

LPC # 1070355033

Site: MII Lincoln Inc.

Event Description	Date	Resp. Due	Decision	Mailed
Corrective Action Completion Report	8/14/1996	12/12/1996	APR	8/22/1996

Site (Main) | Tank Operator | General | TACO | Claims | Search

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ATTACHMENT-6B

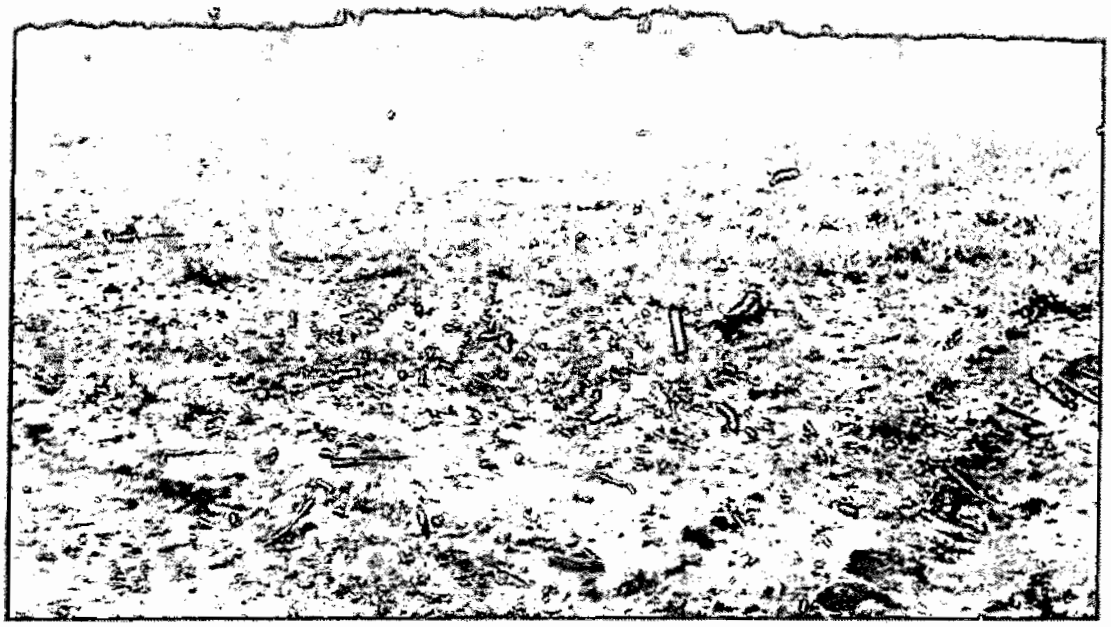
IEPA LUST & SRP dBase Review

all sites are located within ½ mile of the subject property

Tropic Restaurant LUST site 1007 Hickock Drive "other petroleum" release Non-LUST letter issued 11/19/1996	1700 ft. NE	1070355075 LUST: 961413
901 Woodlawn Rd. SRP site enrolled in SRP 09/10/1999 no NFR letter; listed as inactive (determined to be former gas station)	1800 ft. NE	1070355089
Kenneth Levi LUST site 922 Woodlawn Road gasoline release NFR letter issued 10/12/2004	2200 ft. ENE	1070355052 LUST: 930601 HIGH priority
Wendy's International LUST/SRP site 930 North Postville Road gasoline & diesel release Non-LUST letter issued 11/19/1996 enrolled in SRP 05/08/2003 NFR letter issued 11/21/2003	1700 ft. ENE	1070355036 LUST: 910902
MII Lincoln LUST site 2150 West 5th Street gasoline release NFR letter issued 08/22/1996	2500 ft. SSW	1070355033 LUST: 952512

Appendix D

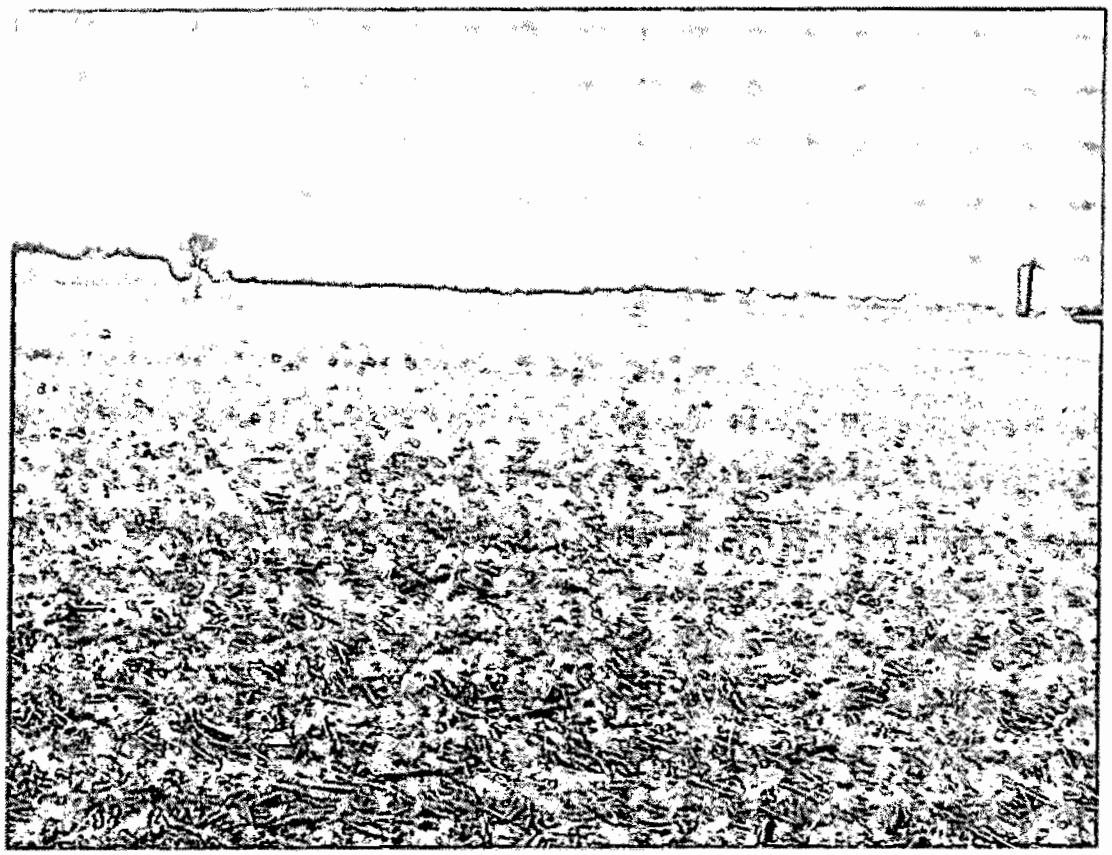
Current Site Photographs



1

View of the subject property from the northwest corner;
view is toward the southeast.

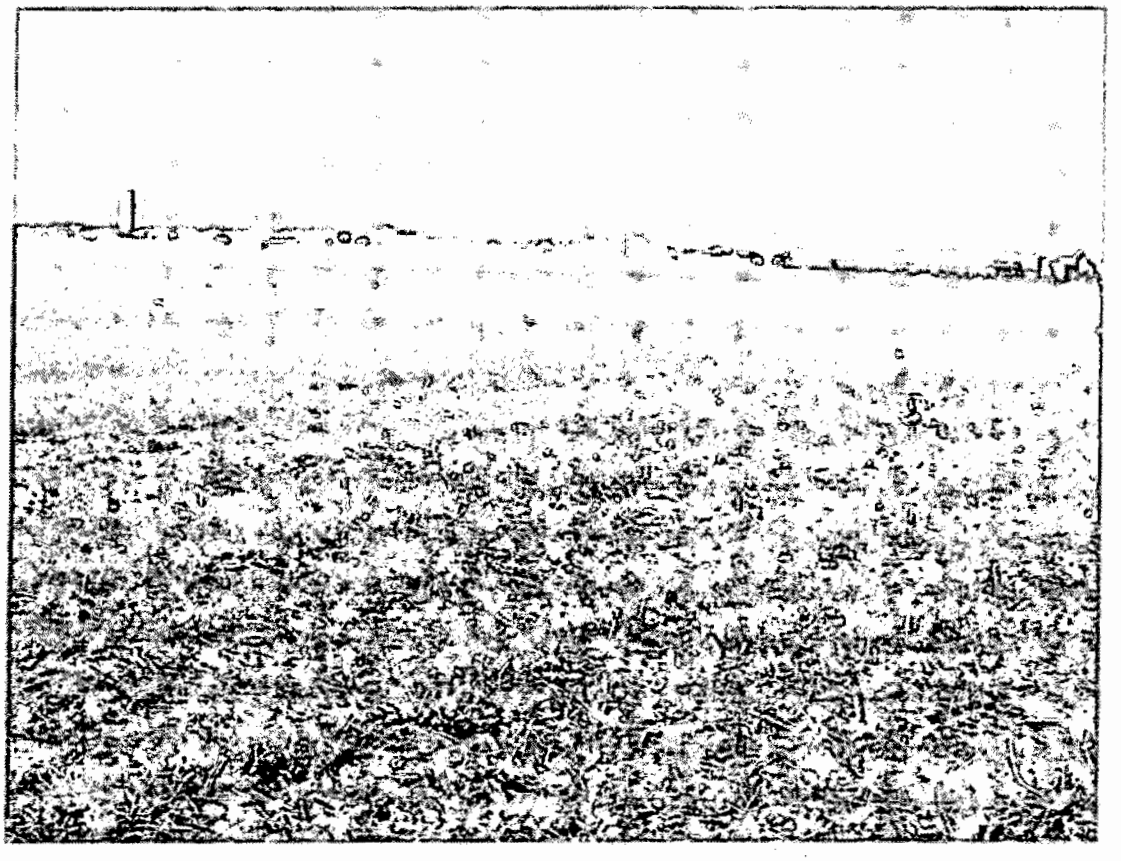
Note the vacant fields in the background.



2

View of the subject property from the north;
view is toward the south.

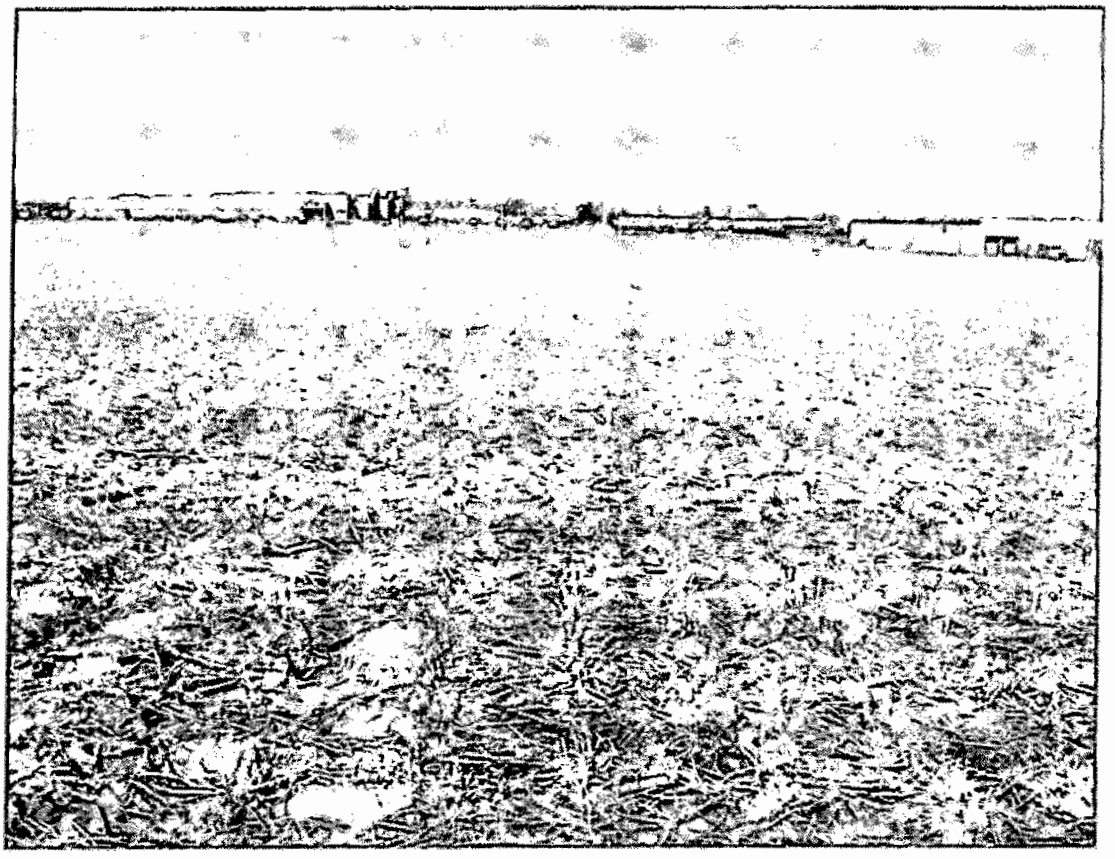
Note the vacant field in the background.



3

View of the subject property from the northeast corner;
view is toward the southwest.

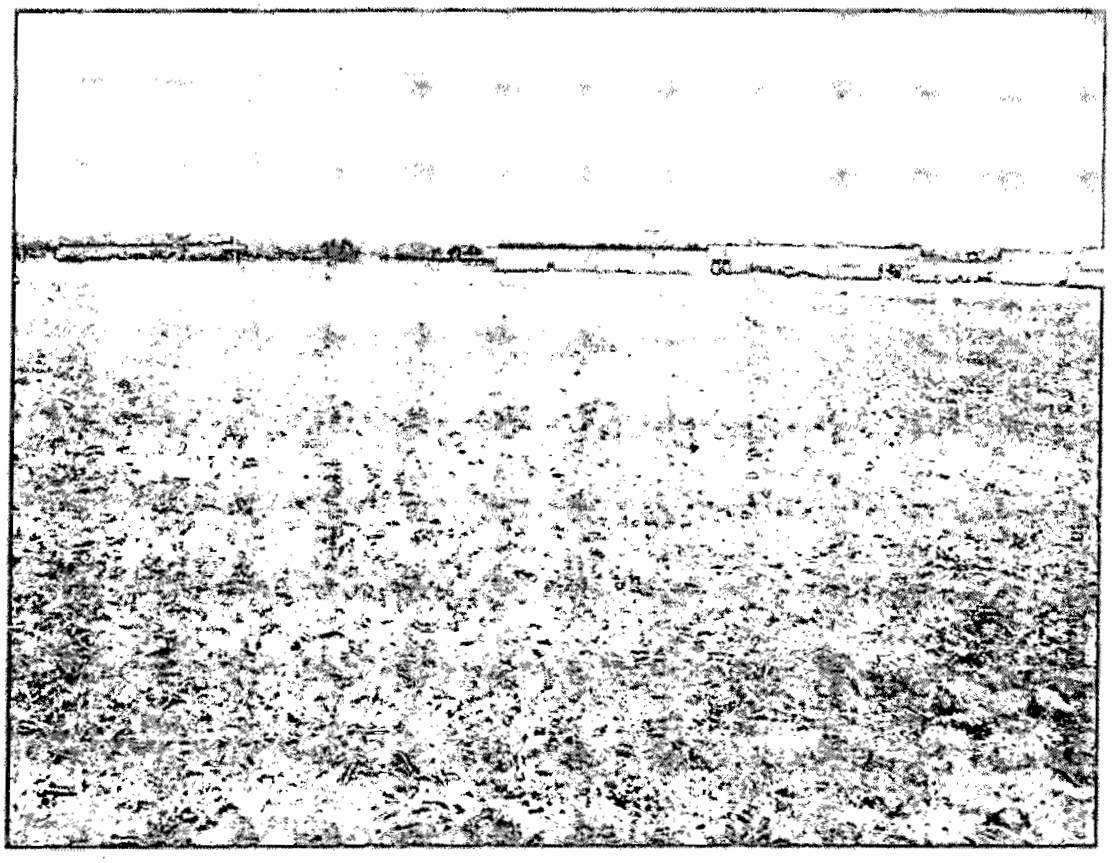
The large yellowish building in the background is the new Wal Mart.



4

View of the subject property from the east;
view is toward the west.

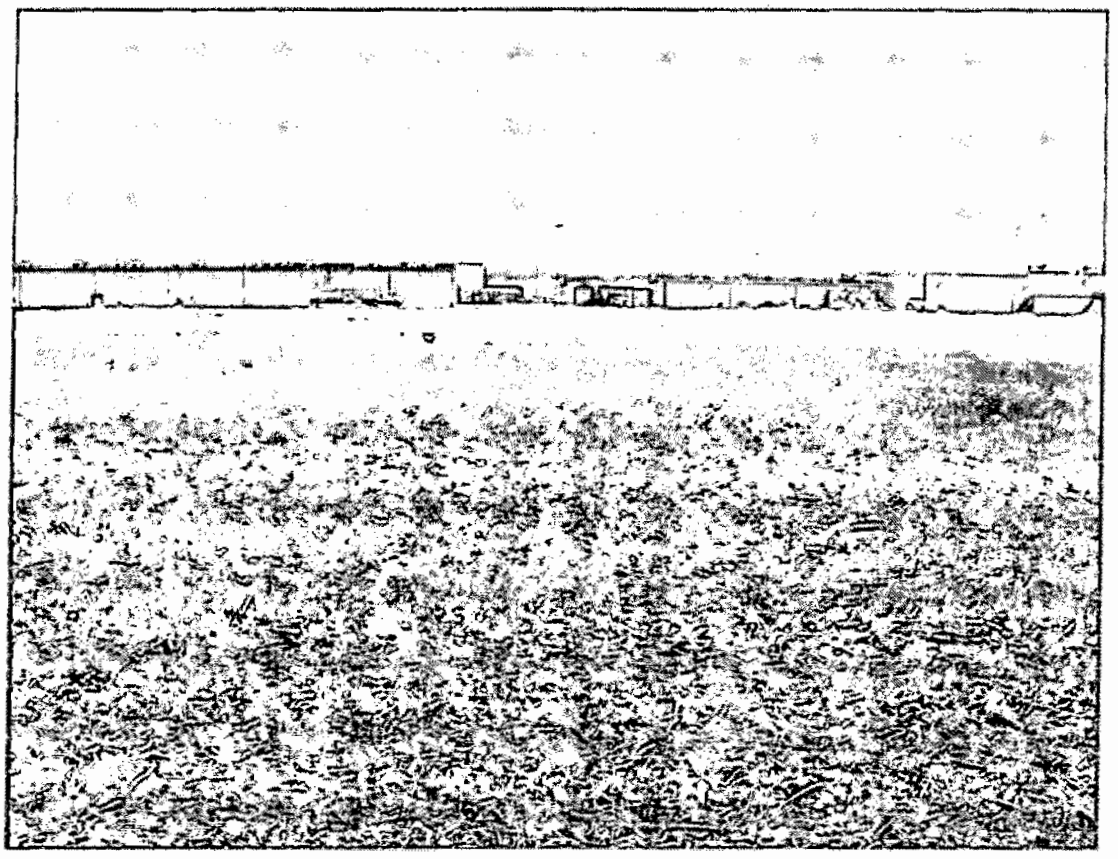
The large yellowish building in the background is the new Wal Mart,
and the building in the background toward the right is the old Wal Mart.



5

View of the subject property from the southeast corner;
view is toward the northwest.

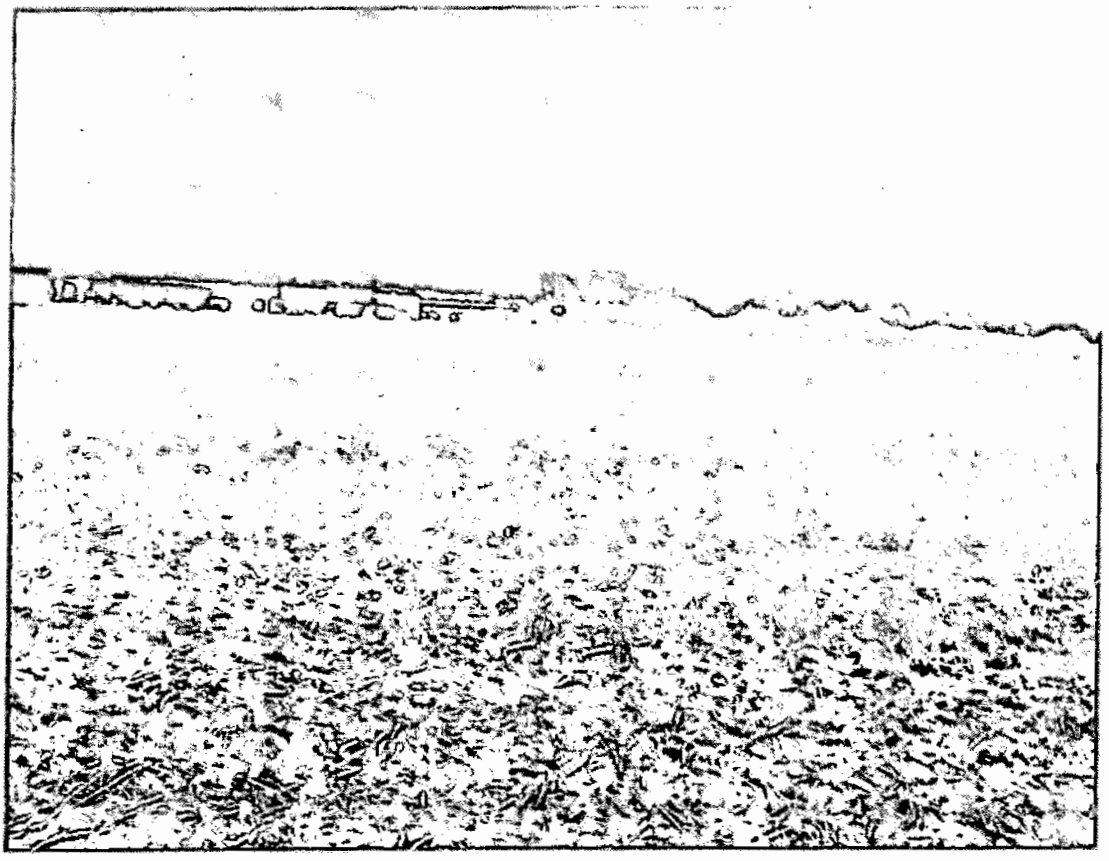
The building in the background is the old Wal Mart.



6

View of the subject property from the south;
view is toward the north.

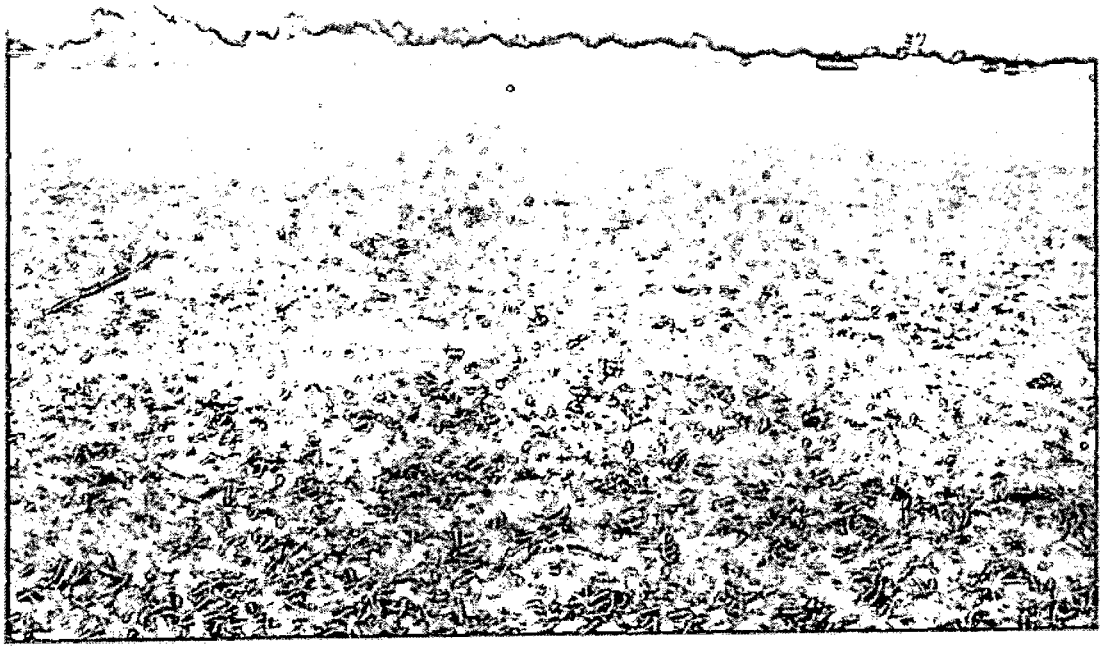
The buildings in the background are the old Wal Mart (left)
and the Kroger (right).



7

View of the subject property from the southwest corner;
view is toward the northeast.

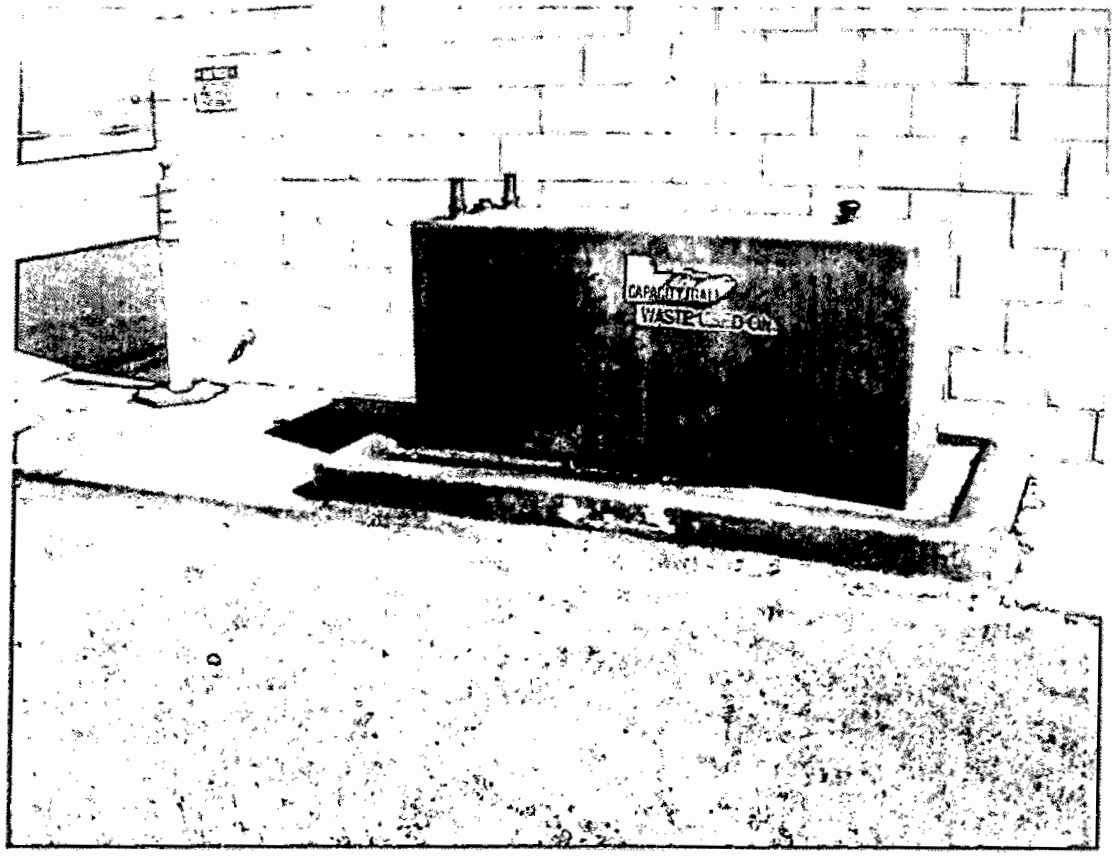
The building in the background is the Kroger.



8

View of the subject property from the west;
view is toward the east.

Note the vacant field in the background.



9

View of the above ground waste oil tank
located near the northwest corner of the subject property.

Note the oil staining on the concrete and ground around the tank.

Appendix E

Interview Documentation

Lewis, Yockey & Brown, Inc.

Consulting Engineers & Land Surveyors

505 North Main Street
Bloomington, Illinois 61701
Phone: (309) 829-2552
Fax: (309) 827-6861

Phase I Environmental Site Assessment

Pre-Visit Questionnaire

LYB Project Number: 3199.09

LYB Project Manager: R. Scott Date: 05/16/07

~~Mailed/Faxed/Delivered to:~~ Scott Werner

telephone interview (User Owner (Manager)

Address: Gelbach Law Office

(217) 735-4311

Mr. Werner has power of attorney for Linda Knochel Niemeyer, who has a ½ interest in the property. He has served as property manager for her interest.

Lewis, Yockey & Brown, Inc. (LYB) has been retained to perform a Phase I Environmental Property Assessment of the property St. Clara's Manor Property. We are planning to conduct a site reconnaissance on the property on _____. Please complete this Questionnaire and return it to our Bloomington office (Attn: Richard J. Scott) by _____. We would like to have this Questionnaire returned prior to our site visit, if possible.

Please call our office at (309) 829-2552 with any questions. Thank you for your assistance.

Sincerely,
Lewis, Yockey & Brown, Inc.

Richard J. Scott
Environmental Project Manager

enclosure

1. Do you have a good knowledge of the uses and physical characteristics of the subject property? Yes X No __

   If applicable, please identify a Site Manager, Supervisor, etc., who has a good knowledge of the subject property. This Questionnaire may also be sent to this individual for his/her completion.

   Name: _____

   Address: _____

   _____

   _____

   Phone: _____

2. Will you or the individual named above be available on-site for further interview on the day of our site inspection? Yes __ No X

3. Will the interior of the property (buildings, sheds, etc.) be accessible on the day of our site inspection? Yes __ No X
   (Note: Inspection of the interior structure(s) is not required for residential properties.)

4. Approximately how many years have you been associated with the subject property? 25+

5. What is the current use of the property? farm ground.

6. Identify any previous uses of the property of which you are aware: farm ground - always crops

7. Are you aware of any occurrences and/or conditions on the subject property which might possibly represent an environmental concern relevant to hazardous substances or petroleum products? Yes __ No X

   If yes, please explain: _____

8. Are you aware of any occurrences and/or conditions on the adjoining properties which might possibly represent an environmental concern relevant to hazardous substances or petroleum products? Yes ___ No X

If yes, please explain: _____

_____

_____

9. On the subject property, do you have any knowledge of or information regarding the following items:

	Yes	No
Previous ESA Reports	___	X
Environmental Audit Reports	___	X
Environmental Permits (e.g., waste disposal, NPDES, etc.)	___	X
Underground or Above-Ground Storage Tank Registrations	___	X
Material Safety Data Sheets (MSDS)	___	X
Community Right-To-Know Plan	___	X
Site Safety/Emergency Response/Spill Control Plans	___	X
Notices regarding environmental laws or liens	___	X
Hazardous Waste Generator notices/reports	___	X
Geotechnical or Hydrogeological investigations/reports	___	X

10. On the subject property, do you have any knowledge of or information regarding:

	Yes	No
Pending, threatened, or past litigation relevant to hazardous substances or petroleum products	___	X
Pending, threatened, or past administrative proceedings	___	X
Notices from any governmental entity regarding any possible violation of environmental laws or possible liability	___	X

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

Criterion 1125.320 – Purpose of the Project

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

This project seeks to continue health services, not improve those services in terms of filling an unmet need. Unlike projects to establish beds and services, the proposed project is only a "technical" establishment as it is more appropriately the off-site replacement of St. Clara's Manor. The Applicant is seeking merely to improve the well-being of its existing population. As this facility currently serves the Logan County Planning Area/Lincoln market area, the improvement of the existing physical plant of an area provider will naturally have the consequence of improving the health care delivery of nursing services.

This project has an existing population which it serves and therefore differs from traditional start-up projects that must cultivate a demand or address an unmet need. This project raises the bar for all Long-Term Care nursing services, yet its focus is on that of its existing population. It should be known that this project allows for the continuum of care on a single campus, as adjacent to the proposed project site is that of Castle Manor, a supportive living facility (assisted living), a related entity. Moreover, the location of this campus is adjacent to that of the Abraham Lincoln Hospital campus, creating an informal healthcare hub that, by its nature, improves the well-being and accessibility to health care services of the area residents.

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 per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100.510(d). Additionally, it appears that based upon the patient origin of admissions to St. Clara's Manor over the past 24-months, the 30-minute travel time is also the market or catchment area of the existing facility.

ATTACHMENT-10

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

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

The existing issues that this project seeks to address stem from the aging physical plant environment of St. Clara's Manor. The Subject facility over the last five calendar years for which IDPH has published data (2010 through 2014), has reported nine licensed beds as not having been set up and staffed. Moreover, based upon the average patient days for the past 5 years, there have been 38,654 patient days; this equates to 106 beds used on average. That, coupled with the ever changing health care delivery of Long-Term Care, the Applicant seeks to replace only 106 beds with the understanding that 90% as the target utilization brings the effectively utilized beds to a level of just over 95 (95.4 beds).

This overall bed reduction allows this Applicant to replace a number of beds and services that are meaningful, without the waste of additional and unnecessary cost in terms of not needed bed supply that replacing the full licensed bed compliment would require. The unintended benefit is that it also works to address the State's bed need which currently shows that there are 97 excess nursing beds in the Logan County Planning Area. St. Clara's Manor's 140 beds only represent 30% of the licensed beds in the Planning Area, but will reduce the excess capacity by 35%. This Applicant is doing more than its share to remedy this issue.

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

Appended as **ATTACHMENT-10A**, 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-10B**, is the listing of Zip Codes within the 30-minute market contour for the proposed project, St. Clara's Manor.

ATTACHMENT-10

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 the facility's patient origin for its admissions over the past two years.

Appended as **ATTACHMENT-10E**, are the 2010-2014 IDPH, Long-Term Care Facility Questionnaires for St. Clara's Manor.

Appended as **ATTACHMENT-10F**, is documentation from the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services, including the Update to Inventory dated February 17, 2016, for **Logan County**.

Appended as **ATTACHMENT-10G**, is Section 300.2860 Nursing Unit, of the 77 Illinois Administrative Code, Chapter I, Subchapter c, Part 300 for State design and construction standards for Skilled Nursing Facilities.

Appended as **ATTACHMENT-10H**, is a map identifying the location of the proposed project's site and that of Castle Manor (SLF), the Applicant's sister facility. This map also illustrates proximity to the neighboring Abraham Lincoln Memorial Hospital.

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 project is being contemplated and designed to meet current market demands both in terms of marketability and in services to be provided. Specifically, instead of the minimum requirement of private rooms (3%) the building will have 77% or 82 of its rooms as private. In addition to the usual units Long-Term Care facilities provide such as Medicare

rehab, the Applicant is proposing to include the innovative service of a bariatric unit. This replacement facility will provide a modern nursing home in nearly double the space creating more of a residential and sustainable environment. Specifically, the physical plant will be laid out into 4 autonomous households with individual commons, kitchenette, living, dining, and activity space. Each household will have access to a secured garden. Even the physical therapy space will utilize outdoor space for navigation of varying surface types and horticulture therapy, as well as having a replicated house to truly habilitate its residents to live in the least restrictive environment.

The facility replacement is also essential to the Applicant's ability to fully provide the continuum of care. Adjacent to the proposed site is that of Castle Manor (SLF), a Medicaid Waivered assisted living facility under the Illinois Department of Health Care and Family Services SLF program. The Supportive Living Facility (hereafter known as SLF) has been the Applicant's sister facility since it was established and allows for residents to move between levels of care as their needs dictate. Having the buildings next door only serve to improve the accessibility to this continuum and better illustrates the connection for residents and the community of this continuum.

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

The primary goal and measurable objectives for St. Clara's Manor will be its ability to maintain the State's target utilization of 90%. As with any move there are always fluctuations in occupancy, but, as this facility is existing, it is expected that target level can be maintained.

ATTACHMENT-10

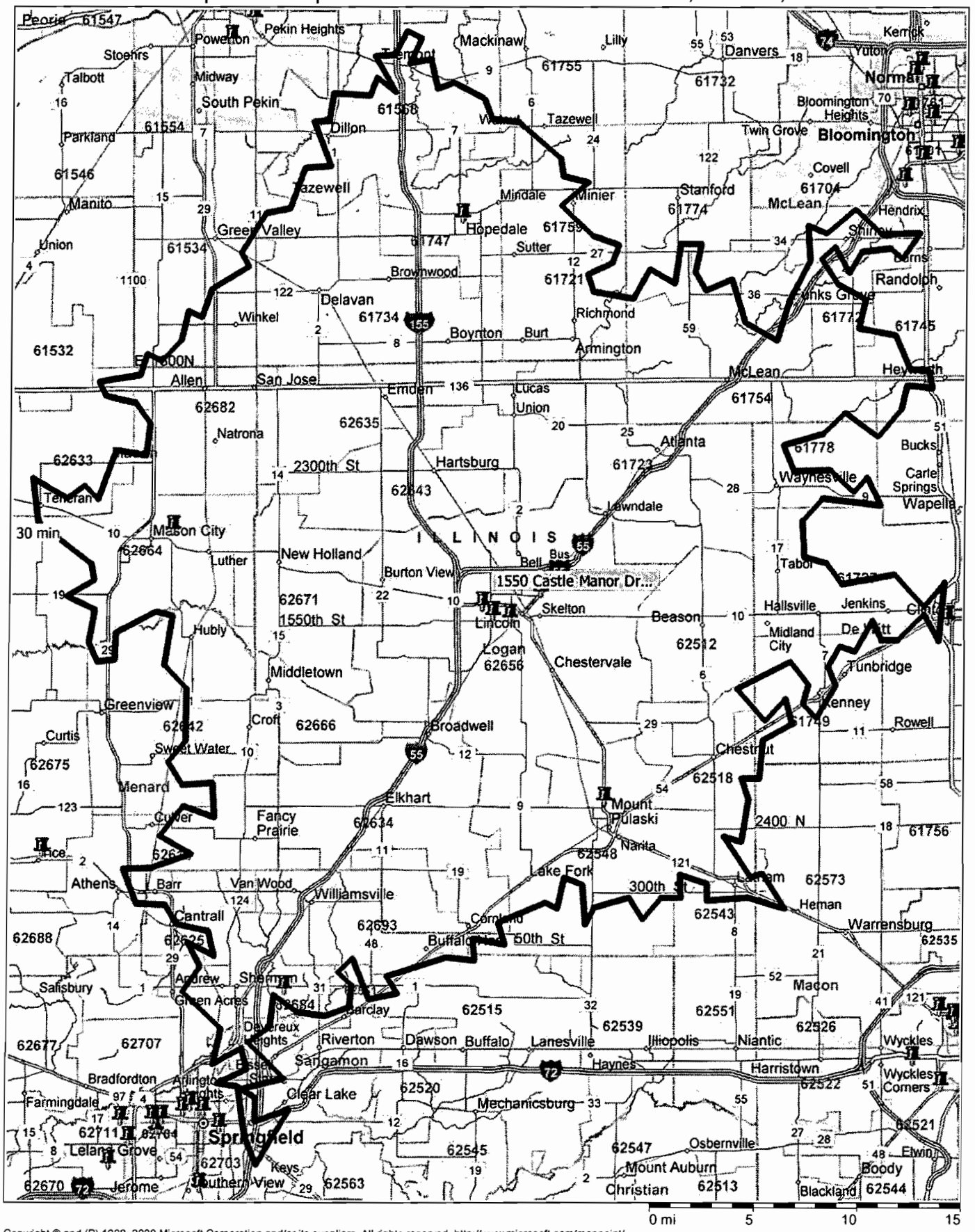
SECTION II – PURPOSE OF THE PROJECT, AND ALTERNAIVES – INFORMATION REQUIREMENTS Continued v

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 replacement facility and does not involve modernization, this item is not applicable. That being said, this project is a result of the existing St. Clara's Manor facility being 45-years old and having many, if not all, of its systems at or beyond their life expectancies. As indicated, St. Clara's Manor was built in 1971. The Applicant has exhausted efforts to maintain and improve the existing building. At this point it is estimated to cost $5,704,400, and at the end of the day the building will still be 45 years old. Moreover, the existing building comprises 364 gross square feet per bed, a level that is below the State's norm for size that today starts at 435 gross square feet and goes all the way to 713 gross square feet per bed. Appended as **ATTACHMENT-10I** is a facility's report on existing physical plant condition and remediation plan, and appended as **ATTACHMENT-10J,** is an excerpt from the facility's cost report identifying the ongoing maintenance and upkeep that has been capitalized over the years. Therefore, as this project is an off-site replacement it is considered a new project for the establishment of beds and services but in reality the beds are filled and the quality services will continue at this new location.

ATTACHMENT-10

MapPoint Map 30 min 1550 Castle Manor Drive, Lincoln, IL



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ATTACHMENT-10A

St. Clara's Manor, HSA 3, Logan County
30-Minute Travel Contour
Zip Codes Population Data

ZIP Code	Population
61568	4,421
61721	629
61723	1,762
61734	2,880
61747	1,584
61749	549
61754	1,181
61759	1,595
61772	371
62512	471
62518	357
62548	1,765
62625	688
62634	701
62635	600
62643	405
62656	22,656
62664	3,050
62666	537
62671	340
62682	707
62684	5,759
62693	1,755
Total	54,763

Sources:
Microsoft MapPoint 2009
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)

St. Clara's Manor, HSA 3, Logan County
Travel Time and Distance
30-Minute Market Contour

FACID	FACNAME	ADDRESS	CITY	ZIP	2014 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Drive Time
6008890	St. Clara's Manor	200 Fifth Street	Lincoln	62656-0000	140	2.4	5
6001739	Christian Nursing Home	1507 7th Street	Lincoln	62656-0000	112	1.5	4
6005490	Symphony of Lincoln	2202 North Kickapoo Street	Lincoln	62656-0000	126	3.9	6
6003917	H & J Von Der Lieth Living Ctr (1)	1239 SR-121	Mount Pulaski	62548-0000	90	12.8	18
6011688	Mason City Area Nursing Home	520 North Price Avenue	Mason City	62664-0000	66	16.7	21
6012991	Villa Health Care East	100 Marian Parkway	Sherman	62684-0000	99	24.6	26
6004626	Hopedale Nursing Home (2)	221 SW 2nd Street	Hopedale	61747-0000	54	23.3	26
					687		

(1) profile & website address: 1120 North Topper Dr, Mount Pulaski
(2) profile & website address: 107 Tremont Street, Hopedale

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
Microsoft MapPoint 2009

ATTACHMENT-10C

St. Clara's Manor, HSA 3, Logan County
Admissions Data

Resident	Zip Code	# Admits
2014		
MP	61614	
MG	61614	2
WR	61761	1
NR	62643	1
RJ	62656	
CF	62656	
KA	62656	
FM	62656	
MA	62656	
JJ	62656	
BM	62656	
RG	62656	
SE	62656	
RH	62656	
MH	62656	
PA	62656	
BL	62656	
BR	62656	
MW	62656	
RH	62656	
ME	62656	
DH	62656	
DC	62656	
ES	62656	
SS	62656	
BP	62656	
EC	62656	
GR	62656	
PJ	62656	
PG	62656	
SR	62656	
WR	62656	
CB	62656	
FR	62656	
ES	62656	
AG	62656	
DH	62656	
GB	62656	
HS	62656	
CA	62656	
CS	62656	
JL	62656	

Resident	Zip Code	# Admits
2014 (cont.)		
EU	62656	
JH	62656	
AB	62656	
DD	62656	
DF	62656	
RL	62656	
PH	62656	
EG	62656	
EW	62656	
ER	62656	
DG	62656	
LP	62656	
GB	62656	
DD	62656	
RA	62656	
ML	62656	
MM	62656	
JH	62656	
EB	62656	
NS	62656	
RN	62656	
EM	62656	
LB	62656	
BC	62656	
AB	62656	
HF	62656	
TM	62656	
LB	62656	
FJ	62656	
RT	62656	
SF	62656	
GL	62656	
AG	62656	
WD	62656	
EW	62656	
PG	62656	
GJ	62656	
LJ	62656	
WW	62656	77
LW	62701	1
Total 2014 Admits		**82**

30 min Zip Codes	
2014	
61568	0
61721	0
61723	0
61734	0
61747	0
61749	0
61754	0
61759	0
62512	0
62518	0
62548	0
62625	0
62634	0
62635	0
62643	0
62656	77
62664	0
62666	0
62671	0
62682	0
62684	0
62693	0
Total Admissions w/in 30 min	77
% of Total Admissions w/in 30 min	93.9%
% Admissions within Lincoln (62656)	93.9%

Source: Microsoft MapPoint 2009

ATTACHMENT-10D

St. Clara's Manor, HSA 3, Logan County
Admissions Data

Resident	Zip Code	# Admits
2015		
RW	51905	1
HM	62644	1
MJ	62656	
GG	62656	
WP	62656	
JV	62656	
VR	62656	
LB	62656	
JD	62656	
CJ	62656	
JP	62656	
JL	62656	
HW	62656	
MS	62656	
VH	62656	
JH	62656	
GS	62656	
RG	62656	
WD	62656	
JG	62656	
AB	62656	
GR	62656	
HC	62656	
CH	62656	
NR	62656	
HA	62656	
AW	62656	
RP	62656	
MS	62656	
PS	62656	
JD	62656	
DH	62656	
MA	62656	
JP	62656	
DR	62656	
FG	62656	
HN	62656	
TF	62656	
WB	62656	

Resident	Zip Code	# Admits
2015 (cont.)		
VD	62656	
PM	62656	
RL	62656	
CJ	62656	
GS	62656	
MR	62656	
MS	62656	
DF	62656	
MB	62656	
JL	62656	
EB	62656	
LS	62656	
JH	62656	
NO	62656	
RA	62656	
HJ	62656	
AO	62656	
TF	62656	
EV	62656	
JJ	62656	
NS	62656	
RB	62656	
RL	62656	
CM	62656	
BC	62656	
EB	62656	
IT	62656	
FN	62656	
TH	62656	
AH	62656	
JL	62656	
NS	62656	
LC	62656	
LT	62656	
CP	62656	
RW	62656	73
HR	62701	1
FB	62801	1
Total 2015 Admits		**77**

30 min Zip Codes	
2015	
61568	0
61721	0
61723	0
61734	0
61747	0
61749	0
61754	0
61759	0
62512	0
62518	0
62548	0
62625	0
62634	0
62635	0
62643	0
62656	73
62664	0
62666	0
62671	0
62682	0
62684	0
62693	0
Total Admissions w/in 30 min	73
% of Total Admissions w/in 30 min	94.8%
% Admissions within Lincoln (62656)	94.8%

Total Admissions 2014 & 2015	159
Admissions w/in 30 min 2014 & 2015	150
% of Total Admissions w/in 30 min	94.3%
% Admissions within Lincoln (62656)	94.3%

Source: Microsoft MapPoint 2009

ATTACHMENT-10D

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656
Reference Numbers Facility ID 0008890
Health Service Area 003 Planning Service Area 107

Administrator
Michael Eads

Contact Person and Telephone
MICHAEL EADS
217-735-1507

Registered Agent Information
St. Clara's Manor
200 5th street
Lincoln, IL 62656

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

Date Completed 2/18/2011

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	10
Mental Illness	23
Developmental Disability	1
Circulatory System	20
Respiratory System	8
Digestive System	8
Genitourinary System Disorders	1
Skin Disorders	0
Muscuto-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 23

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	PEAK BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	109	131	109	31	140	140
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	140	131	109	131	109	31	140	140

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	112
Total Admissions 2010	75
Total Discharges 2010	78
Residents on 12/31/2010	109
Identified Offenders	0

FACILITY UTILIZATION - 2010
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	4589	9.0%	21828	42.7%	0	0	13258	0	39675	77.6%	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	4589	9.0%	21828	42.7%	0	0	13258	0	39675	77.6%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

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	2	0	0	0	0	0	0	0	2	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	12	55	0	0	0	0	0	0	12	55	67
TOTALS	23	86	0	0	0	0	0	0	23	86	109

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656
Reference Numbers Facility ID 0008890
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	56	0	2	37	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	56	0	2	37	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	48.00
Totals	100.00

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
33.1%	34.1%	0.0%	0.0%	32.8%	100.0%		0.0%
2,203,077	2,267,868	0	0	2,177,927	6,648,872	0	

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

FACILITY NOTES

CHOW 1/1/2010 Change of ownership occurred.

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ATTACHMENT-10E

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656
Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4381

Registered Agent Information
Zachary Dinardo
607 E. Adams, STE 800
Springfield, IL 61701

Date Completed
2/29/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	17
Developmental Disability	1
Circulatory System	12
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Muscuto-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	113	131	108	32	140	140
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	140	131	113	131	108	32	140	140

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	108
Total Admissions 2011	68
Total Discharges 2011	68
Residents on 12/31/2011	108
Identified Offenders	0

FACILITY UTILIZATION - 2011
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	5155	10.1%	21361	41.8%	0	0	12012	0	38528	75.4%	80.6%
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	5155	10.1%	21361	41.8%	0	0	12012	0	38528	75.4%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	13	54	0	0	0	0	0	0	13	54	67
TOTALS	23	85	0	0	0	0	0	0	23	85	108

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656
Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	62	0	0	36	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	62	0	0	36	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	19.00
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	40.00
Totals	100.00

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
38.8%	32.2%	0.0%	0.0%	29.0%	100.0%		0.0%
2,676,949	2,218,767	0	0	2,002,271	6,897,987	0	

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

FACILITY NOTES

CHOW	1/1/2010	Change of ownership occurred.

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ATTACHMENT-10E

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6006890
Health Service Area 003 Planning Service Area 107

Administrator
Michael N. Eads

Contact Person and Telephone
Rebecca Howard

Registered Agent Information
Zach Dinardo
607 E. Adams St.

Date Completed
4/13/2013

CONTINUING CARE COMMUNITY
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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	18
Developmental Disability	1
Circulatory System	7
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	9
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 30

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	119	131	109	31	140	140
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	140	131	119	131	109	31	140	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	108
Total Admissions 2011	115
Total Discharges 2011	114
Residents on 12/31/2011	109
Identified Offenders	0

FACILITY UTILIZATION - 2012

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	4997	9.8%	24265	47.5%	0	0	11872	0	41134	80.5%	86.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4997	9.8%	24265	47.5%	0	0	11872	0	41134	80.5%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

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	4	4	0	0	0	0	0	0	4	4	8
65 to 74	4	40	0	0	0	0	0	0	4	40	44
75 to 84	13	32	0	0	0	0	0	0	13	32	45
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	24	85	0	0	0	0	0	0	24	85	109

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	64	0	0	30	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	64	0	0	30	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	197
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	197

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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	38.00
Other Health Staff	2.00
Non-Health Staff	38.00
Totals	101.00

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
35.0%	35.5%	0.0%	0.0%	29.5%	100.0%		0.0%
2,515,110	2,546,334	0	0	2,116,618	7,177,062	0	

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

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ATTACHMENT-10E

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6006890
Health Service Area 003 Planning Service Area 107

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4361

Date Completed
3/31/2014

Registered Agent Information
E. Zachary Dinardo
1 N. Old State Capital Plz. 200
Springfield, IL 62701

Building	Reported Age
Building 1 st. Clara's Manor Skilled Nursin	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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 - 2013

Residents on 1/1/2013	109
Total Admissions 2013	99
Total Discharges 2013	109
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	19
Developmental Disability	1
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	17
TOTALS	99
Total Residents Diagnosed as Mentally Ill	19
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	140	131	115	131	99	41	140	140
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	140	131	115	131	99	41	140	140

FACILITY UTILIZATION - 2013

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	4021	7.9%	23973	46.9%	0	0	9887	0	37881	74.1%	79.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4021	7.9%	23973	46.9%	0	0	9887	0	37881	74.1%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

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	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	2	0	0	0	0	0	0	6	2	8
75 to 84	6	24	0	0	0	0	0	0	6	24	30
85+	7	52	0	0	0	0	0	0	7	52	59
TOTALS	20	79	0	0	0	0	0	0	20	79	99

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Classification Numbers
License Number 6006890
Health Service Area 003
Planning Service Area 107 Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	56	0	0	33	0	99
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	56	0	0	33	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	172
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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	103.00

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
32.4%	39.2%	0.0%	0.0%	28.4%	100.0%		
2,045,848	2,476,365	0	0	1,794,239	6,316,452	0	0.0%

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

ATTACHMENT - 10E
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ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers

Facility ID	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
E. Zachary Dinardo
1. N. Old State Capitol Plz. 200
Springfield, IL 62701

Date Questionnaire Completed 4/3/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	98
Total Admissions 2013	62
Total Discharges 2013	62
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	4
Muscule-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 8

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	140	131	108	131	98	42	140	140
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	140	131	108	131	98	42	140	140

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	2345	4.6%	23190	45.4%	0	0	10517	0	36052	70.6%	75.4%
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	2345	4.6%	23190	45.4%	0	0	10517	0	36052	70.6%	75.4%

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	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	4	0	0	0	0	0	0	0	4	0	4
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	8	54	0	0	0	0	0	0	8	54	62
TOTALS	22	76	0	0	0	0	0	0	22	76	98

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	0	33	0	98
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	11	54	0	0	33	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	171
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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
21.9%	42.7%	0.0%	0.0%	35.3%	100.0%		
1,418,423	2,762,668	0	0	2,284,087	6,465,178	0	0.0%

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

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Planning Area: Logan

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
ABRAHAM LINCOLN HOSPITAL (SWING BEDS)	LINCOLN	Logan County	0	912
CHRISTIAN NURSING HOME	LINCOLN	Logan County	112	18,449
H & J VON DER LIETH LIVING CENTER	MOUNT PULASKI	Logan County	90	25,498
ST. CLARA'S MANOR	LINCOLN	Logan County	140	37,881
SYMPHONY OF LINCOLN	LINCOLN	Logan County	126	42,506
		Planning Area Totals	**468**	**125,246**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
003	0-64 Years Old	176,260	477,500	369.1	221.5	590.6
	65-74 Years Old	231,514	53,100	4,360.0	2,616.0	6,975.9
	75+ Years Old	1,463,212	45,800	31,947.9	19,168.7	51,116.6

	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			
0-64 Years Old	19,305	24,700	781.6	221.5	590.6	590.6	25,100	14,824	Planned Average Daily Census	Planned Bed Need (90% Occ.)	
65-74 Years Old	13,420	2,600	5,161.5	2,616.0	6,975.9	5,161.5	2,800	14,452			
75+ Years Old	92,521	2,400	38,550.4	19,168.7	51,116.6	38,550.4	2,400	92,521			Excess Beds
						Planning Area Totals		**121,798**	**333.7**	**371**	97

ATTACHMENT-10F

LONG-TERM CARE FACILITY UPDATES

2/17/2016

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	360	279	81
Carroll	131	155	(24)
DeKalb	768	742	26
Jo Daviess	177	147	30
Lee	275	342	(67)
Ogle	538	565	(27)
Stephenson	581	637	(56)
Whiteside	595	819	(224)
Winnebago	2098	2222	(124)
HEALTH SERVICE AREA 2			
Bureau/Putnam	383	377	6
Fulton	455	603	(148)
Henderson/Warren	168	218	(50)
Knox	740	950	(210)
LaSalle	1222	1282	(60)
McDonough	341	360	(19)
Marshall/Stark	306	427	(121)
Peoria	1613	1765	(152)
Tazewell	1128	1256	(128)
Woodford	594	590	4
HEALTH SERVICE AREA 3			
Adams	1079	1499	(420)
Brown/Schuyler	147	186	(39)
Calhoun/Pike	264	337	(73)
Cass	153	150	3
Christian	373	472	(99)
Greene	115	119	(4)
Hancock	150	184	(34)
Jersey	323	369	(46)
Logan	371	468	(97)
Macoupin	523	744	(221)
Mason	120	164	(44)
Menard	114	106	8
Montgomery	382	490	(108)
Morgan/Scott	465	561	(96)
Sangamon	1162	1278	(116)

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE
SECTION 300.2860 NURSING UNIT

Section 300.2860 Nursing Unit

a) The number of resident beds in a nursing unit shall not exceed 75 beds.

1) Not less than 60 percent of the resident beds shall be in one or two bed rooms.

2) Not less than three percent of the total number of the beds in the facility shall be located in single bed rooms with a private bath, water closet and lavatory.

b) General Requirements for Bedrooms

1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room.

2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 300.2940(a)2) and (e)(1).

3) Residents shall have access to a toilet room without entering the general corridor area.

4) The facility shall provide a closet or wardrobe of at least four square feet for each resident.

5) Resident bedroom floors shall be at or above grade level.

6) Each room used as a resident bedroom shall have at least one outside window, and a total window area to the outside equal to at least one-tenth the floor area of the room.

7) A nurses' call system shall be provided in accordance with Section 300.2940 (g). (B)

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8) Complete visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet.

9) No resident bedroom shall be located more than 120 feet from the nurses' station, clean utility room, and soiled utility room.

c) Resident Bedrooms

1) Single resident bedrooms shall contain at least l00 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways.

2) Multiple resident bedrooms shall not have more than four beds nor more than three beds deep from an outside wall. All beds shall have a minimum clearance of three feet at the foot and sides of the bed.

d) Special Care Room

1) The facility shall provide a special care room for each nursing unit.

2) This room shall be provided with a private toilet room containing water closet, lavatory, bathtub or shower and all other necessary facilities to meet the resident's needs. (B)

3) This room shall be located to allow direct visual supervision from the nurses' station.

4) This room shall be included in the authorized maximum bed capacity for the facility.

5) It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he or she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care.

e) Nurses' Station (B)

1) The facility shall provide a minimum of one nursing station per unit with direct access to the corridor for each nursing unit. The location of this station shall allow visual control without the use of mirrors of each resident sleeping corridor. Separation shall be provided from the utility rooms.

2) One or more nursing units may be combined at a central nursing station if sufficient space is provided for all nursing functions.

3) A lounge with toilet room shall be provided near each station for nursing staff. Lockers for safekeeping of coats and personal effects may be provided within this space or in a convenient central location.

f) Bath and Toilet Rooms

1) The resident bedroom toilet room shall serve no more than two resident rooms nor more than eight beds. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory.

2) The facility shall provide one wheelchair resident toilet room for each sex residing in a nursing unit. The room shall be accessible from the corridor. This room shall contain a water closet and lavatory.

3) Wheelchair resident toilet rooms are not required when all resident toilet rooms can accommodate wheelchair residents.

4) The facility shall provide one training toilet room on each nursing floor, which is accessible from the corridor. Three-foot clearance at the front and both sides of the water closet shall be provided. This room shall contain a lavatory accessible for wheelchair use.

5) The facility shall provide one bathtub or shower for each ten resident beds per nursing unit which are not served by bathing or showering facilities in resident rooms.

6) All shower stalls for residents not needing assistance shall be at least three feet square and shall have no curb.

7) The facility shall provide at least one bathtub for assisted bathing per nursing unit. There shall be a clear area at least three feet wide at both sides and one end of the tub.

8) The facility shall provide at least one shower stall for assisted showering per nursing unit. The shower stall shall be at least four feet square with no curb.

9) The facility shall provide a toilet room with a water closet and lavatory, accessible to the assisted bathtub and shower without entering the general corridor. This room may be arranged to serve as the training toilet facility.

10) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy.

g) Utility Rooms

1) The clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room shall contain work counters, single or double compartment sink with integral drainboard, storage

ATTACHMENT-10G

cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.)

2) A clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove.

3) The soiled utility room shall have direct access to a corridor. This room shall contain work counters, storage cabinets, and a clinical rim flush sink. The room shall also contain a three compartment sink with integral drainboard if chemical sanitizing procedures are used, or a double compartment sink with integral drainboard if a utensil sanitizer is used (See Section 300.2430).

4) The charging room for a linen chute shall be large enough to unload the collecting cart with the door closed.

h) Medication Facilities

1) A medication station shall be provided for convenient and prompt 24 hour distribution of medicine to residents. The medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A sink for handwashing and preparation of medication shall be provided in the medication preparation room.

2) If medicine dispensing carts are used, a specific storage space for the cart shall be provided, which may be located in the nurses' station or in an alcove or other space under the direct control of the nursing staff. A sink for handwashing and preparation of medication shall be provided in the nurses' station.

i) A nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. Ice for residents' use shall be provided only by icemaker dispenser units.

j) A room for examination and treatment of residents shall be provided and shall have a minimum floor area of 100 square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet. The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and a desk, counter, or shelf space for writing.

k) An equipment storage room shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, and wheelchairs.

l) Parking space for wheelchairs shall be provided and located out of path of normal traffic.

(Source: Amended at 18 Ill. Reg. 1491, effective January 14, 1994)

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St. Clara's Manor, HSA 3, Logan County
Proposed Site

ATTACHMENT-10H

HERITAGE ENTERPRISES

HERITAGEOFCARE.COM

March 28, 2016

Mrs. Kathryn Olsen, Chairwoman
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinoi1 62761

Re: St. Clara's Manor
200 5th Street
Lincoln, Illinois 62656

Dear Madam Chair:

Please accept this correspondence as the cover to the report of existing conditions on the above referenced existing nursing care facility. This evaluation is not to be misconstrued as an architectural or engineering revaluation report and is only to be used for planning purposes only.

I represent the facilities management arm of Heritage Enterprises and as the Senior Vice President of Facilities for Heritage Enterprises, I have 30 years of experience in physical plant oversight, maintenance, renovations and replacement of Long-Term Care projects. My experience makes me familiar with market trends, innovative service lines, and providing the kinds of facilities that can offer these in an environment that meets current life safety, State and local building codes and standards. With this background, I have prepared the following comments in addition to the oversight of the "existing facilities" report appended hereto.

Report of Existing Conditions

The following pages are provided to describe the existing conditions of the physical structure known as St, Clara's Manor Nursing Home. The observations were made by the Facilities Management Department of Heritage Enterprises which has been contracted to manage the operations of this home for over 10 years.

The report is provided to indicate what facility improvements and replacements would be necessary to undertake if this building were to continue in use. The cost of the work proposed to be completed were derived using current and historical data obtained from many different sources. They are meant to be truly reflective budgetary numbers to compare said work.

p: 309.828.4361 f: 309.829.5477
115 W. Jefferson Street, Suite 401 P.O. Box 3188 Bloomington, IL 61702-3188

While this report is complete in its evaluations of conditions, it does not include any projects to undertake because of functional building deficiencies. The following paragraphs outline these programming deficiencies.

The Dining Room Space that is provided in the facility is very cramped and crowded for 140 residents. If the facility were to continue in use additional square footage of building would be necessary to operate efficiently. In all likelihood that would require a building addition to be constructed. Using a proven value of 25 square feet per resident and a cost of $225.00 per square foot of construction costs, a 3500 square foot addition would be necessary at a cost of $787,500.

The Family Room/Day Room Space that is provided for resident comfort is completely inadequate. The current Dining Room Space could be remodeled for this use after a Dining Room Addition is completed. The current space of approximately 1800 square feet could be rehabbed for approximately $50.00 per square foot or $90,000 total dollars excluding replacement furniture.

Another facility deficiency existing in this home is the Dietary/Kitchen Space that is provided currently. The floor plan of this area is both crowded and inefficient in its present state. A complete evaluation and remodel of this area would be required to continue in use. It is unclear if additional building would need to be constructed to enlarge or if we can expand onto the existing facility during a remodeling process. While an estimate of monies required to complete is difficult to calculate a conservative guess, with new equipment could be as much as $750,000.

The report of conditions and programming deficiencies are provided for planning purposes only. The following evaluation of conditions and upgrades found that rehab could conservatively cost $4,076,000 and that to allow for better function at a minimum an additional $1,627,500 could be spent on additions. Ultimately, a renovation plan is less desirable for a couple of important reasons. Other infrastructure projects both within the community developing and replacing the local hospital and as related to the Applicant in the establishment of Castle Manor SLF have rendered the existing site obsolete and less accessible for the continuation of Health care and specifically Long-Term Nursing Care. Renovating the existing facility does not allow for an adjacent continuum of care either from the "related" Castle Manor SLF or adding to the already existing medical Center hub was created with the replacement of the Abraham Lincoln Hospital.

Equally important are those physical plant, site and existing operational limitations that would require a much more involved renovation to the point of near total demolition and replacement which would require discontinuation and displacement of existing residents which really is the client's primary motivation and mission. Specifically, the renovations contemplated herein are only to address issues of ensuring life safety and State minimum standards with only nominal expansion. The scope does not fully

improve marketability in that higher acuity services cannot be provided within the plans contemplated herein or in the fact that when work is all done, the main building is still 45 years old.

Together these issues threaten the future viability of the facility and the more sound and prudent option would be not to expend additional cost in this infrastructure that is nearing the end of its useful life.

Sincerely,

Michael R. Blake
Senior Vice President - Facilities
Heritage Enterprises, Inc.

ENCLOSURE

C: Michael Eads, Administrator
John P. Kniery, CON Consultant

Modernization Projects - Conditions and Upgrades

Exterior

The majority of the exterior façade is comprised of exterior brick that has been untouched since the original construction in the year 1971 for the two story building. The soffits consist of a combination wood and aluminum. The fascia is original and is made of a masonry coating that is in need of replacement due to all the cracks in many areas, a new fascia would be required. The curb appeal of this facility overall is very dated and creates a challenge to get new residents in the building. It is imperative that the appearance and function of our facility match the commitment we provide for the residents.

After replacing the exterior surfaces it would provide a more pleasing and enticing look with a more pronounced entry for residents and their family members.

While most of the windows were replaced in 1988 with vinyl clad insulated glass the facility still needs to have (36) of its original aluminum single pane units replaced. Replacing the windows will ensure a more stable temperature inside the resident rooms.

The (2) parking lots have been repaved in the late 1980's they are severely cracked and need to be replaced. Both lots need to have the existing asphalt removed, base repacked and new asphalt applied.

The EPDM roofing membrane over the first floor dining area was replaced in 2000 it is near the life expectancy of the product and no longer under warranty. The remaining roof over the two story section is considered to be over 20 years old and has exceeded the lifespan of the product. Patches and repairs have been made to it over the years and a replacement is eminent. Our proposed modernization will remove the existing surfaces; add rigid insulation to meet the energy code and surface drainage details, and install a firestone .060 fully adhered white TPO single-ply roofing systems. Exterior improvements cost $517,500.

Interior

The interior finishes of the facility have been sporadically refinished over the past 45 years with the latest rehabilitation occurring in parts of the building in 2003. The floors walls ceiling in all the areas are dated, worn and in need of replacement. A good portion of the existing vinyl composition tile (VCT) is suspect to containing asbestos and an asbestos survey is recommended. The painted surfaces and furniture are dull and drab.

A renovation of the interior finishes for the basement, first floor and second floor would be required in the resident rooms, common areas, managers' offices and nurse's stations. Walls would have the wallpaper removed skim coated and repaired, then repainted. Ceilings would require new acoustical ceiling tile and grid. The nurse stations would be redesigned and finished using modern materials.

When completed the interior "look" of the facility will be less institutional and have more of a homelike setting for our residents improving the quality of care we deliver. Cost to renovate interior finishes, furniture, art, signage and soft goods $2,743,400.

HVAC

The building consists of forced air handling units, roof top units (RTU) for the common areas and corridors while PTAC units are in all the resident rooms. Some of the forced air units were replaced in 2002, and the RTU's were replaced in the late 1990's. All are near or have exceeded their life span and in need of replacement. The (70) PTAC units continue to be replaced on a 10 year cycle.

Replacement of the HVAC systems would give the facility the ability to have units with higher SEER ratings, economizer packages while providing a more comfortable climate for the residents. Cost to replace $190,000

Plumbing

The plumbing system for the facility consists of copper and galvanized water supply lines inside the facility, cast iron waste piping, porcelain stools and lavatories. All of this plumbing material is original to the building. The galvanized supply lines over time have calcified and corroded which leads to greatly reduced water pressure and leakage in various locations. An internal inspection of the system would be needed to determine the extent of the replacement.

Plumbing fixtures are also showing signs of aging by small cracks in the porcelain, staining of the porcelain, seat bolts braking and faucets in continual need of repair. A replacement of the fixtures would be required this cost would be included in the interior renovation.

Two of the systems nine water heaters are currently not functioning and in need of replacement. Cost to replace water heaters $36,000.

Electrical

The electrical system to the facility is original equipment or 45 years old. The circuit breakers in the electrical panels are mostly original. A thermal imaging survey of the electric panels is strongly recommended. Most of the building has light fixtures that have been retrofitted with T-8 light fixtures in 2010. The Emergency Power Supply System (EPSS) was replaced in 2014 because the existing EPSS had become a life safety concern.

The fire alarm panel was replaced in 2008 but remains a zoned system using the original wiring for the detectors. The wiring and detectors should be replaced due to the age of the system and to make a fully addressable panel and devices.

The nurse call system is original on the first floor and had been replaced on the second floor in 2005. Parts and repairs are becoming non-existent while patch-work has been performed to make the system work. The replacement of both systems will be required very soon.

The phone system is 20 years old and in need of replacement due to parts becoming non-existent. A replacement phone system would aide in the ability to communicate with the buildings nurse call, door alarms, fire panel and communications within the building. This would provide our staff the ability to concentrate more on our residents care. Electrical & low voltage upgrades $390,000.

Fire Suppression System

The fire suppression system is original to the 1971 building and it has reached the end of the systems lifespan. It is a wet system that is maintained, and in continual need of repair. A replacement of the system is eminent. Cost to replace $150,000.

Elevators

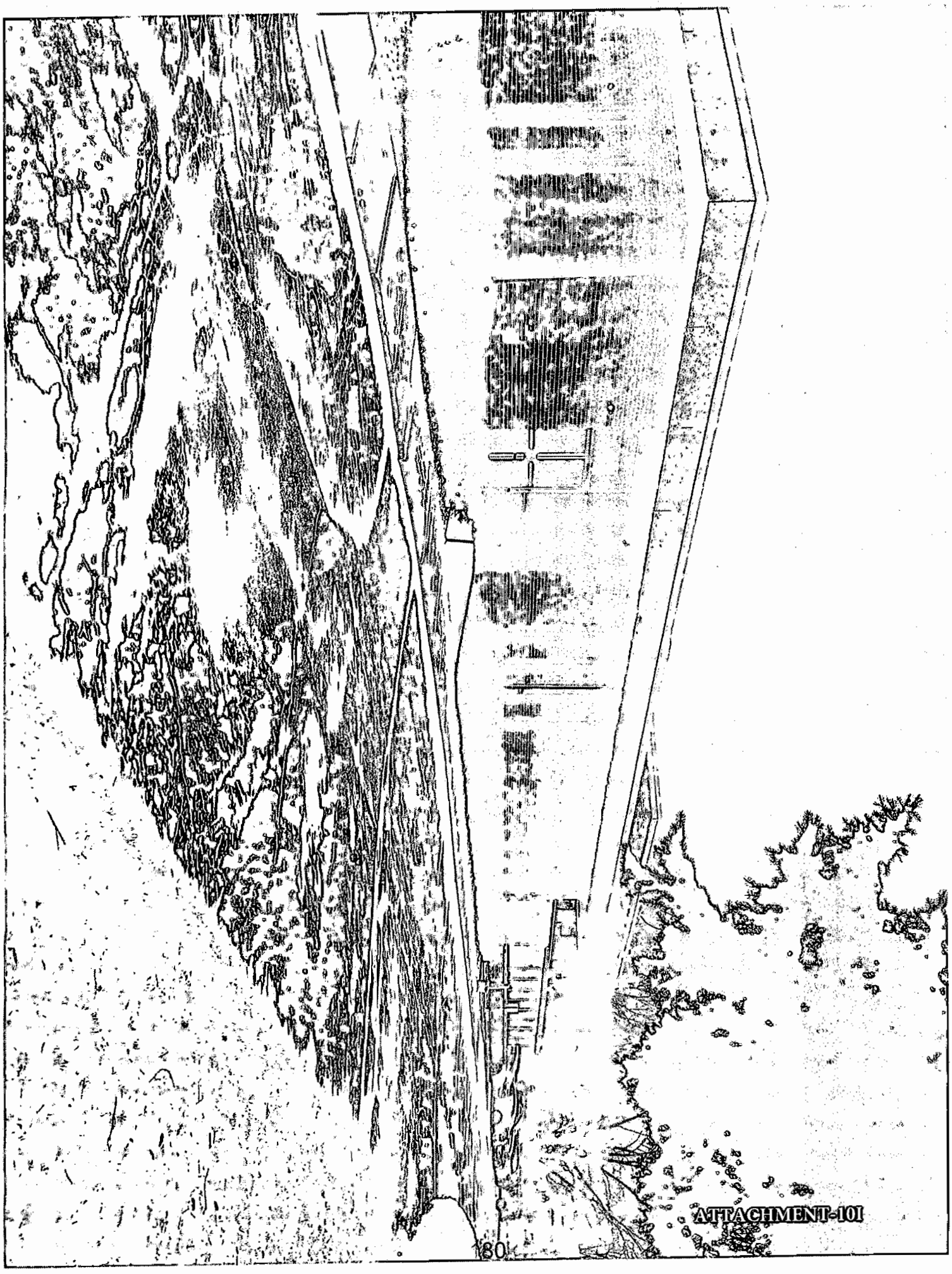
This facility has 2 elevators for staff and resident use. The two units each travel from the basement, first floor and second floor. Each unit was required in 2008 to have many upgrades due to code and safety requirements. The cab interiors have not been modernized leaving them dated, worn and in need of aesthetic upgrades. The improvements would include the replacement of the cab interiors with better lighting, new flooring and stylish wall finishes. Cost for modernization $50,000

Conclusion

The physical plant needs to undergo major modernization or full facility replacement to meet the needs of today's elderly seeking skilled nursing care.

The building in general is nearing the end of its usefulness and marketing ability. Renovating the inside of the building with its current plumbing infrastructure failing would be extremely difficult while occupied.

Remodeling the resident rooms, resident common areas and support areas could be phased in over the course of three-five years for $4,076,900 given today's current cost.



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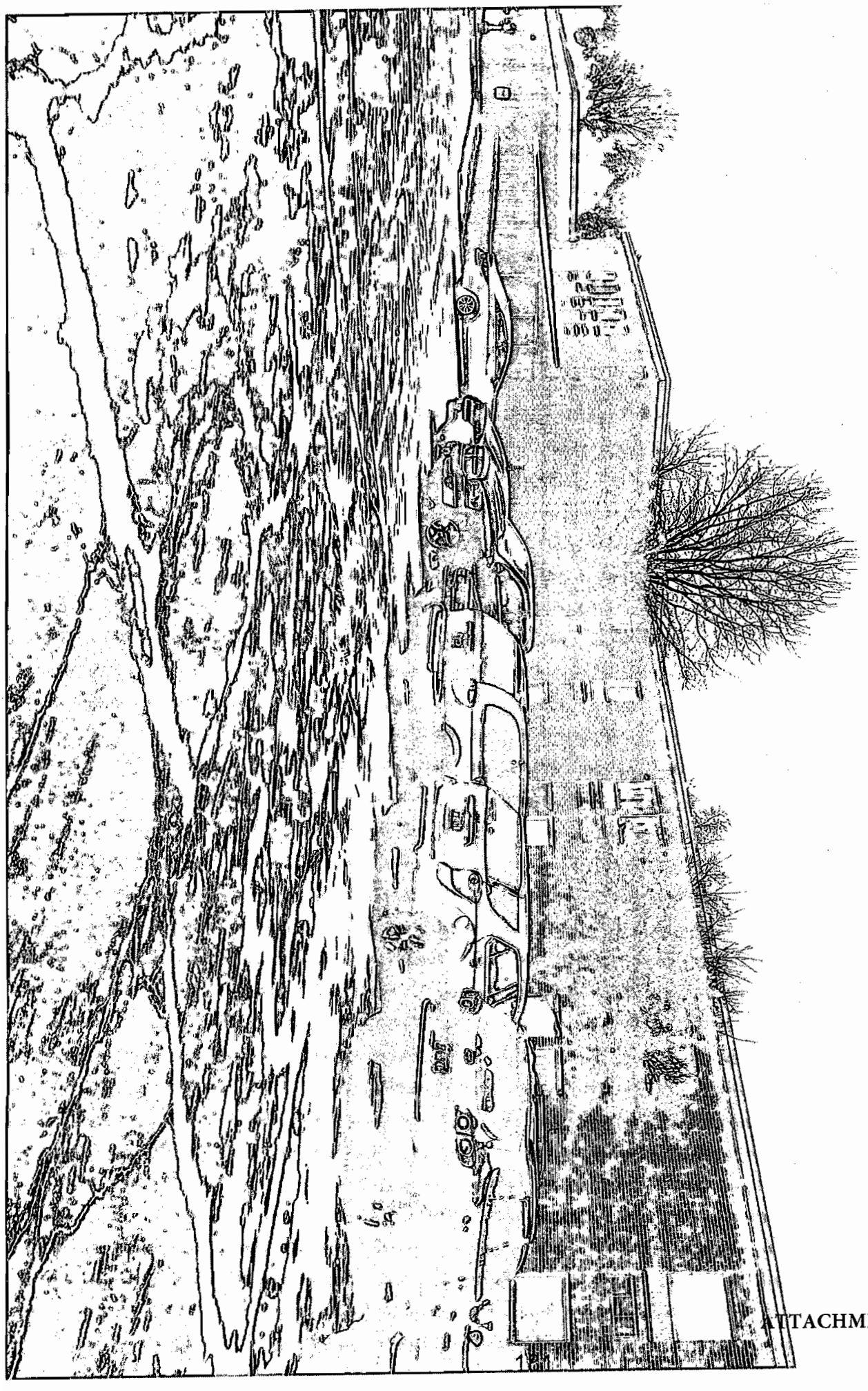

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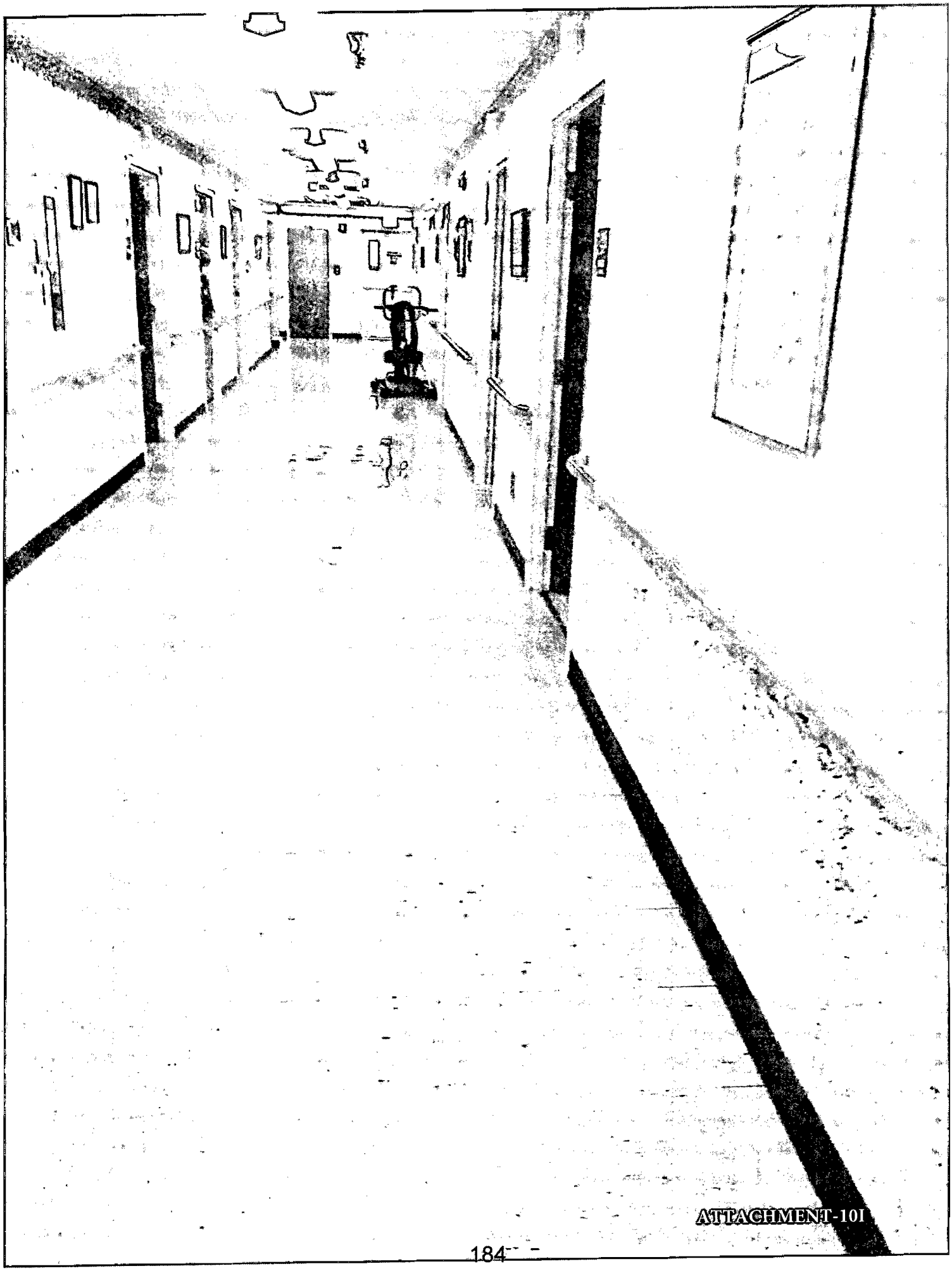

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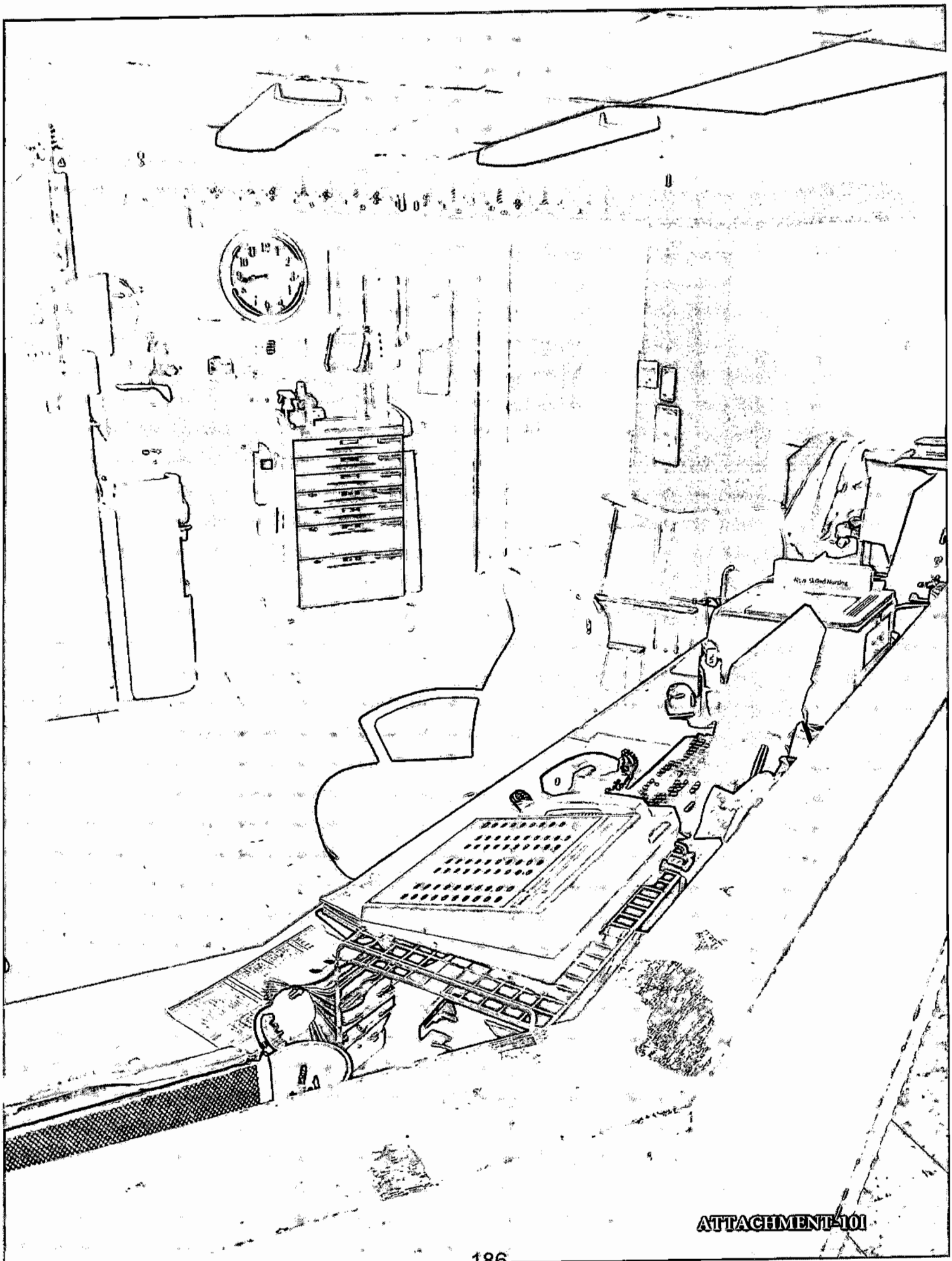

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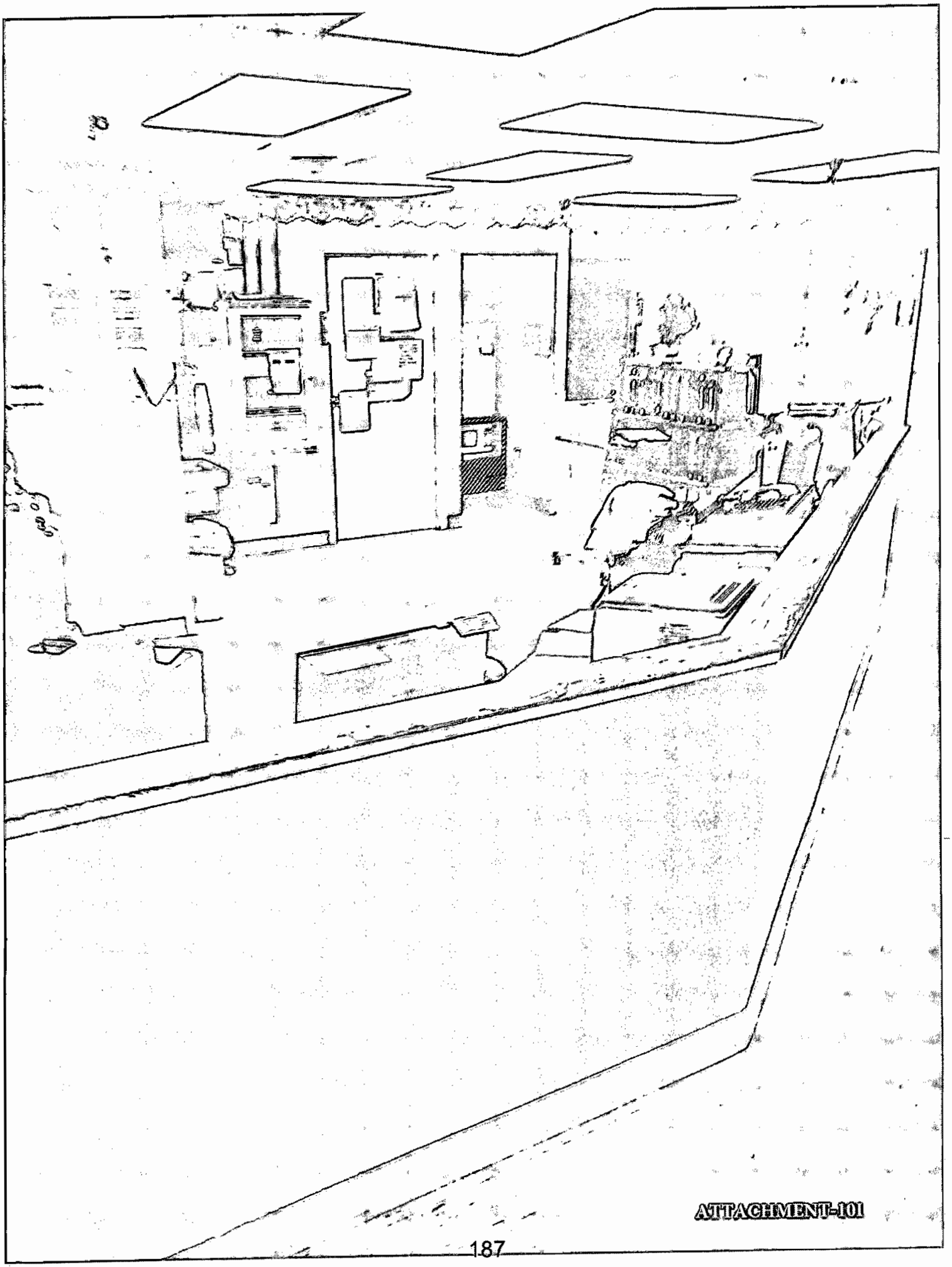

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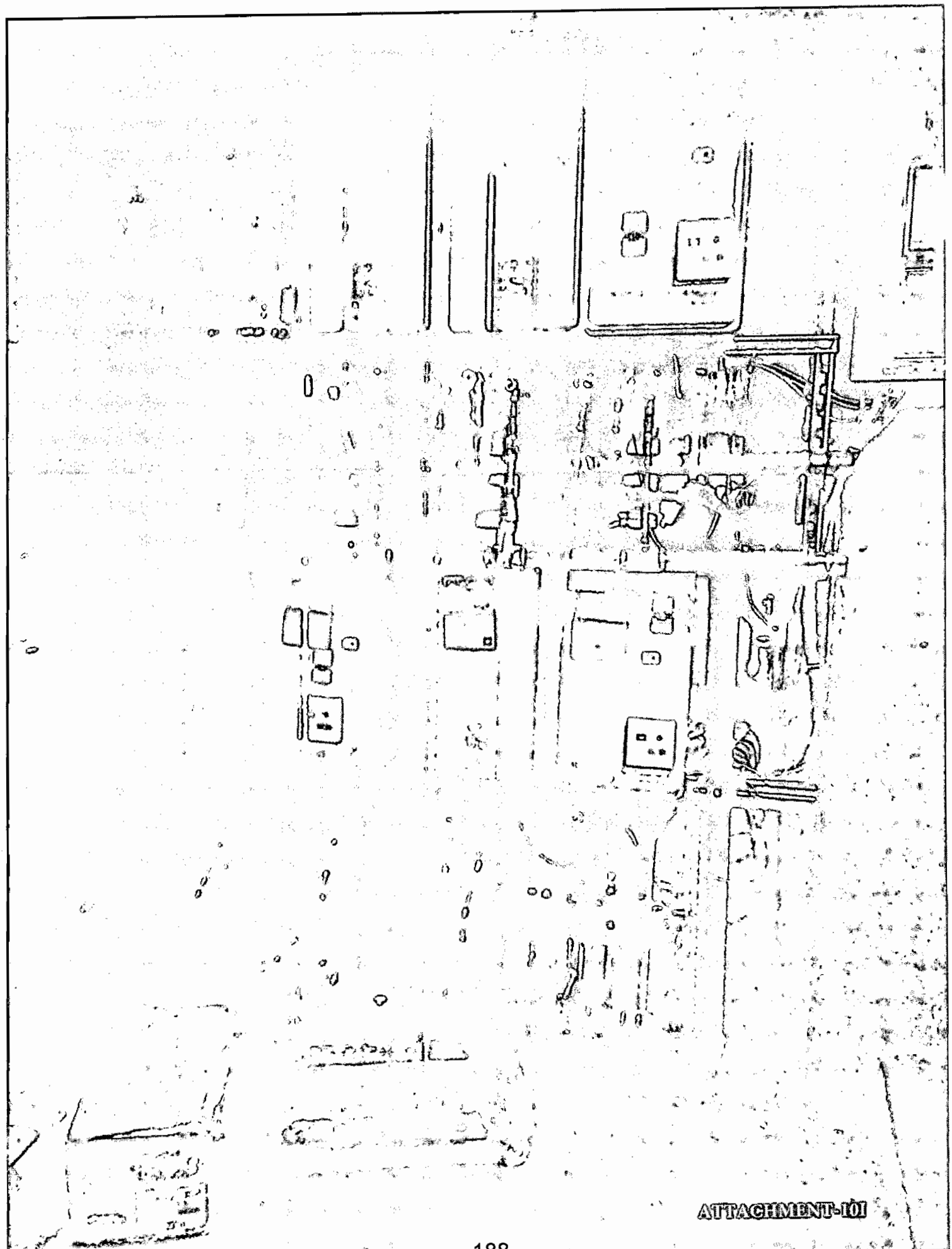

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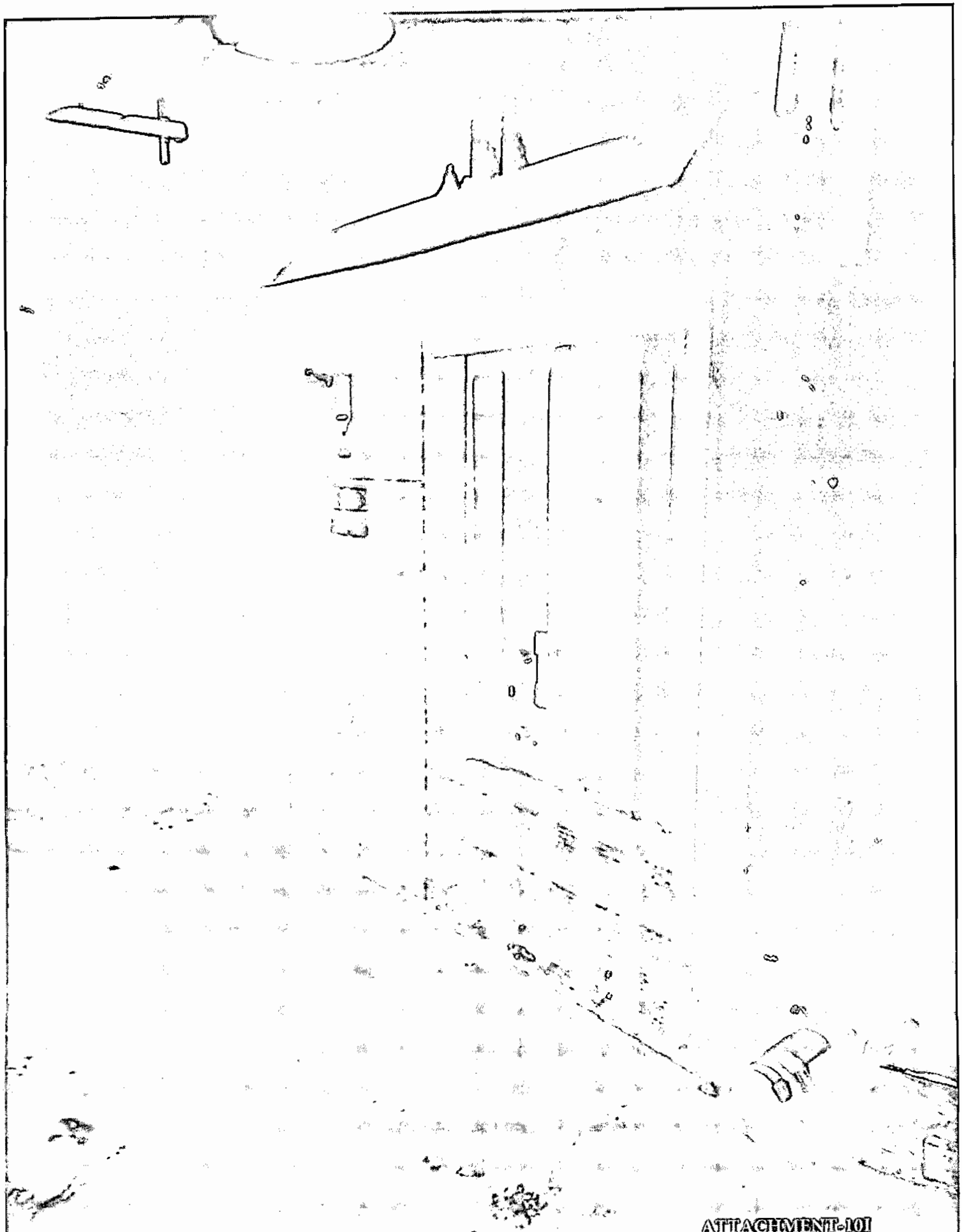

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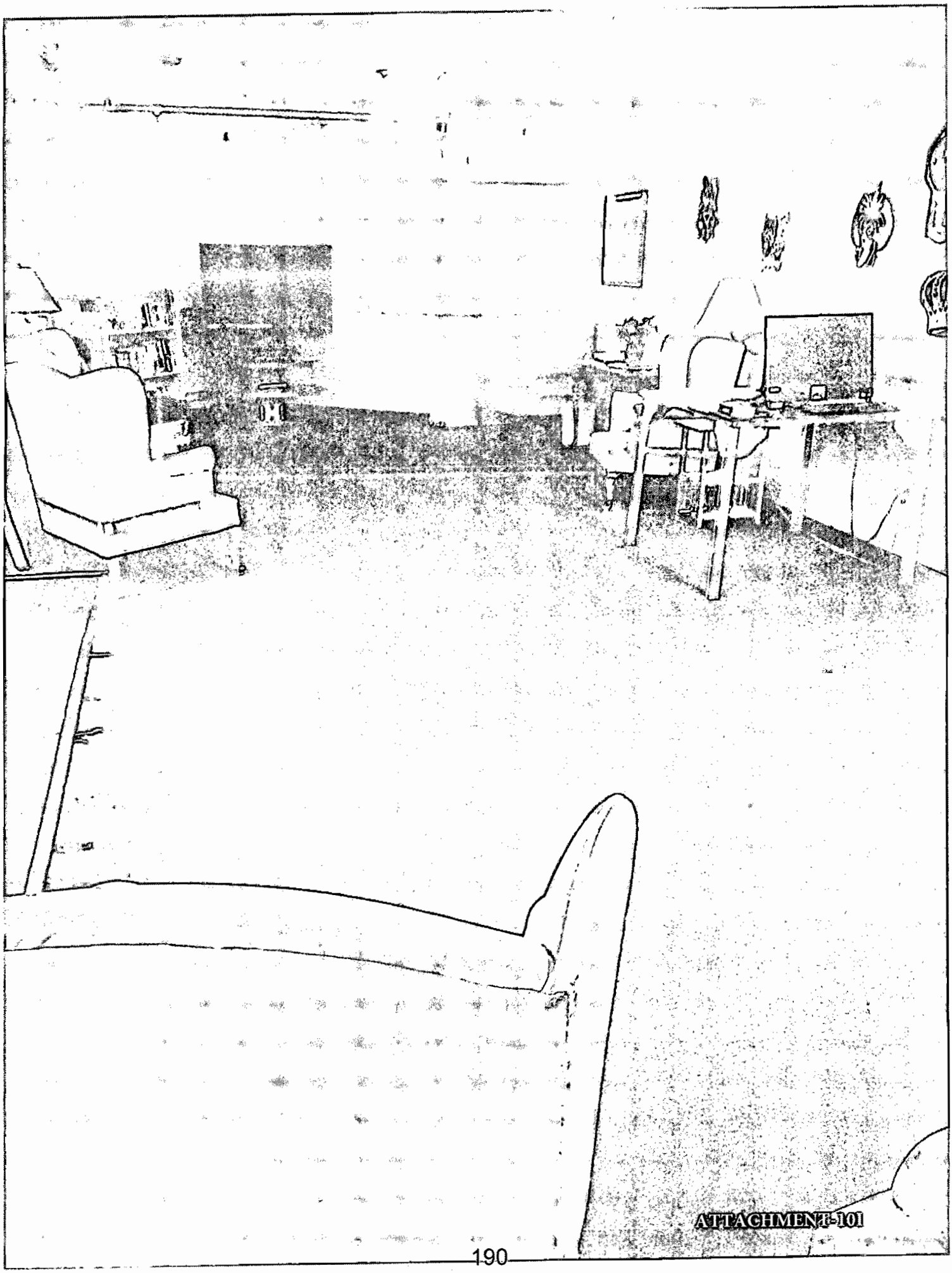

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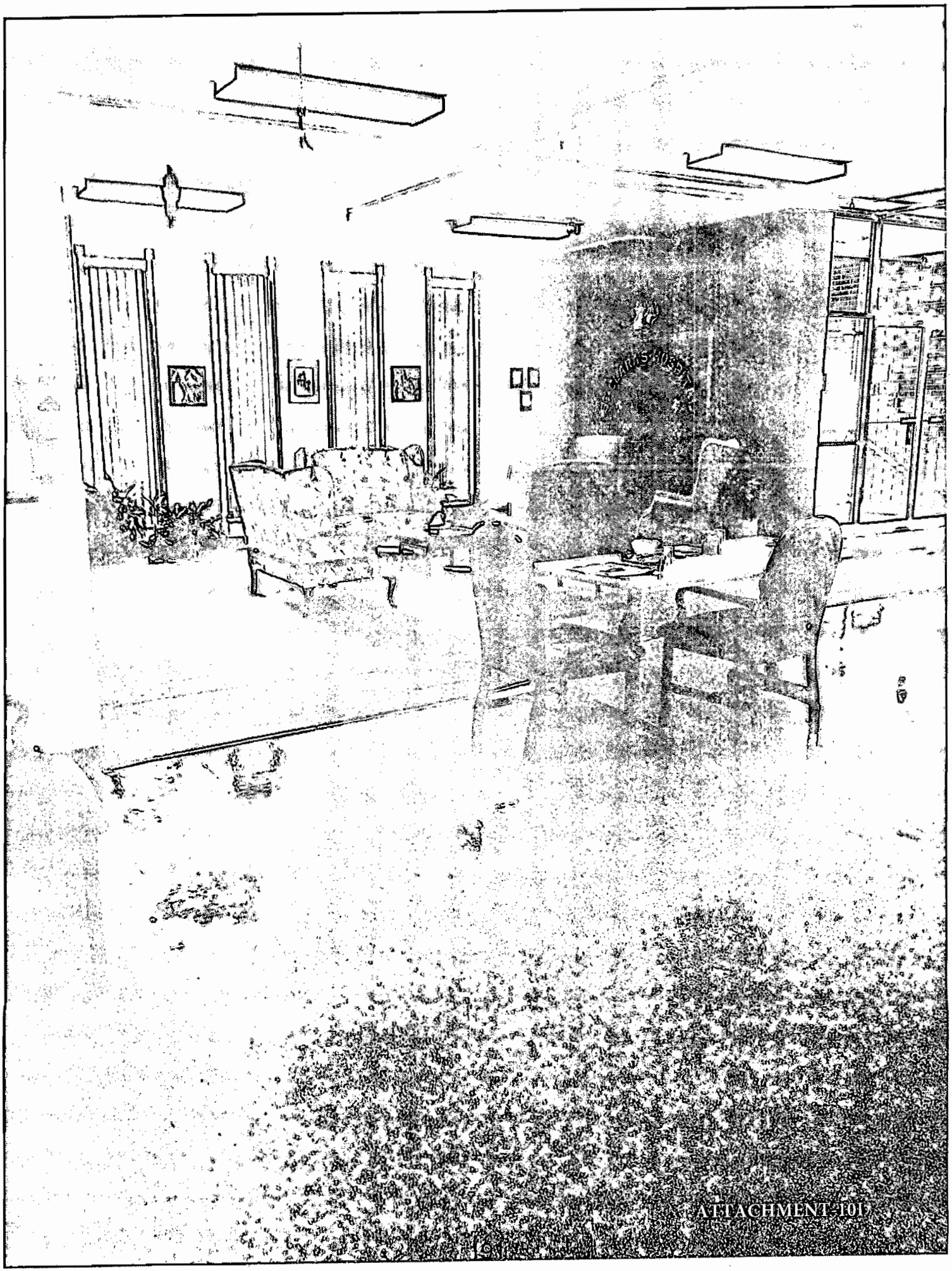

ATTACHMENT-101

Lincoln-St. Clara's Manor

Year 2016

Parking Lot Resurface	$	85,000
PTAC Units (6)	$	3,600
Washer - 95#	$	15,000
Roof	$	291,500
Water Heater (2)	$	8,000
RTU (2)	$	30,000
Furnace Unit (1)	$	10,000
1st Floor Corridor/Carpet	$	134,000
1st Floor Day room	$	48,120
1st Floor Dining room	$	88,000
1st Floor Lobby	$	30,000
1st Floor Entrance	$	20,000
1st Floor Resident Rooms (38)	$	836,000
1st Floor Nurse Station	$	20,000
Showers (3)	$	60,000
Admin & Business Office, DON	$	22,000
Windows	$	54,000
Exterior Soffit	$	55,000
Tuck Pointing	$	20,000
Garage	$	12,000
Nurse Call System	$	250,000
Phone System	$	55,000
Cabeling	$	50,000
Rest room Renovations (6)	$	24,000
ACM Testing	$	3,000
Door Security	$	30,000
Total	**$**	**2,254,220**

Year 2017

PTAC Units (12)	$	7,200
Rooftop AC Unit (Kitchen)	$	22,000
3 well steam table	$	5,000
Lawn Mower	$	8,000
Furnace units (2)	$	20,000
Flooring/Carpeting - 2nd Floor	$	30,000
Range	$	6,000
Washer - 95#	$	15,000
Sit to Stand Lift (1)	$	5,000
Therapy Equipment	$	25,000
Drier (1)	$	9,000
Water Heater Domestic (2)	$	3,000
Fire Supression System	$	150,000
Fire Alarm Detectors	$	40,000
2nd Floor Resident Rooms (35)	$	836,000
2nd Floor Dining Room	$	66,000
2nd Floor Corridors	$	79,000
2nd Floor Nurse Station	$	20,000
Shower (3)	$	60,000
ADON, Treatment Offices	$	6,000
Office Furniture	$	28,000
Total	**$**	**1,440,200**

ATTACHMENT-10I

Lincoln-St. Clara's Manor

Year (2018-2020)

RTU(2) Corridors		$	30,000
RTU(1) Center corridors		$	30,000
PTAC (12)		$	7,200
Furnace Unit (1)		$	10,000
Drier (1)		$	9,000
Washer - 95#		$	15,000
Water Heater Domestic (4)		$	6,000
Water Heater Laundry		$	12,000
Salon		$	15,000
Chapel Renovation		$	15,000
Fire Suppresion System		$	150,000
Basement Corridors		$	47,000
Elevator Cab Modernization (2)		$	50,000
	Total	$	**396,200**

		FOR BHF USE					

LL1

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0050724

Facility Name: St Claras Manor

Address: 200 Fifth Street (Number) Lincoln (City) 62656 (Zip Code)

County: Logan

Telephone Number: 217-735-1507 Fax # 217-732-3188

HFS ID Number:

Date of Initial License for Current Owners: 2010

Type of Ownership:

- [x] VOLUNTARY,NON-PROFIT
  - [x] Charitable Corp.
  - [ ] Trust
- IRS Exemption Code
- [ ] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Dave Underwood Telephone Number: 309 823-7135
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/14 to 12/31/14 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) David M. Underwood
(Title) Executive VP & CFO

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

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STATE OF ILLINOIS

Facility Name & ID Number St Claras Manor # 0050724 Report Period Beginning: 01/01/14 Ending: 12/31/14

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	140	Skilled (SNF)	140	51,100	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	140	TOTALS	140	51,100	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	23,190	10,517	2,345	36,052	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	23,190	10,517	2,345	36,052	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.55%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 2010

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified _____ and days of care provided 2,345

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number St Claras Manor # 0050724 Report Period Beginning: 01/01/14 Ending: 12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 53,286 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO

If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 38,660	1
2					2
3	TOTALS			$ 38,660	3

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Facility Name & ID Number St Claras Manor # 0050724 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	140				$ 1,624,882	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1976			1976	65,361						9
10	1978			1978	3,451						10
11	1980			1980	8,793						11
12	1981			1981	11,439						12
13	1982			1982	3,826						13
14	1983			1983	1,535						14
15	1984			1984	4,031						15
16	1985			1985	7,859						16
17	1986			1986	2,541						17
18	1987			1987	10,753						18
19	1988			1988	1,006						19
20	1989			1989	1,431						20
21	1991			1991	8,799						21
22	1992			1992	17,963						22
23	1993			1993	15,564						23
24	1994			1994	51,022						24
25	1995			1995	124,932						25
26	1996			1996	102,380						26
27	1997			1997	39,247						27
28	Fire Sprinkler			1998	22,151						28
29	Transfer Switch			1998	4,819						29
30	Water Line			1998	6,379						30
31	Soffits			1998	3,950						31
32	Generator			1998	3,164						32
33	Heating, A/C Improvements			1998	8,664						33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number St Claras Manor # 0050724 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Windows	1998	$ 3,422	$		$	$	$	37
38	Sidewalks	1998	2,963						38
39	Fixtures	1999	224						39
40	Faucets	1999	1,532						40
41	Water System Improvements	1999	7,920						41
42	Windows	1999	23,400						42
43	Fixtures	1999	2,812						43
44	Faucets	1999	1,404						44
45	Heating & Cooling Unit	2000	4,050						45
46	Water System	2000	37,203						46
47	Glass Doors	2000	1,145						47
48	Remodeling	2000	4,581						48
49	Plumbing	2000	4,128						49
50	Windows	2000	600						50
51	Plumbing	2000	1,702						51
52	4 Ton Condensing Unit	2000	4,453						52
53	Windows	2000	5,400						53
54	Exhaust Fan	2000	1,100						54
55	Heating & Cooling Units	2000	4,050						55
56	Doors	2000	4,081						56
57	Porch Ceiling	2000	4,050						57
58	Exhaust Fan	2000	2,046						58
59	Concrete Pad	2000	5,398						59
60	Fire Sprinkler	2001	1,304						60
61	Faucets	2001	3,432						61
62	Patio Roof	2001	1,532						62
63	Exhaust Fan	2001	1,000						63
64	A/C Unit	2001	16,312						64
65	A/C Kitchen	2001	6,850						65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,314,036	$		$	$	$	70

**Improvement type must be detailed in order for the cost report to be considered complete

STATE OF ILLINOIS

Facility Name & ID Number St Claras Manor # 0050724 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,314,036	$		$	$	$	1
2									2
3	Code Alert Alarm	2002	5,600						3
4	Ceiling Fan	2002	996						4
5	Heat Cool Units	2002	4,550						5
6	Carpet	2002	2,361						6
7	Seal Coat Parking Lot	2002	3,342						7
8	Walk-In Cooler	2002	17,518						8
9	Roof Replacement	2002	92,577						9
10	Door	2002	824						10
11	Wide Area Network Wiring	2002	3,167						11
12									12
13	Roof Replacement	2003	53,524						13
14	Facility Wiring	2003	11,041						14
15	Remodel Bathrooms	2003	33,616						15
16	Closet Doors	2003	4,188						16
17	Water Heaters and Storage Tank	2003	38,929						17
18	Capital Report Adj	2003	(10,796)						18
19	Furnace	2004	1,800						19
20	Remodel Activity room-- carpet	2004	2,624						20
21	Heat Cool Units	2004	8,094						21
22	Remodel Employee Lounge	2004	2,955						22
23	Electric Door opener	2004	1,598						23
24	Drain Grate	2004	2,350						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,594,894	$		$	$	$	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number St Claras Manor # 0050724 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 2,594,894	$		$	$	$	1
2									2
3	Code Alert System	2005	726						3
4	Kitchen Hood	2005	1,662						4
5	Wander System	2005	2,543						5
6	Hallway remode – Paint and carpet	2005	20,919						6
7	A/C Units	2005	1,187						7
8	Fire Supression	2005	1,845						8
9									9
10	A/C Units	2006	1,843						10
11	Security Camera	2006	1,059						11
12	PTAC Units	2006	1,287						12
13	A/C Units	2006	1,207						13
14									14
15									15
16									16
17	Simplex Fire Alarm	2008	8,105						17
18									18
19	Otis elevator	2008	183,160						19
20	Fire Alarm	2008	18,587						20
21									21
22	Fire Sprinkler	2009	4,477						22
23									23
24	Masonry –building exterior	2010	11,260						24
25									25
26	Water heater & conditioner	2011	19,115						26
27	Roof	2011	88,421						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,962,297	$		$	$	$	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number St Claras Manor # 0050724 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 2,962,297	$		$	$	$	1
2									2
3	Rooftop Heating & Cooling Unit	2013	21,000						3
4	Lighting Retrofit	2013	4,482						4
5	Water Temperature Control & Mixing Valve	2013	4,370						5
6	A/C Unit	2013	2,540						6
7	Sprinkler Installation-Exterior Canopies	2013	5,580						7
8									8
9	New Generator	2014	43,875						9
10	Installation of Electrical Outlets	2014	4,432						10
11	Replace Condensing Unit	2014	4,528						11
12	Upgrade Tankless Water Heater	2014	26,198						12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,079,302	$		$	$	$	34

**Improvement type must be detailed in order for the cost report to be considered complete

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

Criterion 1125.330 – Alternatives

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

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.**

To fully evaluate the alternatives to the proposed project the existing facts must be understood. The facts that limit the alternatives are as follows: St. Clara's Manor is in dire need of renovation or replacement; the facility is licensed for 140 nursing care beds; the average use rate of the last 5 years of utilization equates to an Average Daily Census (ADC) of 106 residents; and the State's newly published Inventory of Health Care Facilities and Services and Need Determinations, August 2015 calculates an excess of 97 nursing care beds in Logan County Planning Area.

The Applicant evaluated the alternatives to the project in an orderly and prudent manner that maintained and not eroded quality. Quality indicators include quality resident care provided, quality of staff that have been providing that care and accessibility to the resident care and staffing being provided. The Applicant determined that the only influence on quality and accessibility was in either continued operations of St. Clara's Manor or its replacement. The existing physical plant age, newer life safety codes, and the ever evolving marketability requirements have rendered the existing facility near the end of its useful life. Even still, the alternative of renovating the existing building was evaluated. The Applicant also evaluated, if the renovation was not viable, could all 140 beds or more be replaced/established. Due to the State's bed need this alternative was not further evaluated as the calculated bed need showed an

excess of beds. The dilemma was that the proposed project did not just represent the establishment of beds and services; it represented the continued service to existing residents, family and staff. Thus, in looking for a lesser alternative the ADC was analyzed and the alternative of replacing a bed compliment of 117 beds was considered. In studying the possibility of a smaller project, the consideration did not evaluate utilizing a lesser level of care like assisted or supportive living. The Applicant currently provides this service through a related entity. Both nursing and supportive living facilities are in-place and in operation. It was evident that both services are, in-fact, still needed. Therefore, further evaluation of this alternative was not done. The only other alternative was a smaller project. The Applicant has the continuum in-place through the related Supportive Living Facility so an even lesser number of beds or the project as being proposed was evaluated.

Thus, the alternatives to be evaluated for this project are:

1. Total renovation of the existing St. Clara's Manor;
2. Total discontinuation of St. Clara's Manor;
3. Off-site replacement of 117 nursing care beds; and
4. Off-site replacement of 106 nursing care beds (project as proposed).

ALTERNATIVE #1 Total Renovation of St. Clara's Manor

Cost

The Applicants had a facilities report completed by the Facilities Management Department of Heritage Enterprises, the facility's contractual management company. This report found that urgent renovation needs could cost approximately $4,076,900 and additional space requirements to meet some of the minimum and industry standards could add some $1,627,500 to the project, without even touching the marketability issues of providing state-of-the-art

ATTACHMENT-11

rehabilitation gyms or rooms catering to bariatric needs of many of the residents. Without trying too hard, this alternative at a minimum could cost $5,704,400. These construction costs are more than a quarter of the proposed project's total project's cost and at the end of the day, the majority of the physical plant would still be 45 years old with only increasing maintenance costs. For this reason, and the fact that the site is not near its related supportive living facility, Castle Manor, to allow for an on-site continuum of care, this alternative was deemed not viable.

Patient Access

Patient access to a renovated St. Clara's Manor could also be affected by renovating the structure. As indicated space allocations could require resident rooms and beds being taken out of service and given the shared bathrooms and institutional nature of the building, a renovation of such a building may address issues but it is feared that it would not change the institutional feel of the building without half of the beds being eliminated or replaced (not included in the renovation costs estimates). The residents of St. Clara's Manor also require bariatric services and rehabilitative services at a greater level than even what is provided. These services cannot be provided in the renovations that have been contemplated. Therefore, this alternative was deemed not viable.

Quality

The Applicant believes that quality of care delivered can be affected by outside influences. Specifically, a provider can have the most caring staff but if the physical plant is not as compassionate as the staff, not only does it affect the residents but their family members. Equally important to having good staff, which the Applicant contends are the best in the market, the staff's work environment in the existing building is a deterrent to providing the best care possible. As stated, not being able to provide the innovative services like bariatric care and more

state-of-the-art rehabilitative environment limit the success in allowing residents to reach their potential and to live their fullest life possible. As these types of services are difficult to even contemplate in the existing facility, this alternative was deemed not viable.

Financial Benefits

This alternative has a significant cost without improved resident access or quality indicators. Together this is not the most desirable recipe for long-term financial benefits. This alternative, as a marginally lesser cost alternative, may provide near future financial benefits but in this ever evolving health care delivery system, continuing the status quo has proven to not be sustainable. Therefore, this alternative was rejected.

ALTERNATIVE #2 Total Discontinuation of St. Clara's Manor

Cost

There would not necessarily be capital costs to an alternative of complete facility discontinuation.

Patient Access

Resident accessibility to nursing care within the Logan County Planning Area would most egregiously be affected. The facility is licensed for 140 nursing care beds. The State's calculated need for beds of a negative 97 would result in the calculation showing a need for additional beds and services. Moreover, the most recent five year period ending in CY2014, the Subject facility realized an average daily census of 106 residents. All of the facilities within the 30-minute travel time do not have availability to accommodate an additional 106 residents. St. Clara's Manor is a desired location of many residents and their families who are in need of Long-Term Care and this alternative discounts and limits that choice. As this alternative represents

placement of existing residents in beds and services outside of a 30-mintue market contour, which is the definition of lack of patient access, this alternative was rejected.

Quality

This alternative has no quality indicators. The residents would have to be displaced as would the staff. As this alternative discounts existing resident choice and therefore perceived quality, this alternative was rejected.

Financial Benefits

Although this alternative has no capital costs associated with it, it terminates any existing patient access to care and perceived quality that is currently provided and desired. It also eliminates any potential for financial benefits. For all of these reasons, this alternative was deemed not viable.

ALTERNATIVE #3 Off-Site Replacement of 117 of the 140 Nursing bed

Cost

The cost of this alternative is derived from the actual cost estimates of the project as being proposed. The 106 bed off-site replacement alternative costs are $20,631,082 or $194,633 per bed. If 117 beds are replaced, it stands to reason that the total project cost could be $22,772,043 or $2,140,961 more than that which is proposed. This does not include the operating costs.

Patient Access

While on the surface it would appear that more beds equates to more accessibility to beds and services, Nursing beds and services are vulnerable to oversupply as patient access is to undersupply. There is not an unlimited need for nursing beds nor is there unlimited capital to spend on those nursing beds. As such, there is a Certificate of Need program that tries to ensure

access without causing too much of a burden on existing providers. Part of that process is the bed need calculation. In this instance, even though the Applicant represents existing beds and services, to replace more than could be justified and maintained jeopardizes the rest of the health care resources providing access to nursing care. As a good steward and a reasonable provider of nursing services, an ADC of 106 residents could support 117 total licensed beds based upon a target use rate of 90% for the proposed facility. This represents a 23 bed reduction in licensed beds or just under one quarter of the excess beds identified. As one of four existing nursing providers in the Logan County Planning Area, being responsible for reducing the overage by one fourth appears reasonable.

Quality

A new modern facility with innovative services like those proposed will allow the great staff the environment and tools to carry out their mission and have the greatest possibility of results.

Financial Benefits

Having more nursing beds that are desirable presents the greatest opportunity for financial benefits. However, that has to be tempered by the additional cost of the additional size. In evaluating whether the additional costs are warranted, the Applicant reviewed the annual utilization of the past 5-years and its resulting ADC. St. Clara's Manor's IDPH facility profiles are appended as **ATTACHMENT-11A**. This equated to an ADC of 106 residents yet currently the census is lower due to continued physical plant marketability and desirability. Therefore, a project sized at 117 beds is questionable.

Moreover, there are several outside influences that beg the question: is this alternative the right? There is an excess of beds identified by the State's bed need calculation and a changing

health care delivery system that is pushing patients out of hospitals sooner. These patients in the short term will require short very intense high level nursing care stays and ultimately those folks will step down to more long-term nursing care or even lesser levels of care, i.e., assisted/supportive living or home care. These influences coupled with current ADC lower than that of the five year average questions whether the additional cost of a 117 beds facility can support itself long-term and produce financial benefits which allows for the sustainability ensuring patient access to beds and services. For these reasons this alternative was rejected.

ALTERNATIVE #4 Project as Being Proposed

Cost

This alternative has a total project cost of $20,631,082.

Patient Access

This smaller project ensures existing resident access to continued care in a manner that allows for future sustainability in this ever changing health care environment. A 106-bed facility requires an ADC of 96 residents at the State's target rate of 90% as compared to an ADC of 106 residents to support 117 licensed beds. This represents 34 beds out of the inventory and a reduction in excess capacity in the future at a more modest level of only 63 beds instead of 97. In reality, using the State's target use rate of 90% further lessens the footprint of the excess capacity felt by the other existing providers.

This alternative allows for a 35% reduction in excess capacity for the project year 2018, with only four LTC providers in the Logan County Planning Area, this Applicant is doing more that its part to address this situation while maintaining or ensuring access to general long-term nursing care beds and services.

Quality

There are many indicators or influences that effect overall quality of care. The Applicant has in place and will continue to use its greatest resources, its existing staff. The other main influence on quality that until now was out of the Applicants' control is the physical plant environment. A provider can have the best policies, procedures, caring staff, and intentions in-place that can all be limited by a physical environment that is depressing to residents, the staff that care for them and the families that visit and provide extended care. The physical layout of a facility also dictates efficiencies of operations that can often affect quality as well. In allowing this existing provider to design a modern, functional and desirable environment that allows for more innovative care and treatment only improves outcomes and thus, quality.

Financial Benefits

There are benefits both financial and otherwise that result from a well thought out and right sized plan. The proposed project only spends the necessary cost to only replace what is essential to ensure continued patient access and services in a way that allows for improved outcomes or quality. As with most issues, there are outside influences on the proposed financial benefits. This alternative allows for residents to receive Long-Term Care at the least restrictive setting, i.e., it situates a continuum of care in one general location. The proposed site is adjacent to the hospital and supportive living facility. Nearby, and completely unrelated, are also senior independent apartments. This is a natural fit into a health care hub that places residents' needs at the forefront. It is also an alternative that takes into account and addresses the State's planning process. Together these are the reasons the project allows for financial benefits and why the Applicants chose this alternative as most viable.

ATTACHMENT-11

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

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

The empirical evidence sought will only come from the successful completion of the project and Applicants' ability to maintain optimum utilization.

ATTACHMENT-11

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL 62656
Reference Numbers Facility ID 0008890
Health Service Area 003 Planning Service Area 107

Administrator
Michael Eads

Contact Person and Telephone
MICHAEL EADS
217-735-1507

Registered Agent Information
St. Clara's Manor
200 5th street
Lincoln, IL 62656

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

Date Completed
2/18/2011

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	9

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	10
Mental Illness	23
Developmental Disability	1
Circulatory System	20
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 23

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	109	131	109	31	140	140
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	140	131	109	131	109	31	140	140

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	112
Total Admissions 2010	75
Total Discharges 2010	78
Residents on 12/31/2010	109
Identified Offenders	0

FACILITY UTILIZATION - 2010
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	4589	9.0%	21828	42.7%	0	0	13258	0	39675	77.6%	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	4589	9.0%	21828	42.7%	0	0	13258	0	39675	77.6%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

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	2	0	0	0	0	0	0	0	2	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	12	55	0	0	0	0	0	0	12	55	67
TOTALS	23	86	0	0	0	0	0	0	23	86	109

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL 62656
Reference Numbers Facility ID 0008890
Health Service Area 003 Planning Service Area 107

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	56	0	2	37	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	56	0	2	37	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109
ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	48.00
Totals	100.00

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
33.1%	34.1%	0.0%	0.0%	32.8%	100.0%		0.0%
2,203,077	2,267,868	0	0	2,177,927	6,648,872	0	

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

FACILITY NOTES

CHOW	1/1/2010	Change of ownership occurred.

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ATTACHMENT-11A

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656
Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
Zachary Dinardo
607 E. Adams, STE 800
Springfield, IL 61701

Date Completed
2/29/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

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'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	17
Developmental Disability	1
Circulatory System	12
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Muscuto-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	113	131	108	32	140	140
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	140	131	113	131	108	32	140	140

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	108
Total Admissions 2011	68
Total Discharges 2011	68
Residents on 12/31/2011	108
Identified Offenders	0

FACILITY UTILIZATION - 2011
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	5155	10.1%	21361	41.8%	0	0	12012	0	38528	75.4%	80.6%
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	5155	10.1%	21361	41.8%	0	0	12012	0	38528	75.4%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	13	54	0	0	0	0	0	0	13	54	67
TOTALS	23	85	0	0	0	0	0	0	23	85	108

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656
Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	62	0	0	36	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	62	0	0	36	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	191
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108
ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	19.00
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	40.00
Totals	100.00

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
38.8%	32.2%	0.0%	0.0%	29.0%	100.0%		0.0%
2,678,949	2,218,787	0	0	2,002,271	6,897,987	0	

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

FACILITY NOTES

CHOW	1/1/2010	Change of ownership occurred.

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ATTACHMENT-11A

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6008690
Health Service Area 003 Planning Service Area 107

Administrator
Michael N. Eads

Contact Person and Telephone
Rebecca Howard

Registered Agent Information
Zach Dinardo
607 E. Adams St.

Date Completed
4/13/2013

CONTINUING CARE COMMUNITY
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 Dependant	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	18
Developmental Disability	1
Circulatory System	7
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	9
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as MentaBy Ill 30

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	119	131	109	31	140	140
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	140	131	119	131	109	31	140	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	108
Total Admissions 2011	115
Total Discharges 2011	114
Residents on 12/31/2011	109
Identified Offenders	0

FACILITY UTILIZATION - 2012

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	4997	9.8%	24255	47.5%	0	0	11872	0	41134	80.5%	86.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4997	9.8%	24265	47.5%	0	0	11872	0	41134	80.5%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

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	4	4	0	0	0	0	0	0	4	4	8
65 to 74	4	40	0	0	0	0	0	0	4	40	44
75 to 84	13	32	0	0	0	0	0	0	13	32	45
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	24	85	0	0	0	0	0	0	24	85	109

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656
Reference Numbers Facility ID Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	64	0	0	30	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	64	0	0	30	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	167

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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	38.00
Other Health Staff	2.00
Non-Health Staff	38.00
Totals	101.00

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
35.0%	35.5%	0.0%	0.0%	29.5%	100.0%		0.0%
2,515,110	2,546,334	0	0	2,115,618	7,177,062	0	

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

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ATTACHMENT-11A

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 0006890
Health Service Area 003 Planning Service Area 107

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
E. Zachary Dinardo
1 N. Old State Capitol Plz. 200
Springfield, IL 62701

Date Completed
3/31/2014

Building	Reported Age
Building 1 st. Clara's Manor Skilled Nursin	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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 - 2013

Residents on 1/1/2013	109
Total Admissions 2013	99
Total Discharges 2013	109
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	19
Developmental Disability	1
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	17
TOTALS	99
Total Residents Diagnosed as Mentally Ill	19
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	140	131	115	131	99	41	140	140
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	140	131	115	131	99	41	140	140

FACILITY UTILIZATION - 2013

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	4021	7.9%	23973	46.9%	0	0	9887	0	37881	74.1%	79.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4021	7.9%	23973	46.9%	0	0	9887	0	37881	74.1%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

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	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	2	0	0	0	0	0	0	6	2	8
75 to 84	6	24	0	0	0	0	0	0	6	24	30
85+	7	52	0	0	0	0	0	0	7	52	59
TOTALS	20	79	0	0	0	0	0	0	20	79	99

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Classification Numbers
License Number 0006890
Health Service Area 003
Planning Service Area 107 Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	56	0	0	33	0	99
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	56	0	0	33	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	172
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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	103.00

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
32.4%	39.2%	0.0%	0.0%	28.4%	100.0%		
2,046,848	2,476,365	0	0	1,794,239	6,316,452	0	0.0%

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

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ATTACHMENT - 11A

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers

Facility ID	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
E. Zachary Dinardo
1. N. Old State Capital Plz. 200
Springfield, IL 62701

Date Questionnaire Completed 4/3/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	98
Total Admissions 2013	62
Total Discharges 2013	62
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	1
Skin Disorders	4
Muscuto-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 8

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	140	131	106	131	98	42	140	140
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	140	131	106	131	98	42	140	140

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	2345	4.6%	23190	45.4%	0	0	10517	0	36052	70.6%	75.4%
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	2345	4.6%	23190	45.4%	0	0	10517	0	36052	70.6%	75.4%

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	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	4	0	0	0	0	0	0	0	4	0	4
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	8	54	0	0	0	0	0	0	8	54	62
TOTALS	22	76	0	0	0	0	0	0	22	76	98

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	0	33	0	98
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	11	54	0	0	33	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	171
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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
21.9%	42.7%	0.0%	0.0%	35.3%	100.0%		
1,418,423	2,762,668	0	0	2,284,087	6,465,178	0	0.0%

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

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

Other than the existing subject facility, St. Clara's Manor, there are no other nursing care facilities owned or operated by the Applicant. As previously mentioned, adjacent is a related SLF facility (Castle Manor) certified by the Department of Healthcare and Family Services. This entity is separate and distinct from that of St. Clara's Manor but has **St. Clara's Senior Services** in common as that entity was established to support both operators. A copy of the subject facility's license is appended as **ATTACHMENT-12A**. A copy of the Castle Manor Certificate is appended as **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 St. Clara's Manor 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 HSFRB and the DPH access to information is appended as **ATTACHMENT-12D.**

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

   This item is not germane.

ATTACHMENT-12

State of Illinois 2203849
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.

HIRAV 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
03/05/2017	BGBE	0050724

LONG TERM CARE LICENSE
SKILLED 140

UNRESTRICTED 140 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ST CLARA'S MANOR

ST CLARA'S MANOR
200 FIFTH STREET
LINCOLN IL 62656
EFFECTIVE DATE: 03/06/15

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

State of Illinois
Department of Healthcare and Family Services

Supportive Living Program Certification

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name: Castle Manor

Address: 1550 Castle Manor Drive

City/State/Zip: Lincoln, Illinois 62656

Number of Units: 54 Maximum Number of Residents: 90

Effective Date: January 18, 2011

Pat Quinn, Governor

Julie Hamos, Director

ATTACHMENT-12B

St. Clara's
MANOR

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

Dear Ms. Avery:

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

Sincerely,

Notarization:
Subscribed and sworn to before me
this 3rd day of February 2016

Susan M. Boyd
Signature of Notary
Seal

OFFICIAL SEAL
SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-13-2018

St. Clara's
M•A•N•O•R

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

Dear Ms. Avery:

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

Sincerely,

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 February 17, 2016 the Board's website identifies an excess of 97 nursing care beds in Health Service Area 3, Logan County Planning Area. Refer to **ATTACHMENT-13A** for the above referenced Update to Inventory dated February 17, 2016. That being said, this project represents the replacement of 140 existing beds with only 106 newly constructed ones. This project improves the excess number of beds by returning 34 nursing beds by removing them from the existing inventory. The resultant need for beds will show only 63 excess beds in the Logan County Planning Area upon project completion.

3. 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 Lincoln and the residents of the Logan County Planning Service Area. Moreover, the patient origin data, appended as **ATTACHMENT-13B**, shows that in 2014, 77 admissions (or 93.9%) were from within 30 minutes and in 2015, 73 admissions (or 94.3%) were from within 30 minutes, for an average of 94% over the most recent 24 months.

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

Appended as **ATTACHMENT-13C,** are two (2) hospital referral letters and six (6)

physician referral letters providing, to the best of their abilities, their historical referrals. Specific to the proposed project, the physician referral letters state that they have referred 129 historical referrals over the last 24 months to St. Clara's Manor and 160 to 230 referrals over the past 24-months to nursing care in the area. These referrals are estimate to stay the same or increase in the future. Appended as **ATTACHMENT-13B,** are the patient origin of referrals that were admitted to St. Clara's Manor from these physicians in the past 24-months.

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES

2/17/2016

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	360	279	81
Carroll	131	155	(24)
DeKalb	768	742	26
Jo Daviess	177	147	30
Lee	275	342	(67)
Ogle	538	565	(27)
Stephenson	581	637	(56)
Whiteside	595	819	(224)
Winnebago	2098	2222	(124)
HEALTH SERVICE AREA 2			
Bureau/Putnam	383	377	6
Fulton	455	603	(148)
Henderson/Warren	168	218	(50)
Knox	740	950	(210)
LaSalle	1222	1282	(60)
McDonough	341	360	(19)
Marshall/Stark	306	427	(121)
Peoria	1613	1765	(152)
Tazewell	1128	1256	(128)
Woodford	594	590	4
HEALTH SERVICE AREA 3			
Adams	1079	1499	(420)
Brown/Schuyler	147	186	(39)
Calhoun/Pike	264	337	(73)
Cass	153	150	3
Christian	373	472	(99)
Greene	115	119	(4)
Hancock	150	184	(34)
Jersey	323	369	(46)
Logan	371	468	(97)
Macoupin	523	744	(221)
Mason	120	164	(44)
Menard	114	106	8
Montgomery	382	490	(108)
Morgan/Scott	465	561	(96)
Sangamon	1162	1278	(116)

ATTACHMENT-13A

St. Clara's Manor, HSA 3, Logan County
Admissions Data

Resident	Zip Code	# Admits
2014		
MP	61614	
MG	61614	2
WR	61761	1
NR	62643	1
RJ	62656	
CF	62656	
KA	62656	
FM	62656	
MA	62656	
JJ	62656	
BM	62656	
RG	62656	
SE	62656	
RH	62656	
MH	62656	
PA	62656	
BL	62656	
BR	62656	
MW	62656	
RH	62656	
ME	62656	
DH	62656	
DC	62656	
ES	62656	
SS	62656	
BP	62656	
EC	62656	
GR	62656	
PJ	62656	
PG	62656	
SR	62656	
WR	62656	
CB	62656	
FR	62656	
ES	62656	
AG	62656	
DH	62656	
GB	62656	
HS	62656	
CA	62656	
CS	62656	
JL	62656	

Resident	Zip Code	# Admits
2014 (cont.)		
EU	62656	
JH	62656	
AB	62656	
DD	62656	
DF	62656	
RL	62656	
PH	62656	
EG	62656	
EW	62656	
ER	62656	
DG	62656	
LP	62656	
GB	62656	
DD	62656	
RA	62656	
ML	62656	
MM	62656	
JH	62656	
EB	62656	
NS	62656	
RN	62656	
EM	62656	
LB	62656	
BC	62656	
AB	62656	
HF	62656	
TM	62656	
LB	62656	
FJ	62656	
RT	62656	
SF	62656	
GL	62656	
AG	62656	
WD	62656	
EW	62656	
PG	62656	
GJ	62656	
LJ	62656	
WW	62656	77
LW	62701	1
Total 2014 Admits		**82**

30 min Zip Codes	
2014	
61568	0
61721	0
61723	0
61734	0
61747	0
61749	0
61754	0
61759	0
62512	0
62518	0
62548	0
62625	0
62634	0
62635	0
62643	0
62656	77
62664	0
62666	0
62671	0
62682	0
62684	0
62693	0
Total Admissions w/in 30 min	77
% of Total Admissions w/in 30 min	93.9%
% Admissions within Lincoln (62656)	93.9%

Source: Microsoft MapPoint 2009

ATTACHMENT-13B

St. Clara's Manor, HSA 3, Logan County
Admissions Data

Resident	Zip Code	# Admits
2015		
RW	51905	1
HM	62644	1
MJ	62656	
GG	62656	
WP	62656	
JV	62656	
VR	62656	
LB	62656	
JD	62656	
CJ	62656	
JP	62656	
JL	62656	
HW	62656	
MS	62656	
VH	62656	
JH	62656	
GS	62656	
RG	62656	
WD	62656	
JG	62656	
AB	62656	
GR	62656	
HC	62656	
CH	62656	
NR	62656	
HA	62656	
AW	62656	
RP	62656	
MS	62656	
PS	62656	
JD	62656	
DH	62656	
MA	62656	
JP	62656	
DR	62656	
FG	62656	
HN	62656	
TF	62656	
WB	62656	
2015 (cont.)		
VD	62656	
PM	62656	
RL	62656	
CJ	62656	
GS	62656	
MR	62656	
MS	62656	
DF	62656	
MB	62656	
JL	62656	
EB	62656	
LS	62656	
JH	62656	
NO	62656	
RA	62656	
HJ	62656	
AO	62656	
TF	62656	
EV	62656	
JJ	62656	
NS	62656	
RB	62656	
RL	62656	
CM	62656	
BC	62656	
EB	62656	
IT	62656	
FN	62656	
TH	62656	
AH	62656	
JL	62656	
NS	62656	
LC	62656	
LT	62656	
CP	62656	
RW	62656	73
HR	62701	1
FB	62801	1
Total 2015 Admits		**77**

30 min Zip Codes	
2015	
61568	0
61721	0
61723	0
61734	0
61747	0
61749	0
61754	0
61759	0
62512	0
62518	0
62548	0
62625	0
62634	0
62635	0
62643	0
62656	73
62664	0
62666	0
62671	0
62682	0
62684	0
62693	0
Total Admissions w/in 30 min	73
% of Total Admissions w/in 30 min	94.8%
% Admissions within Lincoln (62656)	94.8%

Total Admissions 2014 & 2015	159
Admissions w/in 30 min 2014 & 2015	150
% of Total Admissions w/in 30 min	94.3%
% Admissions within Lincoln (62656)	94.3%

Source: Microsoft MapPoint 2009

ATTACHMENT-13B

ABRAHAM LINCOLN
Memorial
HOSPITAL
A Memorial Health System Affiliate

200 Stahlhut Drive • Lincoln, Illinois 62656
Phone (217) 732-2161 • ALMH.org

February 8, 2016

Courtney R. Avery
Administrator
Health Facilities Planning Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Letter of Support and CON for 106 bed (82 private, 24 semi-private rooms) Skilled Nursing Facility in Lincoln, Illinois (Logan County)

Dear Ms. Avery:

It is our understanding that St. Clara's Manor proposes to build a new 106-bed Long-Term Care skilled nursing facility in Lincoln, Illinois in Logan County. The project will be located at 1450 Castle Manor Drive, Lincoln, IL, 62656 in Logan County.

We are pleased with the care that St. Clara's Manor provides to our patients and support this project, as it will greatly enhance the residents' stays at a new state of the art facility.

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

Sincerely,

Dolan C. Dalpoas
President and CEO

DENISE M. ALLEN
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
July 30, 2017

2-9-16

VHA

7099 3400 0015 0480 2831

ATTACHMENT-13C

Memorial
MEDICAL CENTER
701 North First Street • Springfield, Illinois 62781-0001
www.memorialmedical.com • **Phone (217) 788-3000**
A Memorial Health System Affiliate

February 8, 2016

Courtney R. Avery, Administrator
Health Facilities Planning Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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Mitchell L. Johnson

Mitchell L. Johnson
Senior Vice President &
Chief Strategy Officer
Memorial Medical Center and
Memorial Health System
Springfield, IL

OFFICIAL SEAL
CINDY APPENZELLER
Notary Public - State of Illinois
My Commission Expires Aug 12, 2017

2-9-16

ATTACHMENT-13C

March 8, 2016

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Health Facilities and Services Review Board

Illinois Department of Public Health

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OFFICIAL SEAL
AMIE OGDEN
NOTARY PUBLIC - STATE OF ILLINOIS
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Amie Ogden

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Dr. Christopher Rivera

Memorial Physicians Services, Lincoln IL, 62656

OFFICIAL SEAL
SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-13-2018

Susan M. Boyd

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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) hospital referral letters and six (6) physician referral letters identifying 160-230 referrals that have been made to area nursing homes for the most recent two years. The requested documentation is provided to the best of their 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 hospital referral letters appended as **ATTACHMENT-14A** use the historical referrals to area facilities as their basis for making projections. It should be noted that the hospitals 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. The physician letters document the total number of residents who have specifically received care in the Lincoln area and specifically at St. Clara's Manor. As the facility is existing, referrals will only be admitted as openings allow. Based upon historical utilization of the past 24-months, the

average daily census has been 106 residents. Obviously with reestablishing only 106 beds, the Applicant's are estimating target utilization at 90% of 106 beds. With the decreasing average length of stay (ALOS) and providing more of a continuum on the same campus, the Applicant estimates this bed capacity as what stabilization will require.

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 129 referrals where it had sent out between 160 to 230 referrals. In discussing these referrals with the referring physicians it was found that this data was actually admission data, which is typically 30% - 50% higher than actual referrals. According to the 2014 IDPH Facility Profile, St. Clara's Manor had an Average Daily Census (ADC) of 98.8 residents in-house with an ALOS of 439 days. Based upon this ALOS the facility would only require 79 annual referrals to meet target utilization, well within the range of historical referrals.

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

ATTACHMENT- 14

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.

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:

This project is an existing facility in need of replacement and not upon a rapid population growth. This item is not germane.

ABRAHAM LINCOLN
Memorial
HOSPITAL
A Memorial Health System Affiliate

200 Stahlhut Drive • Lincoln, Illinois 62656
Phone (217) 732-2161 • ALMH.org

February 8, 2016

Courtney R. Avery
Administrator
Health Facilities Planning Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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OFFICIAL SEAL
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My Commission Expires
July 30, 2017

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7099 3400 0015 0480 2831

ATTACHMENT-14A

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701 North First Street • Springfield, Illinois 62781-0001
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My Commission Expires Aug 12, 2017

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2-9-16

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SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-13-2018

Susan M. Boyd

ATTACHMENT-14A

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Criterion 1125.570 - Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

The project as proposed is not your typical establishment project in which the Applicant has to identify and document the need for a start-up service and as such it will improve access for planning area residents. The project being presented is improving the over-bedded situation identified in the February 17, 2016 Update to the Inventory of Health Care Facilities and Services and Need Determination (appended as **ATTACHMENT-17A**) in which the Logan County Planning Area has an excess of 97 nursing beds and reduces that excess down to only 63. The project also proposes to maintain accessibility to existing services as it is serving as an offsite replacement under existing ownership and control.

Therefore, the service restriction is that based upon the 2014 IDPH Facility Profile, appended as **ATTACHMENT-17B**, St. Clara's Manor had an Average Daily Census (ADC) of 98.8 residents (existing residents) who have chosen St. Clara's Manor as their home and preferred health care provider of long-term nursing care services. Moreover, the staff is in-place and will continue to care for these residents as they have already become extended family to the residents.

1. Additional documentation required:

   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 45-minute travel time contour studies from MapQuest. A listing of the facilities and their respective utilization rates are appended as **ATTACHMENT-17D**. The corresponding individual facility profiles are appended as **ATTACHMENT-17E**.

ATTACHMENT-17

b. Patient/resident location information by zip code;

The resident location information is unique to this project as the actual location is not identified by Zip Code, but instead all residents are located within St. Clara's Manor. Refer to **ATTACHMENT-17B** for a copy of the 2014 IDPH Annual Facility Questionnaire form. The patient origin data for the admissions is appended as **ATTCHMENT-17F**. This data shows that not only the residents admitted to St. Clara's Manor come from within the 30-minute travel time contour, they originate from within the Lincoln community at the overwhelming rate of 94.3%.

c. Independent time-travel studies;

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

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

Appended as **ATTACHMENT-17A**, is a copy of the February 17, 2016 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 Health Service Area 3, Logan County Planning Area.

LONG-TERM CARE FACILITY UPDATES

2/17/2016

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	360	279	81
Carroll	131	155	(24)
DeKalb	768	742	26
Jo Daviess	177	147	30
Lee	275	342	(67)
Ogle	538	565	(27)
Stephenson	581	637	(56)
Whiteside	595	819	(224)
Winnebago	2098	2222	(124)
HEALTH SERVICE AREA 2			
Bureau/Putnam	383	377	6
Fulton	455	603	(148)
Henderson/Warren	168	218	(50)
Knox	740	950	(210)
LaSalle	1222	1282	(60)
McDonough	341	360	(19)
Marshall/Stark	306	427	(121)
Peoria	1613	1765	(152)
Tazewell	1128	1256	(128)
Woodford	594	590	4
HEALTH SERVICE AREA 3			
Adams	1079	1499	(420)
Brown/Schuyler	147	186	(39)
Calhoun/Pike	264	337	(73)
Cass	153	150	3
Christian	373	472	(99)
Greene	115	119	(4)
Hancock	150	184	(34)
Jersey	323	369	(46)
Logan	371	468	(97)
Macoupin	523	744	(221)
Mason	120	164	(44)
Menard	114	106	8
Montgomery	382	490	(108)
Morgan/Scott	465	561	(96)
Sangamon	1162	1278	(116)

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers

Facility ID	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
E. Zachary Dinardo
1. N. Old State Capital Plz. 200
Springfield, IL 62701

Date Questionnaire Completed 4/3/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	98
Total Admissions 2013	82
Total Discharges 2013	82
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	98

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	140	131	106	131	98	42	140	140
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	140	131	106	131	98	42	140	140

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	2345	4.8%	23190	45.4%	0	0	10517	0	36052	70.8%	75.4%
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	2345	4.8%	23190	45.4%	0	0	10517	0	36052	70.8%	75.4%

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	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	4	0	0	0	0	0	0	0	4	0	4
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	8	54	0	0	0	0	0	0	8	54	62
TOTALS	22	76	0	0	0	0	0	0	22	76	98

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	0	33	0	98
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	11	54	0	0	33	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	171
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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
21.9%	42.7%	0.0%	0.0%	35.3%	100.0%		
1,418,423	2,762,668	0	0	2,284,087	6,465,178	0	0.0%

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

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ATTACHMENT-17B

St. Clara's Manor, HSA 3, Logan County
Travel Time and Distance
45-Minute Market Contour

FACID	FACNAME	ADDRESS	CITY	ZIP	2014 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Drive Time
6008890	St. Clara's Manor	200 Fifth Street	Lincoln	62656-0000	140	2.4	5
6001739	Christian Nursing Home	1507 7th Street	Lincoln	62656-0000	112	1.5	4
6005490	Symphony of Lincoln	2202 North Kickapoo Street	Lincoln	62656-0000	126	3.9	6
6003917	H & J Von Der Lieth Living Ctr (1)	1239 SR-121	Mount Pulaski	62548-0000	90	12.8	18
6011688	Mason City Area Nursing Home	520 North Price Avenue	Mason City	62664-0000	66	16.7	21
6012991	Villa Health Care East	100 Marian Parkway	Sherman	62684-0000	99	24.6	26
6004626	Hopedale Nursing Home (2)	221 SW 2nd Street	Hopedale	61747-0000	54	23.3	26
6015879	Manor Court of Clinton	1 Park Lane	Clinton	61727-0000	134	23.5	30
6006399	Morton Villa Care Center	190 East Queenwood Road	Morton	61550-0000	106	32.7	31
6006407	Morton Terrace	191 East Queenwood Road	Morton	61550-0000	166	32.6	32
6002489	Capitol Care Center	555 West Carpenter	Springfield	62702-0000	251	31.7	34
6008940	St. John's Hospital	801 East Carpenter	Springfield	62702-0000	37	33.2	34
6002661	Aperion Care Springfield	525 S. Martin Luther King Dr.	Springfield	62703-0000	65	32.7	34
6000996	Bloomington Rehab Hlthcare Ctr	1925 South Main Street	Bloomington	61701-0000	78	34.6	34
6004279	Heritage Health - Springfield	900 North Rutledge	Springfield	62702-0000	178	31.8	35
6008965	St. Joseph's Home For Aged (3)	801 E St Joseph St	Springfield	62703-0000	72	36.9	35
13-067	Luther Oaks (4)	601 Lutz Road	Bloomington			34.1	35
6006811	Oak Terrace Care Center	1750 West Washington	Springfield	62702-0000	78	33.1	36
6000400	Apostolic Christian Restmor (5)	935 East Jefferson Street	Morton	61550-0000	116	34.8	36
6005300	Lewis Mem Christian Village	3400 West Washington	Springfield	62707-0000	171	34	37
6004709	Illinois Presbyterian Home	2005 West Lawrence	Springfield	62704-0000	15	33.4	37
6016794	Bridge Care Suites	3089 Old Jacksonville Road	Springfield	62704-0000	75	34.6	38
6008239	Regency Care	2120 West Washington	Springfield	62702-0000	95	34.1	38
6003933	Hallmark House Nursing Center	2501 Allentown Road	Pekin	61554-0000	71	35.9	38
6009922	Westminster Village	2025 East Lincoln Street	Bloomington	61701-0000	78	36.5	38
6011407	St. Joseph's Medical Center	2200 East Washington Street	Bloomington	61701-0000	12	37.8	39
6007330	Timbercreek Rehab & Health Care	2220 State Street	Pekin	61554-0000	202	38.7	40
6005946	McLean County Nursing Home	901 North Main	Normal	61761-0000	150	41.5	40
6009245	Sunny Acres Nursing Home	Sunny Acres Road	Petersburg	62675-0000	106	37.9	41
6011712	Pekin Manor	1520 El Camino Drive	Pekin	61554-0000	130	37.8	41
6007363	Decatur Manor Healthcare	1016 West Pershing Road	Decatur	62526-1541	147	33.3	41
6006282	Symphony of Decatur	2530 North Monroe Street	Decatur	62526-0000	195	34	41
6005508	Aperion Care Decatur	2650 North Monroe Street	Decatur	62526-0000	140	33.8	41
6001010	ARBA Care Center of Bloomington	1509 North Calhoun Street	Bloomington	61701-0000	117	37.1	41
6004261	Heritage Health - Bloomington	700 East Walnut	Bloomington	61701-0000	111	37.8	41
6016711	Concordia Village	4101 West Iles Avenue	Springfield	62711-0000	64	43.3	42
6003198	Fondulac Rehab & Health Care Ctr	901 Illini Drive	East Peoria	61611-0000	98	42	42
6005938	Mckinley Court	500 West Mckinley Avenue	Decatur	62526-0000	150	34.1	42
6008510	Heritage Health - Normal	509 North Adelaide	Normal	61761-0000	164	42.4	42
6000285	Heartland of Decatur	444 West Harrison Street	Decatur	62526-0000	117	34.5	43
6016687	Hickory Point Christian Village	565 Marion Avenue	Forsyth	62535-0000	64	33.8	43
6012017	Rosewood Care Center - East Peoria	900 Centennial Drive	East Peoria	61611-0000	120	44.3	44
6008056	Heartland of Riverview	500 Centennial Drive	East Peoria	61611-0000	71	44.1	44
6000244	Heartland of Normal	510 Broadway	Normal	61761-0000	116	38.1	44
					4747		

(1) profile & website address: 1120 North Topper Dr, Mount Pulaski
(2) profile & website address: 107 Tremont Street, Hopedale
(3) profile & webiste address: 3306 South 6th Street Road, Springfield
(4) Permit issued to establish an 18 bed Nursing Care facility 02/20/2014
(5) profile & website address: 1500 Parkside Drive, Morton

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
Microsoft MapPoint 2009

ATTACHMENT-17C

YOUR TRIP TO:

mapquest

200 5th St

5 MIN | 2.4 MI

Trip time based on traffic conditions as of 10:49 AM on January 5, 2016. Current Traffic: Light

St. Clara's Manor

1. Start out going west on **Castle Manor Dr** toward **Malerich Dr**.

Then 0.03 miles — 0.03 total miles

2. Turn right onto **Malerich Dr**.

Then 0.25 miles — 0.28 total miles

3. Turn right onto **Woodlawn Rd/IL-10**.

Woodlawn Rd is just past Herndon Dr.

Then 0.48 miles — 0.76 total miles

4. Take the 2nd right onto **Business Loop 55**.

Business Loop 55 is just past Hickox.

Jake's Furnishings is on the corner.

If you reach N Postville Dr you've gone a little too far.

Then 0.76 miles — 1.52 total miles

5. Turn **left** onto **5th St**.

5th St is 0.3 miles past Stahlhut Dr.

If you are on I-55 Bus S and reach Stringer Ave you've gone about 0.5 miles too far.

Then 0.91 miles — 2.43 total miles

6. 200 5th St, Lincoln, IL 62656-2619, **200 5TH ST** is on the **left**

Your destination is just past S Walnut St.

If you reach S Maple St you've gone a little too far.

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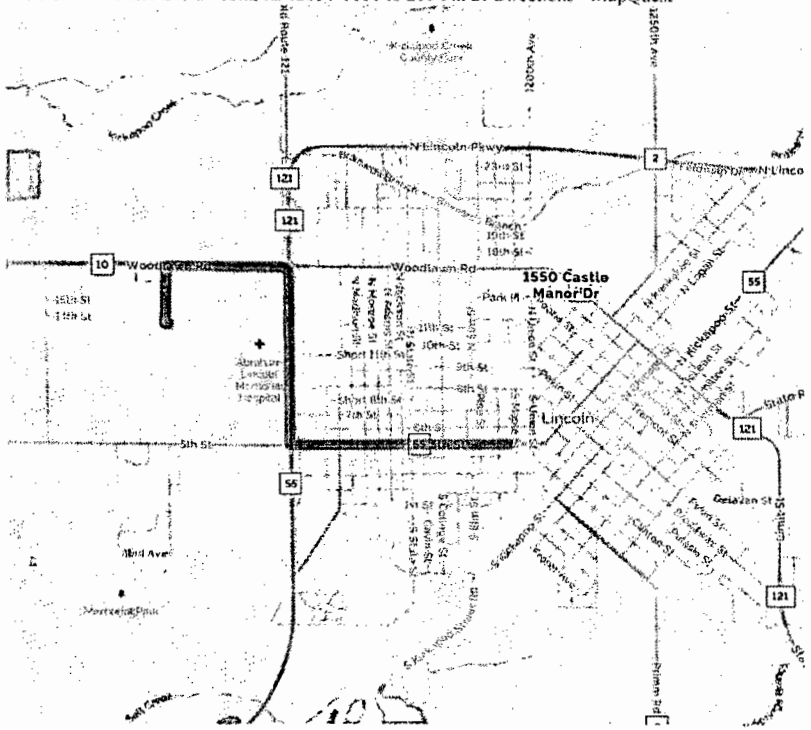

ATTACHMENT-176

YOUR TRIP TO:
1507 7th St, Lincoln, IL 62656-2251

mapquest

4 MIN | 1.5 MI

Trip time based on traffic conditions as of 10:56 AM on January 5, 2016. Current Traffic: light

Christian Nursing Home

1. Start out going west on **Castle Manor Dr** toward **Malerich Dr**.
   Then 0.03 miles — 0.03 total miles
2. Turn right onto **Malerich Dr**.
   Then 0.26 miles — 0.28 total miles
3. Turn right onto **Woodlawn Rd/IL-10**.
   Woodlawn Rd is just past Hendon Dr.
   Then 0.48 miles — 0.76 total miles
4. Take the 2nd right onto **Business Loop 55**.
   Business Loop 55 is just past Hickox.
   Jake's Furnishings is on the corner.
   If you reach N Postville Dr you've gone a little too far.
   Then 0.12 miles — 0.88 total miles
5. Turn **left** to stay on **Business Loop 55**.
   If you reach Stahlhut Dr you've gone about 0.2 miles too far.
   Then 0.02 miles — 0.90 total miles
6. Turn right onto **N Postville Dr**.
   Then 0.51 miles — 1.40 total miles
7. Take the 3rd left onto **7th St**.
   7th St is 0.2 miles past Short 11th St.
   If you reach Singelton Ct you've gone a little too far.
   Then 0.07 miles — 1.47 total miles
8. **1507 7TH ST** is on the right.
   If you reach S Main St you've gone a little too far.

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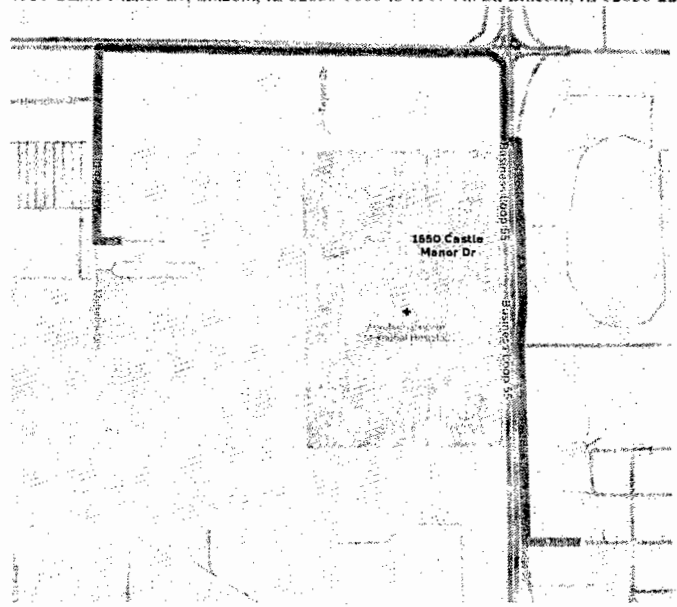

1507 7th St,
Lincoln, IL
62656-2251

YOUR TRIP TO

2202 N Kickapoo St, East Lincoln, IL 62656

6 MIN | 3.9 MI

Total time based on traffic conditions as of 11:21 AM on January 5, 2016. Current Traffic Light

Symphony of Lincoln

1. Start out going west on Castle Manor Dr toward Materich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn right onto Materich Dr
   Then 0.25 miles — 0.29 total miles
3. Turn right onto Woodlawn Rd/IL-10.
   Woodlawn Rd is just past Hamilton Dr
   Then 0.51 miles — 0.70 total miles
4. Turn left onto N Lincoln Pkwy
   N Lincoln Pkwy is just past Hickox
   If you are on Woodlawn Rd and reach N Postville Dr you've gone a little too far.
   Then 2.78 miles — 3.57 total miles
5. Turn right.
   0.3 miles past N Kankakee St.
   If you are on I-55 Bus N and reach 1400th Ave you've gone about 1 mile too far
   Then 0.03 miles — 3.60 total miles
6. Turn left onto N Kickapoo St/I-55 Bus N.
   Then 0.09 miles — 3.69 total miles
7. Take the 1st right onto Airport Rd
   If you reach Lincolnwood Dr you've gone about 0.3 miles too far.
   Then 0.12 miles — 3.91 total miles
8. Take the 1st right onto Lincoln Logan County
   If you reach Ralsgrider Ave you've gone a little too far
   Then 0.07 miles — 3.98 total miles
9. 2202 N KICKAPOO ST
   If you reach the end of Lincoln Logan County you've gone about 0.3 miles too far

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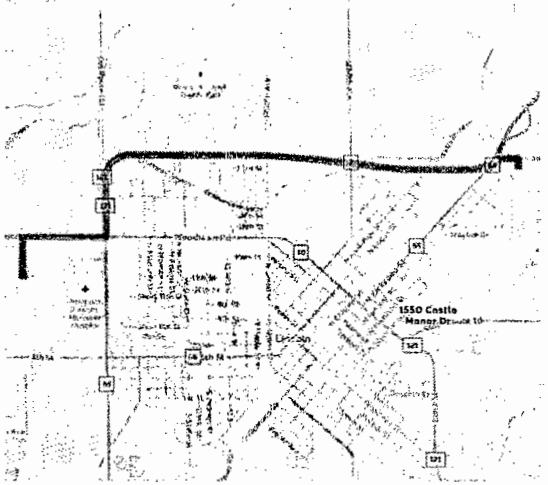

2202 N Kickapoo St, East Lincoln, IL 62656

ATTACHMENT-17

YOUR TRIP TO:
1120 N Topper Dr, Mount Pulaski, IL 62548

mapquest

18 MIN | 12.8 MI

Trip time based on traffic conditions as of 11:05 AM on January 5, 2016. Current Traffic: Light

H & J Van Der Leth Living Ctr

1. Start out going **west** on **Castle Manor Dr** toward **Malerich Dr**.
   Then 0.03 miles — 0.03 total miles

2. Turn **right** onto **Malerich Dr**
   Then 0.25 miles — 0.28 total miles

3. Turn **right** onto **Woodlawn Rd/IL-10**. Continue to follow **IL-10**
   IL-10 is just past Herndon Dr
   Then 2.57 miles — 2.84 total miles

4. Stay **straight** to go onto **Keokuk St/IL-121**. Continue to follow **IL-121**
   Then 9.95 miles — 12.79 total miles

5. **1120 N TOPPER DR** is on the **right**.
   If you reach Downing Dr you've gone a little too far.

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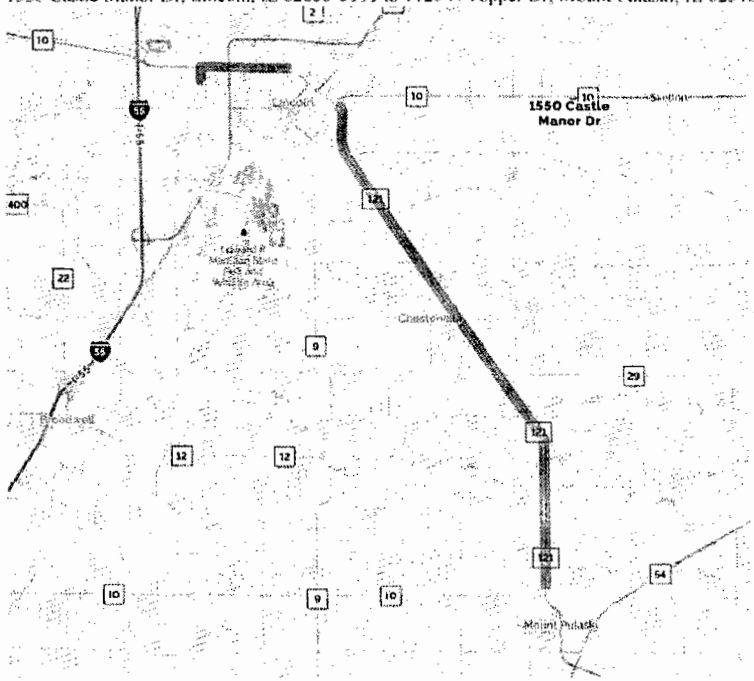

1120 N Topper Dr, Mount Pulaski, IL 62548

ATTACHMENT-176

YOUR TRIP TO:

520 N Price St

21 MIN | 16.7 MI

Trip time based on traffic conditions as of 12:10 AM on January 5, 2016. Current Traffic: Light

Mason City Area Nursing Home

1. Start out going **west** on **Castle Manor Dr** toward **Malorich Dr**.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto **Malorich Dr**.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto **Woodlawn Rd/IL-10**. Continue to follow IL-10.
   Then 16.04 miles — 16.32 total miles
4. Turn **slight right** onto **S Price St**.
   If you are on IL-10 and reach E Chestnut St you've gone about 0.2 miles too far.
   Then 0.39 miles — 16.71 total miles
5. 520 N Price St, Mason City, IL 62664-9600, **520 N PRICE ST** is on the **left**.
   Your destination is just past E Myrtle St.
   If you reach E CR 1000N you've gone about 0.1 miles too far.

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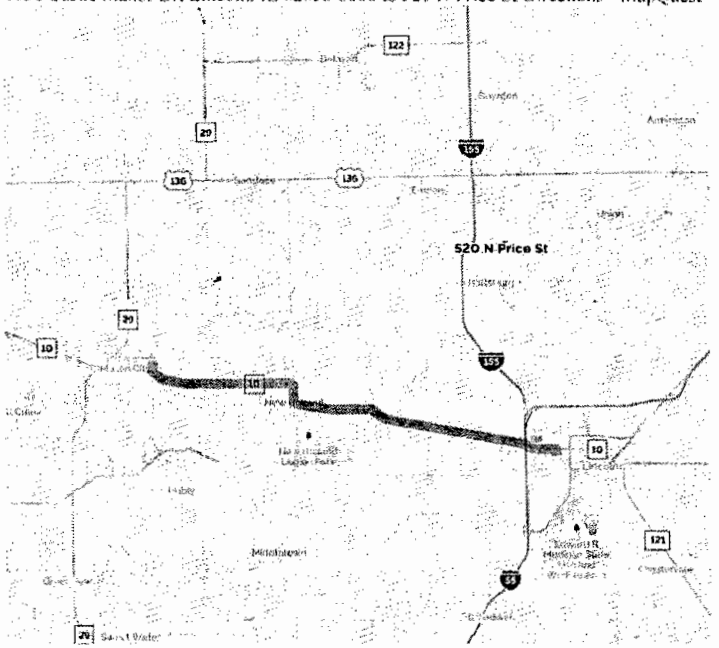

http://www.mapquest.com/directions/list/1/us/il/lincoln/62656-6000/1550-castle-manor-dr-40.154245,-89.39... 1/5/2016

ATTACHMENT-176

YOUR TRIP TO:

mapquest

100 Marion Pkwy, Sherman, IL 62684-9673

26 MIN | 24.6 MI

Trip time based on traffic conditions as of 11:12 AM on January 5, 2016. Current Traffic: Light

Villa Health Care East

1. Start out going west on **Castle Manor Dr** toward **Malerich Dr**.
   Then 0.03 miles — 0.03 total miles
2. Turn right onto **Malerich Dr**
   Then 0.25 miles — 0.28 total miles
3. Turn left onto **Woodlawn Rd/IL-10**. Continue to follow **IL-10**.
   Then 1.32 miles — 1.60 total miles
4. Merge onto **I-55 S/Veterans Pkwy** toward **Springfield**
   Then 21.20 miles — 22.80 total miles
5. Take the **I-55 Bus Loop** exit, **EXIT 105**, toward **Sherman**
   Then 0.53 miles — 23.33 total miles
6. Merge onto **I-55 Bus S** toward **Sherman/Springfield**
   Then 1.21 miles — 24.53 total miles
7. Turn left onto **Saint Johns Dr**.
   Saint Johns Dr is 0.3 miles past S Crossing Rd.
   If you reach Georgetowne Rd you've gone about 0.2 miles too far.
   Then 0.05 miles — 24.58 total miles
8. Take the 1st right onto **Marion Pkwy**
   If you reach the end of Saint Johns Dr you've gone a little too far.
   Then 0.00 miles — 24.58 total miles
9. **100 MARION PKWY** is on the left.
   If you reach the end of Marion Pkwy you've gone a little too far.

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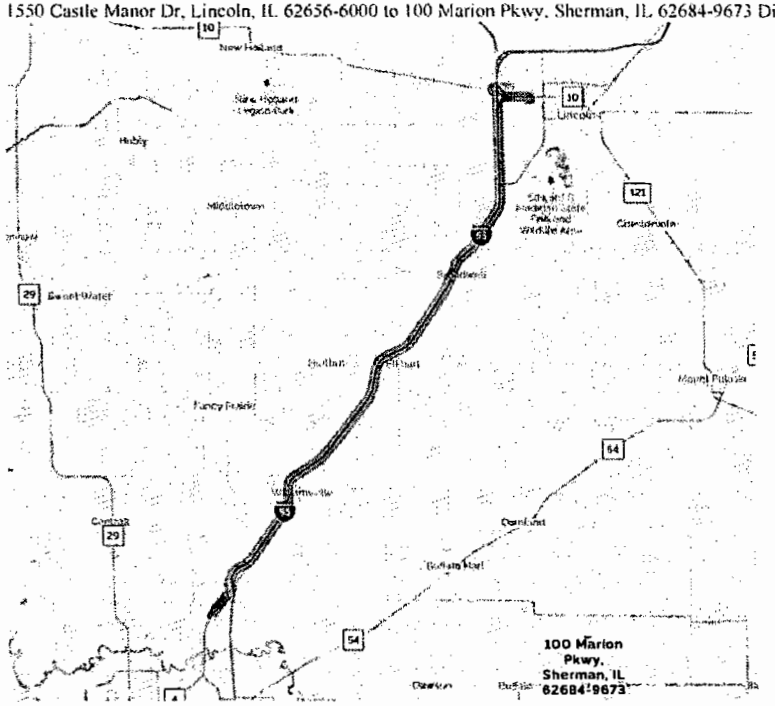

ATTACHMENT-17

YOUR TRIP TO:

mapquest

221 SW 2nd St, Hopedale, IL 61747

26 MIN | 23.3 MI

Trip time based on traffic conditions as of 11:16 AM on January 5, 2016. Current Traffic: Light

Hopedale Nursing Home

1. Start out going west on **Castle Manor Dr** toward **Malerich Dr**.
   Then 0.03 miles — 0.03 total miles

2. Turn right onto **Malerich Dr**
   Then 0.25 miles — 0.28 total miles

3. Turn left onto **Woodlawn Rd/IL-10**
   Then 1.00 miles — 1.28 total miles

4. Merge onto **I-55 N/Veterans Pkwy** toward **I-155 N/Peoria/Bloomington**.
   Then 1.02 miles — 2.30 total miles

5. Merge onto **I-155 N** via **EXIT 127** on the **left** toward **Peoria/Hartsburg**
   Then 18.26 miles — 20.56 total miles

6. Take the **IL-122 E** exit, **EXIT 19**, toward **Hopedale**.
   Then 0.30 miles — 20.85 total miles

7. Turn right onto **W State Route 122/IL-122**.
   If you reach I-155 N you've gone about 0.3 miles too far.
   Then 2.00 miles — 22.85 total miles

8. Turn right onto **Tremont St/County Hwy-9**.
   Tremont St is just past Oak St.
   CASEYS GENERAL STORE is on the corner.
   If you are on Stringtown Rd and reach Monroe St you've gone a little too far.
   Then 0.07 miles — 22.92 total miles

9. Turn slight left onto **NW Main St/County Hwy-9**.
   If you reach Walnut St you've gone a little too far.
   Then 0.28 miles — 23.20 total miles

10. Take the 3rd right onto **2nd St**.
    2nd St is just past 3rd St.
    If you reach Railroad St you've gone a little too far.
    Then 0.07 miles — 23.27 total miles

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ATTACHMENT-17C

If you reach Grove St you've gone a little too far.

IL 61747

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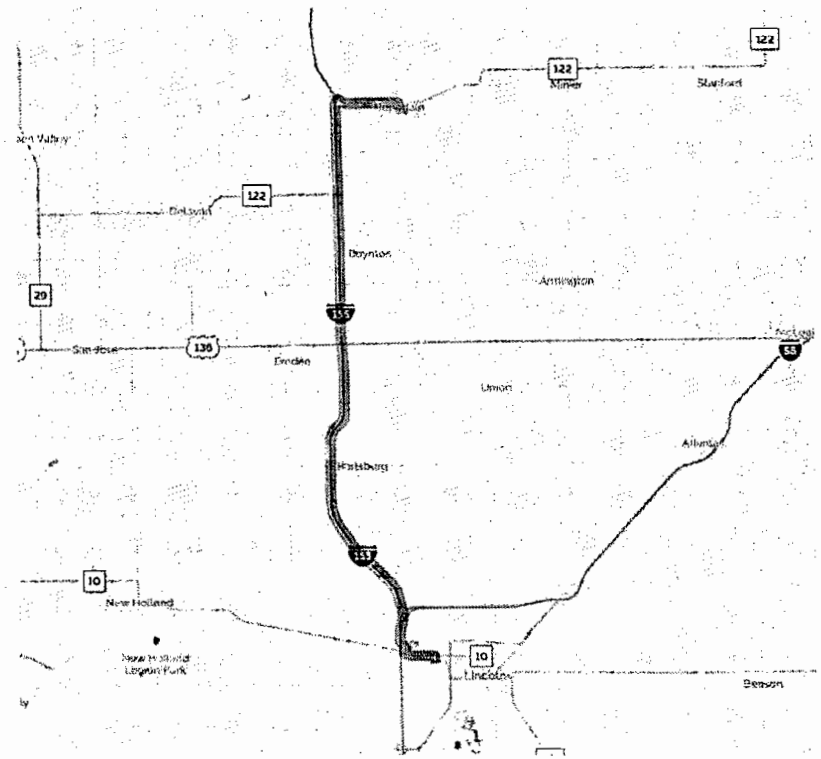

YOUR TRIP TO:

1 Park Ln, Clinton, IL 61727

30 MIN | 23.5 MI

Trip time based on traffic conditions as of 3:21 PM on February 29, 2016. Current traffic: light

Headed to: Of Clinton

1. Start out going west on Castle Manor Dr toward Mukrich Dr.
   Then 0.04 miles — 0.04 total miles

2. Turn right onto Mukrich Dr.
   Then 0.25 miles — 0.29 total miles

3. Turn right onto Wendlawn Rd/IL-10. Continue to follow IL-10.
   IL-10 is just past Herndon Dr.
   Then 2.57 miles — 2.86 total miles

4. Turn left onto State Route 10/IL-10. Continue to follow IL-10.
   IL-10 is 0.1 miles past N Sherman St.
   If you are on Lime St and reach Tremont St you've gone about 0.3 miles too far.
   Then 20.12 miles — 22.97 total miles

5. Turn right onto Illini Dr.
   Illini Dr is 0.2 miles past Wabash Trail Rd.
   If you are on State Route 10 W and reach Franklin Ln you've gone about 0.1 miles too far.
   Then 0.37 miles — 23.34 total miles

6. Turn left onto Park Ln.
   Park Ln is just past Liberty Ln.
   If you reach Mayfair Dr you've gone about 0.1 miles too far.
   Then 0.12 miles — 23.46 total miles

7. 1 PARK LN is on the right.
   If you reach Liberty Ln you've gone a little too far.

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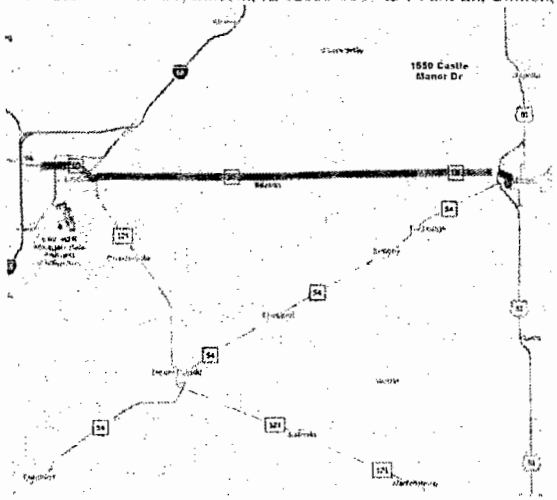

1 Park Ln, Clinton, IL 61727

YOUR TRIP TO:

190 E Queenwood Rd, Morton, IL 61550

31 MIN | 32.7 MI

Trip time based on traffic conditions as of 1:45 PM on February 29, 2016. Current Traffic: Light

Morton Villa Care Center

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.30 total miles
3. Turn **left** onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N/Veterans Pkwy toward **I-155 N/Peoria/Bloomington.**
   Then 1.02 miles — 2.31 total miles
5. Merge onto I-155 N via EXIT 127 on the **left** toward **Peoria/Hartsburg**
   Then 29.30 miles — 31.61 total miles
6. Take the **Main St** exit, EXIT 29
   Then 0.47 miles — 32.07 total miles
7. Merge onto S Main St
   Then 0.34 miles — 32.42 total miles
8. Take the 2nd **right** onto E Queenwood Rd.
   E Queenwood Rd is 0.2 miles past Yordy Rd.
   If you reach Maywood St you've gone about 0.2 miles too far.
   Then 0.25 miles — 32.67 total miles
9. 190 E QUEENWOOD RD is on the **right**
   If you reach S 2nd Ave you've gone a little too far.

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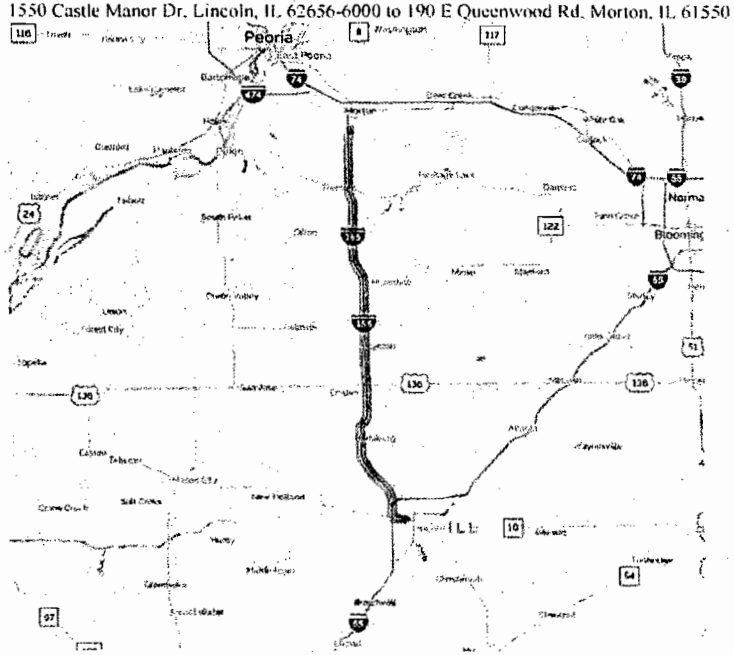

190 E Queenwood Rd, Morton, IL 61550

1550 Castle Manor Dr

ATTACHMENT-17C

YOUR TRIP TO:

191 E Queenwood Rd, Morton, IL 61550

32 MIN | 32.6 MI

Trip time based on traffic conditions as of 1:43 PM on February 29, 2016. Current Traffic: Light

Morton Terrace

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn right onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn left onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.28 total miles
4. Merge onto I-55 N/Veterans Pkwy toward I-155 N/Peoria/Bloomington.
   Then 1.02 miles — 2.30 total miles
5. Merge onto I-155 N via EXIT 127 on the left toward Peoria/Hartsburg.
   Then 29.30 miles — 31.60 total miles
6. Take the Main St exit, EXIT 29.
   Then 0.47 miles — 32.06 total miles
7. Merge onto S Main St.
   Then 0.24 miles — 32.40 total miles
8. Take the 2nd right onto E Queenwood Rd.
   E Queenwood Rd is 0.2 miles past Yordy Rd.

   If you reach Maywood St you've gone about 0.2 miles too far.

   Then 0.24 miles — 32.64 total miles
9. 191 E QUEENWOOD RD is on the left.
   If you reach S 2nd Ave you've gone a little too far.

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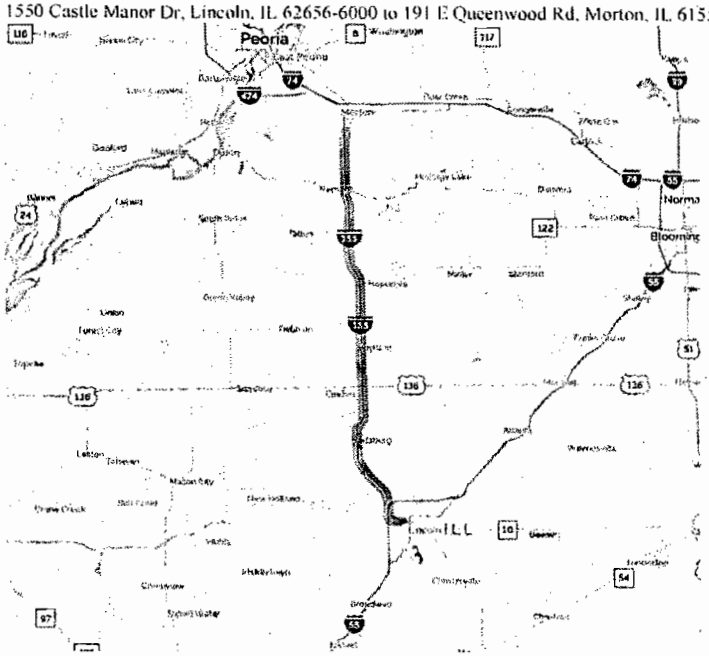

ATTACHMENT-17C

YOUR TRIP TO:

555 W Carpenter St, Springfield, IL 62702-4905

34 MIN | 31.7 MI

Trip time based on traffic conditions as of 1:27 PM on February 29, 2016. Current Traffic: Light

Capitol Care Center

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S/Veterans Pkwy toward **Springfield**.
   Then 21.29 miles — 22.89 total miles
5. Take the **I-55 Bus Loop** exit, EXIT 105, toward **Sherman**
   Then 0.53 miles — 23.33 total miles
6. Merge onto I-55 Bus S toward **Sherman/Springfield**.
   Then 4.70 miles — 28.02 total miles
7. I-55 Bus S becomes IL-4/Veterans Pkwy.
   Then 1.85 miles — 29.87 total miles
8. Turn **left** onto J David Jones Pkwy/IL-29. Continue to follow IL-29.
   IL-29 is 0.4 miles past W Browning Rd.
   If you are on Veterans Pkwy and reach Irwin Rd you've gone about 0.1 miles too far.
   Then 1.82 miles — 31.70 total miles
9. Turn **left** onto W Carpenter St.
   If you reach W Reynolds St you've gone a little too far.
   Then 0.05 miles — 31.74 total miles
10. 555 W CARPENTER ST is on the **left**
    If you reach N Taylor St you've gone a little too far.

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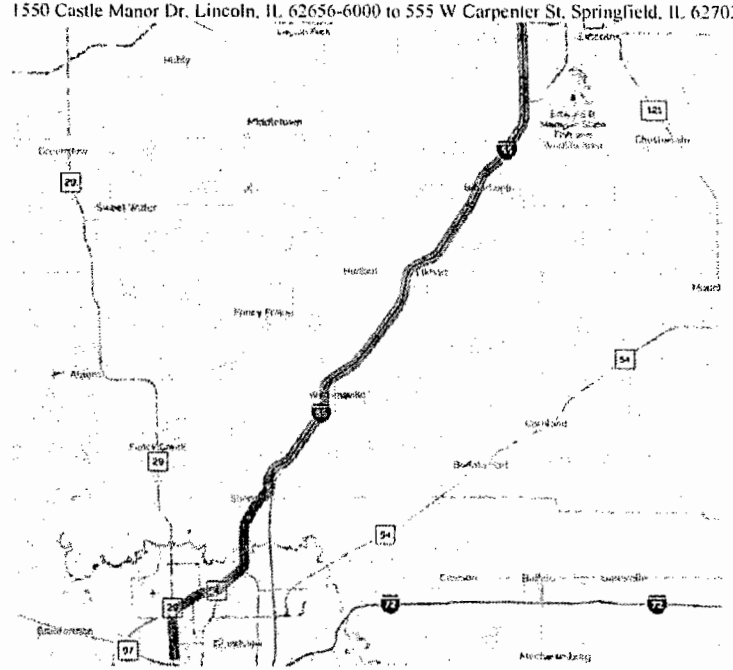

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ATTACHMENT-17C

YOUR TRIP TO:

801 E Carpenter St, Springfield, IL 62702-5305

34 MIN | 33.2 MI

Trip time based on traffic conditions as of 1:33 PM on February 29, 2016. Current Traffic: Light

St John's Hospital

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S toward **Springfield**.
   Then 28.36 miles — 29.96 total miles
5. Merge onto IL-97 W via EXIT 96B.
   Then 2.82 miles — 32.77 total miles
6. Turn **right** onto N 9th St/I-55 Bus N.
   N 9th St is 0.1 miles past N 11th St.
   If you reach N 7th St you've gone about 0.1 miles too far.
   Then 0.31 miles — 33.08 total miles
7. Turn **left** onto E Carpenter St.
   E Carpenter St is just past E Reynolds St.
   If you reach E Miller St you've gone a little too far.
   Then 0.08 miles — 33.16 total miles
8. 801 E CARPENTER ST is on the **right**.
   If you reach N 8th St you've gone a little too far.

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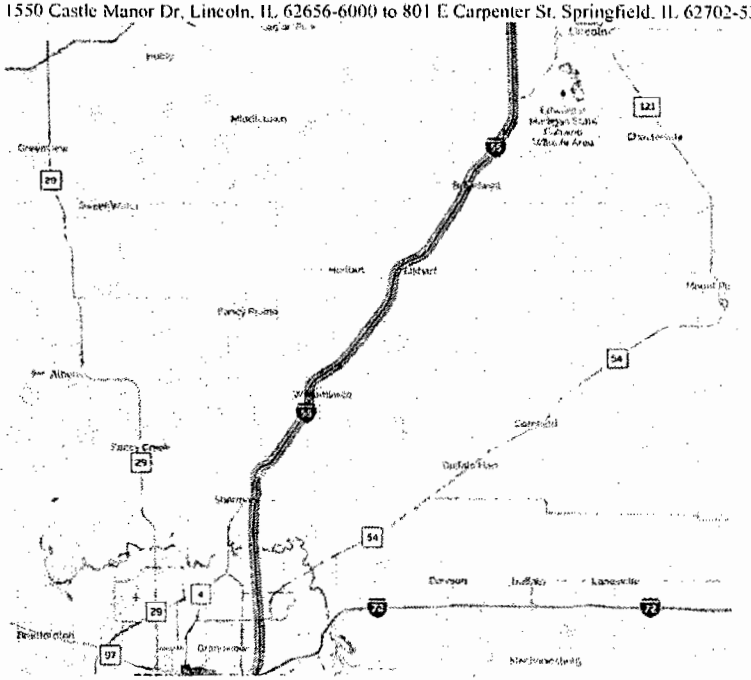

ATTACHMENT-176

YOUR TRIP TO:

525 S Martin Luther King Jr Dr

34 MIN | 32.7 MI

Trip time based on traffic conditions as of 1:37 PM on February 28, 2016. Current Traffic: Light

Apollon Cake Springfield

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S toward **Springfield**.
   Then 28.36 miles — 29.96 total miles
5. Merge onto IL-97 W/E Clear Lake Ave W via EXIT 98B
   Then 2.23 miles — 32.18 total miles
6. Turn **left** onto Martin Luther King Jr Dr.
   Martin Luther King Jr Dr is 0.3 miles past S McCreery Ave.
   If you reach IL-29 you've gone about 0.3 miles too far.
   Then 0.49 miles — 32.67 total miles
7. 525 S Martin Luther King Jr Dr, Springfield, IL 62703-1302, 525 S MARTIN LUTHER KING JR DR is on the **right**.
   Your destination is just past E Jackson St.
   If you reach E Edwards St you've gone a little too far.

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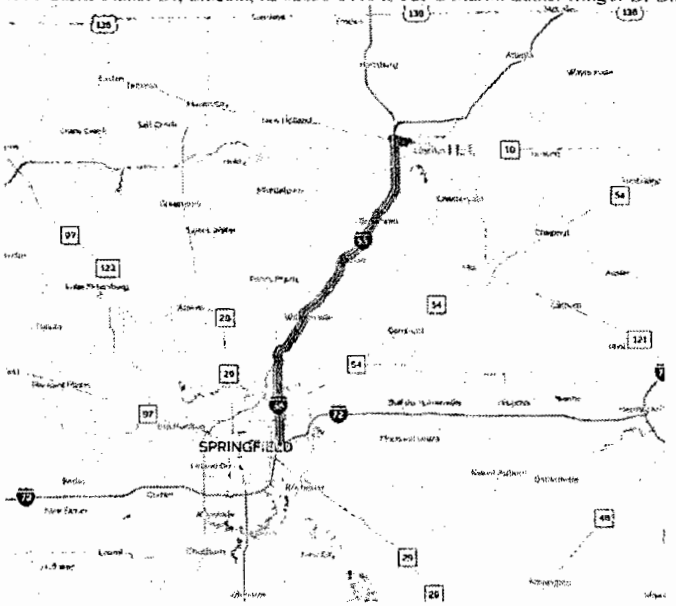

YOUR TRIP TO:

1925 S Main St, Bloomington, IL 61704-7301

34 MIN | 34.6 MI

Trip time based on traffic conditions as of 3:02 PM on February 29, 2016, Current Traffic: Light

Bloomington Rehab Hthcare Ctr

1. Start out going west on Castle Manor Dr toward Malench Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn right onto Malench Dr
   Then 0.25 miles — 0.30 total miles
3. Turn left onto Woodlawn Rd/IL-10
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N/Veterans Pkwy toward I-155 N/Peoria/Bloomington
   Then 30.37 miles — 31.66 total miles
5. Take I-55 Bus N/Business Loop I-55 toward Indianapolis.
   Then 0.35 miles — 32.01 total miles
6. Merge onto I-55 Bus N/Business Loop I-55 via EXIT 157B on the left.
   Then 2.18 miles — 34.19 total miles
7. Take the US-51 Bus/Main St exit.
   Then 0.22 miles — 34.41 total miles
8. Turn right onto US-51 Bus S/S Main St.
   If you reach I-55 Bus N you've gone about 0.2 miles too far.
   Then 0.16 miles — 34.56 total miles
9. 1925 S MAIN ST is on the right
   Your destination is just past Oak Creek Plz.
   If you reach W Hamilton Rd you've gone about 0.4 miles too far.

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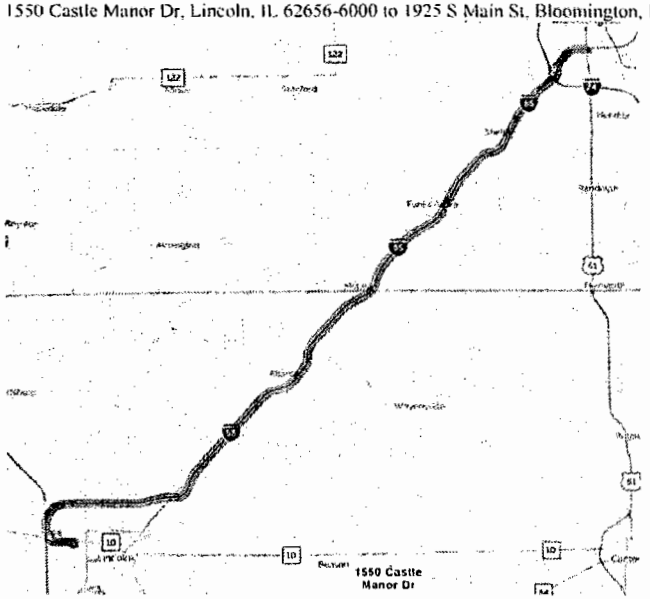

ATTACHMENT-17C

YOUR TRIP TO:

900 N Rutledge St, Springfield, IL 62702-3721

35 MIN | 31.8 MI

Trip time based on traffic conditions as of 1:28 PM on February 29, 2016. Current Traffic: Light

Heritage Health - Springfield

1. Start out going **west** on Castle Manor Dr toward Materich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Materich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10.
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S/Veterans Pkwy toward **Springfield**.
   Then 21.20 miles — 22.80 total miles
5. Take the **I-55 Bus Loop** exit, EXIT 105, toward **Sherman**.
   Then 0.53 miles — 23.33 total miles
6. Merge onto I-55 Bus S toward **Sherman/Springfield**.
   Then 4.70 miles — 28.02 total miles
7. I-55 Bus S becomes IL-4/Veterans Pkwy.
   Then 1.85 miles — 29.87 total miles
8. Turn **left** onto J David Jones Pkwy/IL-29.
   J David Jones Pkwy is 0.4 miles past W Browning Rd.
   If you are on Veterans Pkwy and reach Irwin Rd you've gone about 0.1 miles too far.
   Then 1.23 miles — 31.11 total miles
9. Turn **left** onto N Grand Ave W.
   N Grand Ave W is just past W Maple Ave N.
   If you are on N Walnut St and reach W Elliott Ave you've gone about 0.1 miles too far.
   Then 0.34 miles — 31.45 total miles
10. Take the 3rd **right** onto N Rutledge St.
    N Rutledge St is just past N Franklin Ave.
    If you reach N Ledlie Ave you've gone a little too far.
    Then 0.36 miles — 31.81 total miles
11. 900 N RUTLEDGE ST is on the **left**.
    Your destination is 0.1 miles past W Calhoun Ave.
    If you reach W Dodge St you've gone a little too far.

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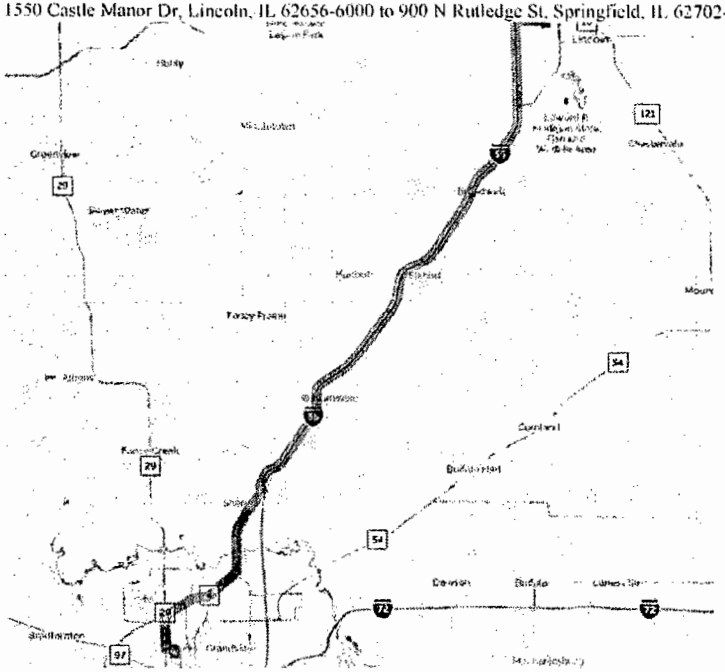

ATTACHMENT-I-7€

YOUR TRIP TO:

3306 S 6th Street Rd, Springfield, IL 62703-4798

35 MIN | 36.9 MI

Trip time based on traffic conditions as of 1:32 PM on February 29, 2016. Current Traffic: Light

St. Joseph's Home For Aged

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn right onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn left onto Woodlawn Rd/IL-10. Continue to follow IL-10.
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S toward Springfield.
   Then 33.65 miles — 35.26 total miles
5. Keep right to take I-72 W/US-36 W via EXIT 92A-B toward I-55 Bus N/6th Street/Jacksonville.
   Then 0.21 miles — 35.48 total miles
6. Merge onto I-55 Bus N via EXIT 92A toward 6th Street.
   Then 1.17 miles — 36.65 total miles
7. Turn right onto Stevenson Dr.
   Stevenson Dr is just past E St Joseph St.
   Then 0.13 miles — 36.78 total miles
8. Take the 1st right onto S 6th Street Rd.
   If you reach Saint Francis Dr you've gone about 0.1 miles too far.
   Then 0.12 miles — 36.88 total miles
9. 3306 S 6TH STREET RD is on the right
   Your destination is just past E Saint Joseph St.
   If you reach Spartan Pl you've gone a little too far.

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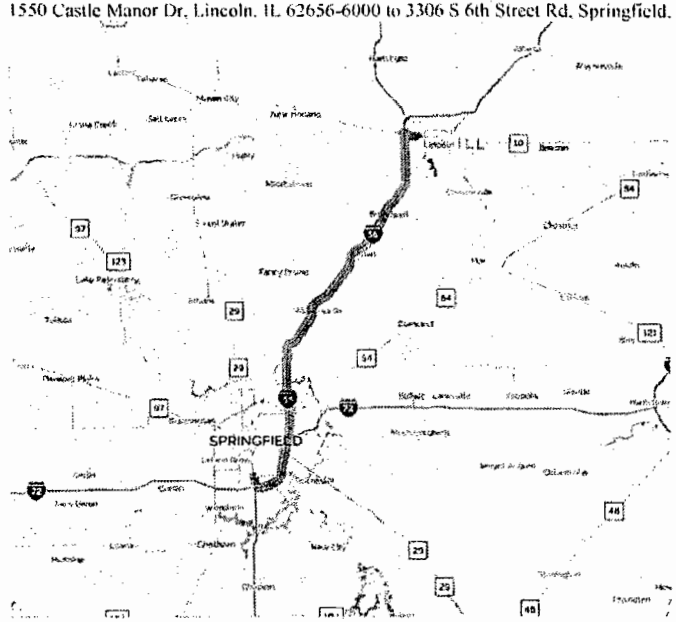
ATTACHMENT-17C



YOUR TRIP TO:

601 Lutz Rd, Bloomington, IL 61704-8608

35 MIN | 34.1 MI

Trip time based on traffic conditions as of 2:01 PM on February 29, 2016. Current Traffic: Light

Luther Oaks

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.30 total miles
3. Turn **left** onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 M/Veterans Pkwy toward **I-155 N/Peoria/Bloomington**
   Then 30.37 miles — 31.66 total miles
5. Take I-55 Bus N/Business Loop I 55 toward **Indianapolis**.
   Then 0.35 miles — 32.01 total miles
6. Merge onto I-55 Bus N/Business Loop I 55 via EXIT 157B on the left.
   Then 0.97 miles — 32.98 total miles
7. Turn **right** onto W Hamilton Rd.
   Then 0.49 miles — 33.47 total miles
8. Take the 2nd **right** onto S Morris Ave
   S Morris Ave is 0.3 miles past Greenwood Ave.
   If you reach Timberlake Rd you've gone about 0.2 miles too far.
   Then 0.38 miles — 33.85 total miles
9. Take the 2nd **right** onto Lutz Rd.
   Lutz Rd is 0.2 miles past Wilan Woods Dr.
   If you are on N 1375 East Rd and reach Cabin Town Rd you've gone about 0.1 miles too far.
   Then 0.26 miles — 34.10 total miles
10. 601 LUTZ RD is on the **right**.

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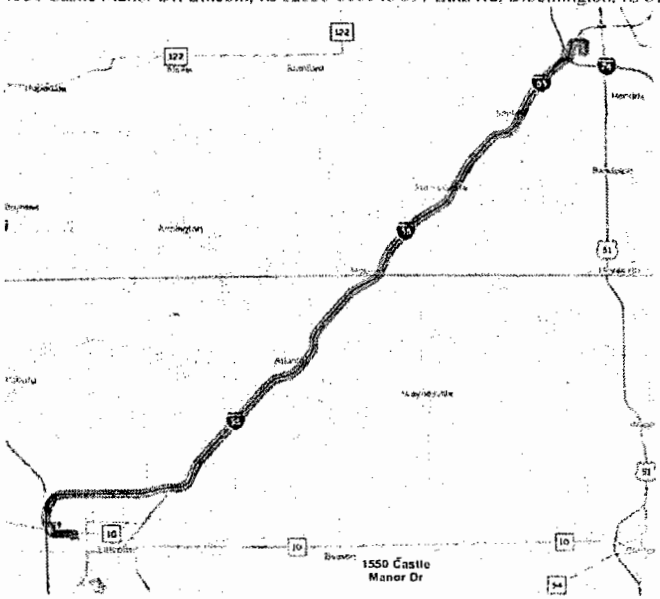

601 Lutz Rd,
Bloomington,
IL 61704-8608

ATTACHMENT-17

YOUR TRIP TO:

1750 W Washington St, Springfield, IL 62702-6420

36 MIN | 33.1 MI

Trip time based on traffic conditions as of 1:27 PM on February 29, 2016. Current Traffic: Light

Oak Terrace Care Center

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10.
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S/Veterans Pkwy toward **Springfield**.
   Then 21.20 miles — 22.80 total miles
5. Take the **I-55 Bus Loop** exit, EXIT 105, toward **Sherman**.
   Then 0.53 miles — 23.33 total miles
6. Merge onto I-55 Bus S toward **Sherman/Springfield**.
   Then 4.70 miles — 28.02 total miles
7. I-55 Bus S becomes IL-4/Veterans Pkwy.
   Then 3.23 miles — 31.25 total miles
8. Turn **left** onto Bruns Ln.
   Bruns Ln is 0.5 miles past Camp Lincoln Rd.
   If you are on IL-4 and reach Palomino Rd you've gone about 0.2 miles too far.
   Then 1.65 miles — 32.90 total miles
9. Turn **left** onto W Washington St.
   W Washington St is just past Timberbrook Dr.
   If you are on Chatham Rd and reach W Monroe St you've gone about 0.1 miles too far.
   Then 0.22 miles — 33.12 total miles
10. 1750 W WASHINGTON ST.
    Your destination is just past Bogden Ave.
    If you reach Stange Ave you've gone a little too far.

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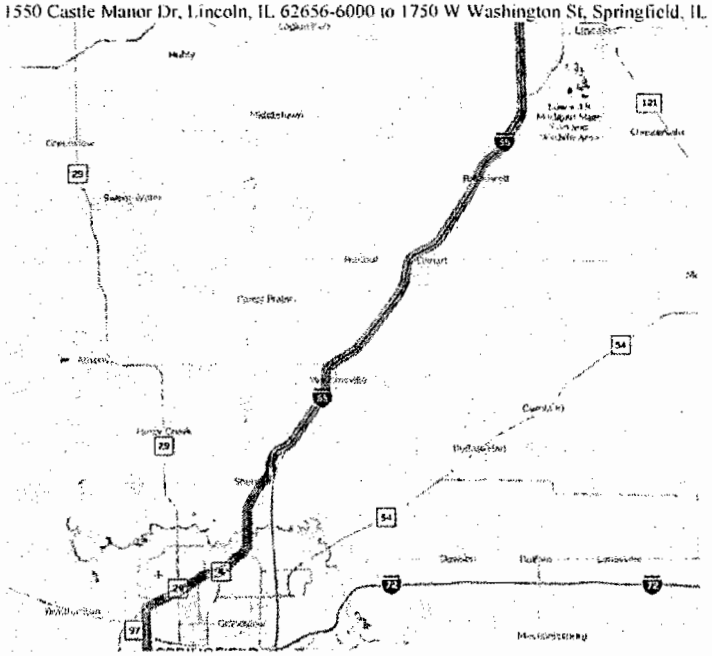

http://www.mapquest.com/directions/list/1/us/il/lincoln/62656-6000/1550-castle-manor-dr-40.154245,-89.3... 2/29/2016

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ATTACHMENT-17C

YOUR TRIP TO:

935 E Jefferson St, Morton, IL 61550-2301

36 MIN | 34.8 MI

Trip time based on traffic conditions as of 1:52 PM on February 29, 2016. Current Traffic: Light

Apostolic Christian Restmor

1. Start out going west on Castle Manor Dr toward Malerich Dr
   Then 0.04 miles — 0.04 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.30 total miles
3. Turn **left** onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N/Veterans Pkwy toward **I-155 N/Peoria/Bloomington.**
   Then 1.02 miles — 2.31 total miles
5. Merge onto I-155 N via EXIT 127 on the **left** toward **Peoria/Harlsburg**
   Then 29.30 miles — 31.61 total miles
6. Take the **Main St** exit, EXIT 20.
   Then 0.47 miles — 32.07 total miles
7. Merge onto S Main St.
   Then 1.89 miles — 33.96 total miles
8. Turn **right** onto E Jefferson St.
   E Jefferson St is just past E Adams St.
   If you are on N Main St and reach E Madison St you've gone a little too far.
   Then 0.87 miles — 34.83 total miles
9. 935 E JEFFERSON ST
   Your destination is 0.1 miles past S Missouri Ave.
   If you reach S Mississippi Ave you've gone a little too far.

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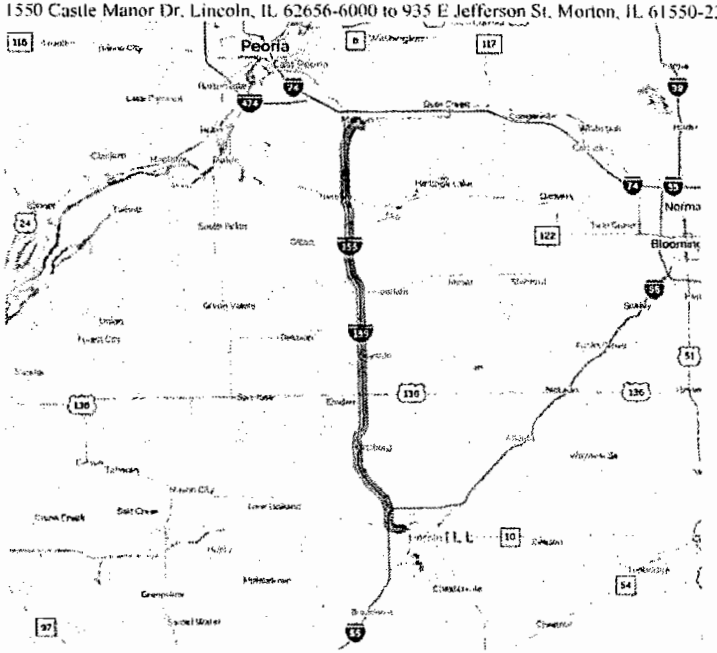

ATTACHMENT-17C

YOUR TRIP TO:

3400 W Washington St, Springfield, IL 62711-7017

37 MIN | 34.6 MI

Trip time based on traffic conditions as of 1:24 PM on February 29, 2016. Current Traffic: Light

Lewis Mem Christian Village

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.		
Then 0.03 miles		0.03 total miles
2. Turn **right** onto Malerich Dr.		
Then 0.25 miles		0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10		
Then 1.32 miles		1.60 total miles
4. Merge onto I-55 S/Veterans Pkwy toward **Springfield**.		
Then 21.20 miles		22.80 total miles
5. Take the **I-55 Bus Loop** exit, EXIT 105, toward **Sherman**.		
Then 0.53 miles		23.33 total miles
6. Merge onto I-55 Bus S toward **Sherman/Springfield**.		
Then 4.70 miles		28.02 total miles
7. I-55 Bus S becomes IL-4/Veterans Pkwy.		
Then 5.27 miles		33.29 total miles
8. Turn **right** onto W Washington St.		
W Washington St is 0.4 miles past Cider Mill Ln.		
Then 0.74 miles		34.03 total miles
9. 3400 W WASHINGTON ST		
Your destination is just past Forest Green Dr.		
If you reach N Natchez Tree you've gone about 0.1 miles too far.		

Use of directions and maps is subject to our Terms of Use. We do not guarantee accuracy, route conditions or closures. You assume all risk of use.

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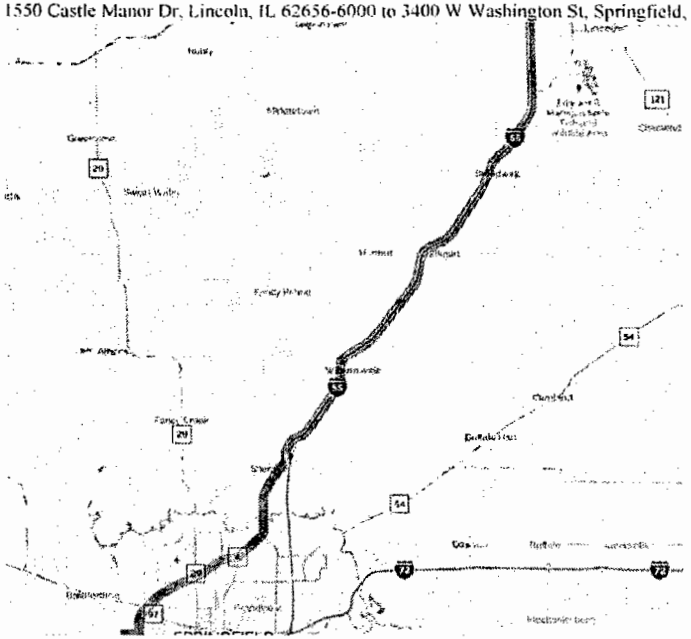
ATTACHMENT-17C

1550 Castle Manor Dr



3400 W Washington St, Springfield, IL 62711-7017

http://www.mapquest.com/directions/list/1/us/il/lincoln/62656-6000/1550-castle-manor-dr-40.154245,-89.3... 2/29/2016

YOUR TRIP TO:

2005 W Lawrence Ave, Springfield, IL 62704-1414

37 MIN | 33.4 MI

Trip time based on traffic conditions as of 4:25 PM on February 29, 2016. Current Traffic: Light

Illinois Presbyterian Home

1.	Start out going west on Castle Manor Dr toward Malerich Dr.	
	Then 0.03 miles	0.03 total miles
2.	Turn right onto Malerich Dr.	
	Then 0.25 miles	0.28 total miles
3.	Turn left onto Woodlawn Rd/IL-10. Continue to follow IL-10.	
	Then 1.32 miles	1.60 total miles
4.	Merge onto I-55 S/Veterans Pkwy toward Springfield.	
	Then 21.20 miles	22.80 total miles
5.	Take the I-55 Bus Loop exit, EXIT 105, toward Sherman.	
	Then 0.53 miles	23.33 total miles
6.	Merge onto I-55 Bus S toward Sherman/Springfield.	
	Then 4.70 miles	28.02 total miles
7.	I-55 Bus S becomes IL-4/Veterans Pkwy.	
	Then 3.23 miles	31.25 total miles
8.	Turn left onto Bruns Ln.	
	Bruns Ln is 0.5 miles past Camp Lincoln Rd.	
	If you are on IL-4 and reach Palamino Rd you've gone about 0.2 miles too far.	
	Then 1.85 miles	32.00 total miles
9.	Bruns Ln becomes Chatham Rd.	
	Then 0.51 miles	33.41 total miles
10.	Turn right onto W Lawrence Ave.	
	W Lawrence Ave is 0.1 miles past Blackberry Run.	
	If you reach Fairway Dr you've gone a little too far.	
	Then 0.01 miles	33.41 total miles
11.	2005 W LAWRENCE AVE is on the right.	
	If you reach Kenyon Dr you've gone about 0.2 miles too far.	

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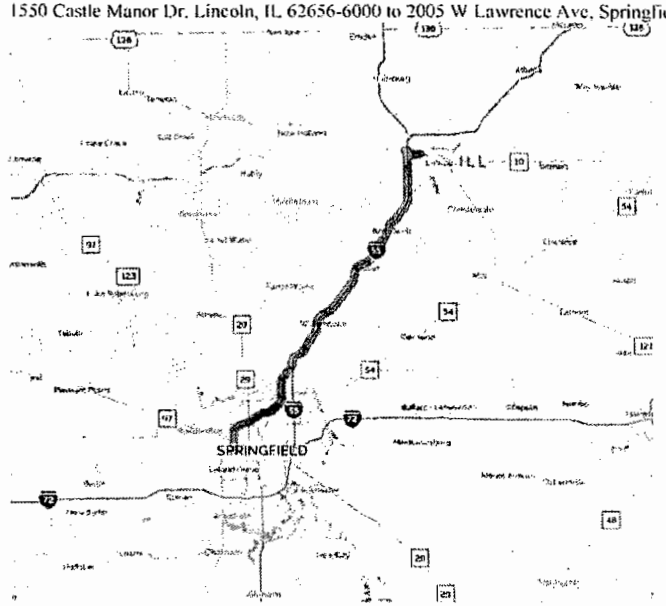

1550 Castle Manor Dr

2005 W Lawrence Ave, Springfield, IL 62704-1414

ATTACHMENT-17C

YOUR TRIP TO:

3089 Old Jacksonville Rd, Springfield, IL 62704-6486

38 MIN | 34.6 MI

Trip time based on traffic conditions as of 1:28 PM on February 29, 2016, Current Traffic: Light

Springfield Nursing & Rehab Ctr

1.	Start out going **west** on **Castle Manor Dr** toward **Malerich Dr.**	
	Then 0.03 miles	0.03 total miles
2.	Turn **right** onto **Malerich Dr.**	
	Then 0.25 miles	0.28 total miles
3.	Turn **left** onto **Woodlawn Rd/IL-10.** Continue to follow IL-10.	
	Then 1.32 miles	1.60 total miles
4.	Merge onto **I-55 S/Veterans Pkwy** toward **Springfield.**	
	Then 21.20 miles	22.80 total miles
5.	Take the **I-55 Bus Loop** exit, EXIT 105, toward **Sherman.**	
	Then 0.53 miles	23.33 total miles
6.	Merge onto **I-55 Bus S** toward **Sherman/Springfield.**	
	Then 4.70 miles	28.02 total miles
7.	**I-55 Bus S** becomes **IL-4/Veterans Pkwy.**	
	Then 6.23 miles	34.25 total miles
8.	Turn **right** onto **Old Jacksonville Rd.**	
	Old Jacksonville Rd is 0.5 miles past W Lawrence Ave.	
	Then 0.39 miles	34.64 total miles
9.	**3089 OLD JACKSONVILLE RD** is on the **right.**	
	Your destination is just past Weston Pointe Dr.	

If you reach S Koke Mill Rd you've gone about 0.1 miles too far.

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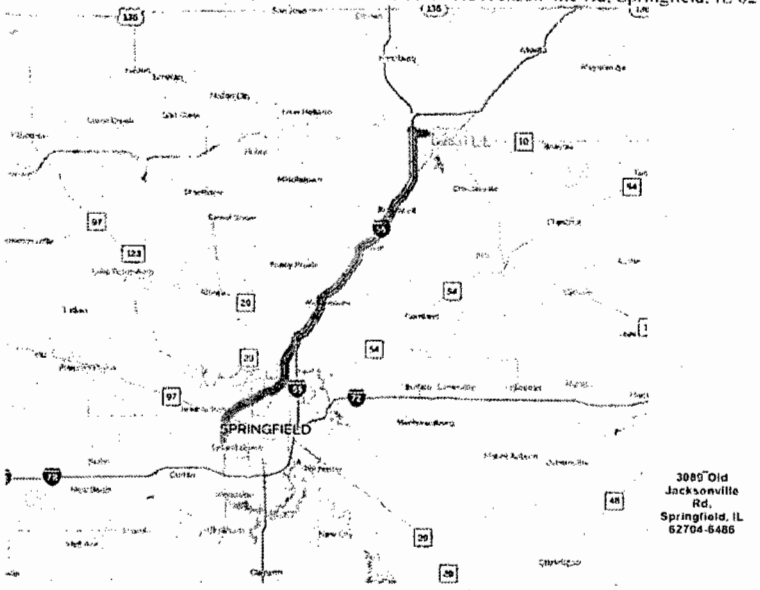

YOUR TRIP TO:

2120 W Washington St, Springfield, IL 62702-4630

38 MIN | 34.1 MI

Trip time based on traffic conditions as of 1:28 PM on February 29, 2016. Current Traffic: Light

Regency Care

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10.
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S/Veterans Pkwy toward **Springfield**.
   Then 21.20 miles — 22.80 total miles
5. Take the **I-55 Bus Loop** exit, EXIT 105, toward **Sherman**
   Then 0.53 miles — 23.33 total miles
6. Merge onto I-55 Bus S toward **Sherman/Springfield**
   Then 4.70 miles — 28.02 total miles
7. I-55 Bus S becomes IL-4/Veterans Pkwy.
   Then 5.20 miles — 33.22 total miles
8. Turn **left** onto W Washington St.
   W Washington St is 0.4 miles past Cider Mill Ln.
   Then 0.89 miles — 34.11 total miles
9. 2120 W WASHINGTON ST
   Your destination is just past Cartwright Dr.
   If you reach Timberridge Dr you've gone a little too far.

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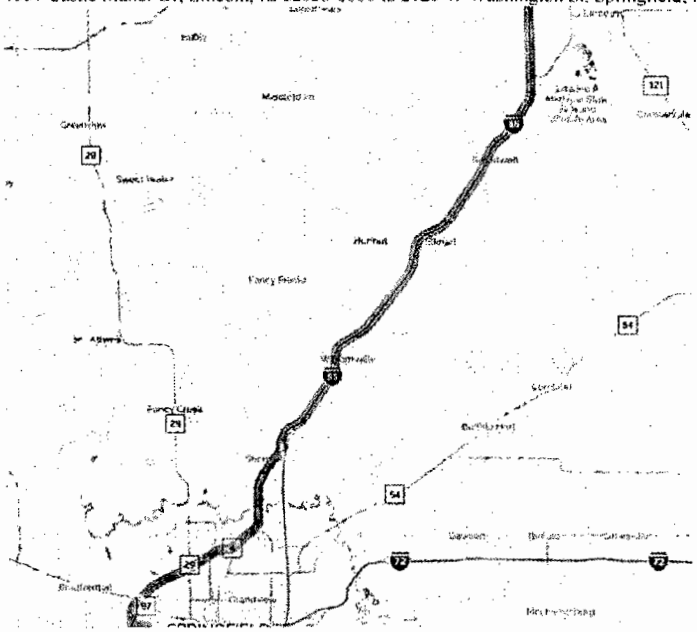


ATTACHMENT-17

YOUR TRIP TO:

2501 Allentown Rd, Pekin, IL 61554

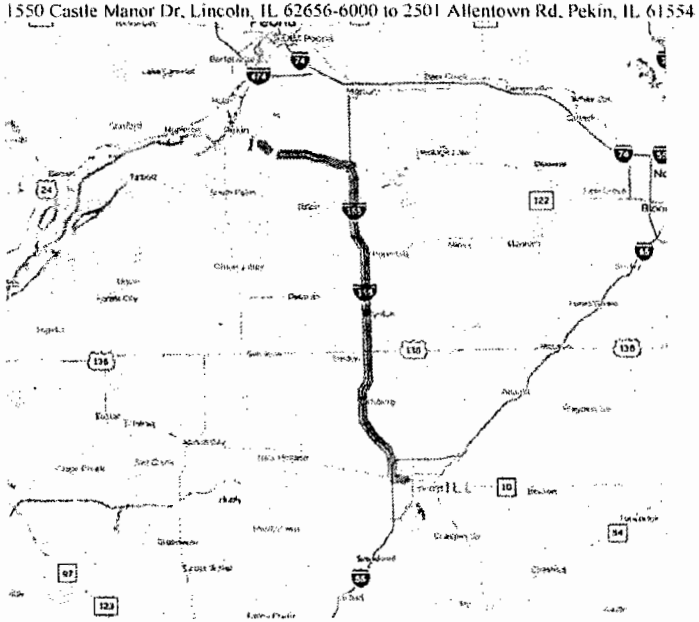
38 MIN | 35.9 MI

Trip time based on traffic conditions as of 1:38 PM on February 29, 2016. Current Traffic: Light

Hallmark House Nursing Center

1.	Start out going **west** on Castle Manor Dr toward Malerich Dr. Then 0.03 miles	0.03 total miles
2.	Turn **right** onto Malerich Dr. Then 0.25 miles	0.28 total miles
3.	Turn **left** onto Woodlawn Rd/IL-10 Then 1.00 miles	1.28 total miles
4.	Merge onto I-55 N/Veterans Pkwy toward **I-155 N/Peoria/Bloomington**. Then 1.02 miles	2.30 total miles
5.	Merge onto I-155 N via EXIT 127 on the **left** toward **Peoria/Hartsburg**. Then 25.35 miles	27.66 total miles
6.	Take the IL-9 exit, EXIT 25, toward **Pekin/Bloomington**. Then 0.28 miles	27.94 total miles
7.	Keep **left** to take the ramp toward **Pekin/Tremont**. Then 0.01 miles	27.95 total miles
8.	Turn **left** onto State Route 9/IL-9. Continue to follow IL-9 *If you reach I-155 N you've gone about 0.2 miles too far.* Then 7.80 miles	35.75 total miles
9.	Turn **right** onto Allentown Rd *If you reach Hilltop Dr you've gone a little too far.* Then 0.11 miles	35.87 total miles
10.	2501 ALLENTOWN RD. *If you reach Woodscape Ct you've gone a little too far.*	

Route directions and maps are subject to the Terms of Use. We don't guarantee accuracy, road conditions or availability. You assume all risk of use.



YOUR TRIP TO:

2025 E Lincoln St, Bloomington, IL 61701-5995

38 MIN | 30.5 MI

Trip time based on traffic conditions as of 2:04 PM on February 29, 2016. Current Traffic: Light

Westminster Village

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn right onto Malerich Dr
   Then 0.25 miles — 0.30 total miles
3. Turn left onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N/Veterans Pkwy toward I-155 N/Peoria/Bloomington.
   Then 30.37 miles — 31.66 total miles
5. Take I-55 Bus N/Business Loop I 55 toward Indianapolis.
   Then 0.35 miles. — 32.01 total miles
6. Merge onto I-55 Bus N via EXIT 157B on the left.
   Then 4.02 miles — 36.03 total miles
7. Turn left onto S Mercer Ave
   S Mercer Ave is 0.2 miles past Brickyard Dr.
   If you are on I-55 Bus N and reach Ireland Grove Rd you've gone about 0.2 miles too far.
   Then 0.38 miles — 36.41 total miles
8. Turn right onto E Lincoln St.
   E Lincoln St is 0.2 miles past Herbert St.
   If you reach Benjamin Ln you've gone a little too far.
   Then 0.10 miles — 36.51 total miles
9. 2025 E LINCOLN ST
   If you reach Parmon Rd you've gone a little too far.

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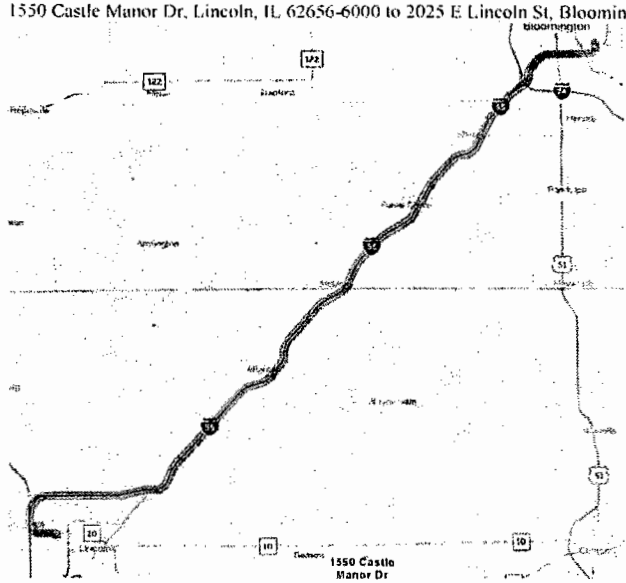

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ATTACHMENT-17C

YOUR TRIP TO:

2200 E Washington St, Bloomington, IL 61701-4364

39 MIN | 37.8 MI

Trip time based on traffic conditions as of 7:56 PM on February 29, 2016. Current Traffic Light

St. Joseph's Medical Center

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn right onto Malerich Dr.
   Then 0.25 miles — 0.30 total miles
3. Turn left onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N/Veterans Pkwy toward I-155 N/Peoria/Bloomington.
   Then 30.37 miles — 31.66 total miles
5. Take I-55 Bus N/Business Loop I-55 toward Indianapolis
   Then 0.35 miles — 32.01 total miles
6. Merge onto I-55 Bus N via EXIT 157B on the left.
   Then 5.54 miles — 37.55 total miles
7. Turn left onto E Washington St.
   E Washington St is 0.3 miles past E Jackson St.
   If you are on I-55 Bus N and reach IL-9 you've gone about 0.5 miles too far.
   Then 0.22 miles — 37.77 total miles
8. 2200 E WASHINGTON ST.
   Your destination is 0.1 miles past Saint Joseph Dr.
   If you reach Rust Rd you've gone a little too far.

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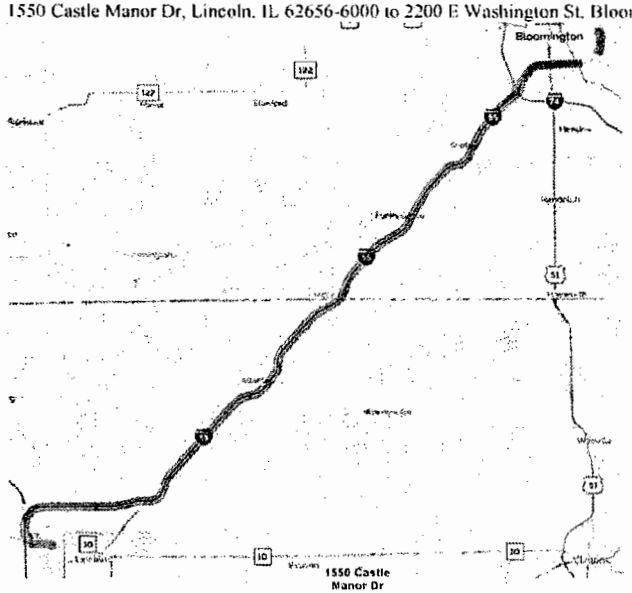

YOUR TRIP TO:

2220 State St, Pekin, IL 61554

40 MIN | 38.7 MI

Trip time based on traffic conditions as of 1:39 PM on February 29, 2016. Current Traffic: Light

Timbercreek Rehab & Health Care

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn right onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn left onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.28 total miles
4. Merge onto I-55 N/Veterans Pkwy toward I-155 N/Peoria/Bloomington
   Then 1.02 miles — 2.30 total miles
5. Merge onto I-155 N via EXIT 127 on the left toward Peoria/Hartsburg.
   Then 28.25 miles — 30.55 total miles
6. Take the Broadway Rd exit, EXIT 28
   Then 0.33 miles — 30.88 total miles
7. Turn left onto Broadway Rd.
   If you reach I-155 N you've gone about 0.2 miles too far.
   Then 2.90 miles — 33.78 total miles
8. Broadway Rd becomes Broadway St.
   Then 4.56 miles — 38.34 total miles
9. Turn right onto N Parkway Dr
   N Parkway Dr is just past Park View Ct.
   If you reach Arrow St you've gone a little too far.
   Then 0.34 miles — 38.68 total miles
10. Take the 2nd right onto State St.
    State St is 0.1 miles past Parkway Ln.
    If you reach Brookdale Ln you've gone a little too far.
    Then 0.06 miles — 38.74 total miles
11. 2220 STATE ST is on the right
    Your destination is at the end of State St.

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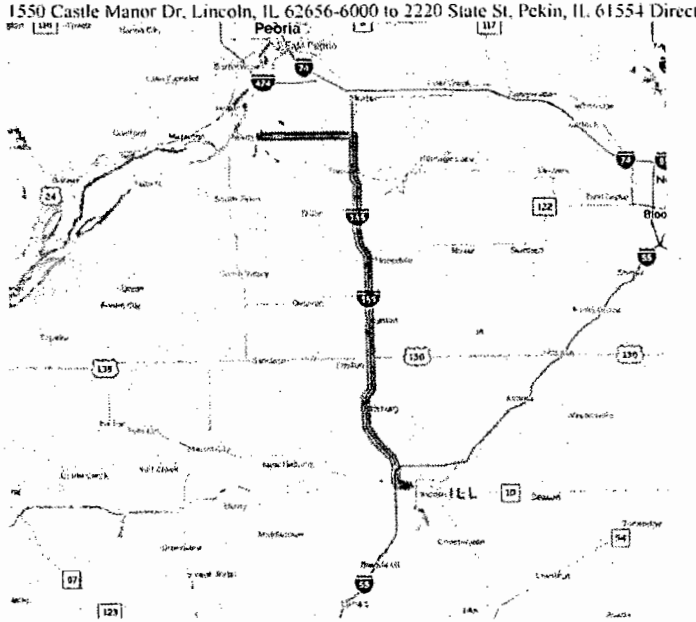

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ATTACHMENT-17C

YOUR TRIP TO:

901 N Main St, Normal, IL 61761-1501

40 MIN | 41.5 MI

Trip time based on traffic conditions as of 2:08 PM on February 29, 2016. Current Traffic: Light

McLean County Nursing Home

1.	Start out going **west** on Castle Manor Dr toward Malerich Dr.	
	Then 0.04 miles	0.04 total miles
2.	Turn **right** onto Malerich Dr.	
	Then 0.25 miles	0.30 total miles
3.	Turn **left** onto Woodlawn Rd/IL-10	
	Then 1.00 miles	1.29 total miles
4.	Merge onto I-55 N toward **I-155 N/Peoria/Bloomington**.	
	Then 38.68 miles	40.27 total miles
5.	Merge onto N Main St/US-51 Bus S via EXIT 165A toward **Bloomington-Normal**.	
	Then 1.27 miles	41.54 total miles
6.	901 N MAIN ST.	
	Your destination is just past W Stimmel St.	

If you are on US-51 Bus S and reach McKinley St you've gone about 0.1 miles too far.

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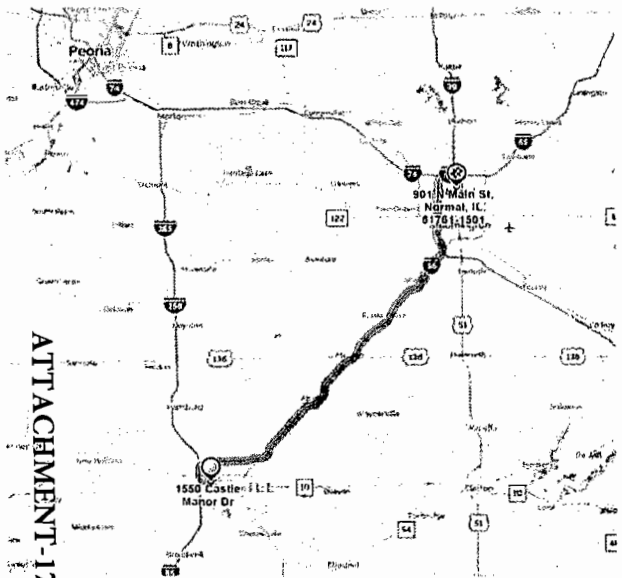


1550 Castle Manor Dr, Lincoln, IL 62656-6000 to 901 N Main St, Normal, IL 61761-1501 Directions - M... Page 2 of 2

http://www.mapquest.com/directions/list/1/us/il/lincoln/62656-6000/1550-castle-manor-dr-40.154242,-89.3... 2/29/2016

ATTACHMENT-17C

YOUR TRIP TO:

19130 Sunny Acres Rd, Petersburg, IL 62675-7138

41 MIN | 37.9 MI

Trip time based on traffic conditions as of 1:26 PM on February 29, 2016. Current traffic: Light

Sunny Acres Fantasy Farm

1. Start out going west on Castle Manor Dr toward Mabrich Dr.
Then 0.03 miles — 0.03 total miles

2. Turn right onto Mabrich Dr.
Then 0.25 miles — 0.28 total miles

3. Turn left onto Woodlawn Rd/IL-10. Continue to follow IL-10.
Then 1.32 miles — 1.60 total miles

4. Merge onto I-55 S/Veterans Pkwy toward Springfield.
Then 16.65 miles — 18.25 total miles

5. Merge onto County Hwy-2/County Hwy-2A via EXIT 108 toward Petersburg/New Salem/State Park.
Then 3.34 miles — 21.59 total miles

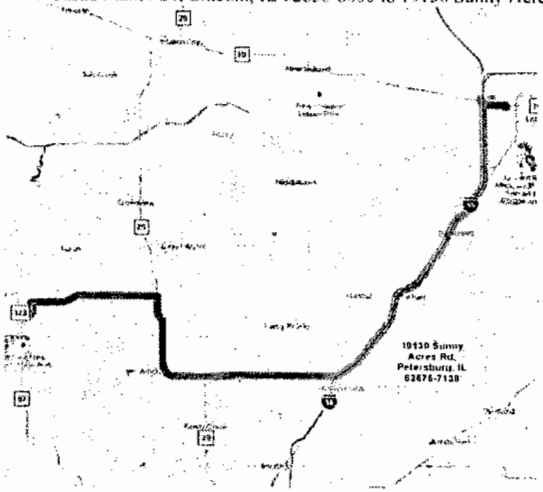
6. Stay straight to go onto W State Route 123/IL-124.
Then 3.56 miles — 25.15 total miles

7. Turn right onto W State Route 29/IL-29. Continue to follow IL-29.
IL-29 is just past W State Route 124.
Then 5.68 miles — 30.83 total miles

8. Turn left onto IL-123.
If you are on State Highway 29 and reach Jeffyshire Ave you've gone about 1 mile too far.
Then 6.32 miles — 37.15 total miles

9. Turn left onto Sunny Acres Rd/County Hwy-15.
Sunny Acres Rd is 0.2 miles past E Ghull Dr.
If you are on IL-123 and reach N 1st St you've gone about 0.3 miles too far.
Then 0.73 miles — 37.88 total miles

10. 19130 SUNNY ACRES RD is on the left.
Your destination is just past River View Rd.
If you reach Chautauqua Rd you've gone about 1.2 miles too far.



ATTACHMENT-17

YOUR TRIP TO:

1520 El Camino Dr, Pekin, IL 61554

41 MIN | 37.8 MI

Trip time based on traffic conditions as of 1:37 PM on February 29, 2016. Current Traffic: Light

Pekin Manor

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.28 total miles
4. Merge onto I-55 N/Veterans Pkwy toward **I-155 N/Peoria/Bloomington**.
   Then 1.02 miles — 2.30 total miles
5. Merge onto I-155 N via EXIT 127 on the left toward **Peoria/Harrisburg**.
   Then 22.20 miles — 24.50 total miles
6. Take the **Townline Road** exit, EXIT 22.
   Then 0.31 miles — 24.81 total miles
7. **Keep left** to take the **Townline Rd** ramp.
   Then 0.02 miles — 24.83 total miles
8. Turn **left** onto Townline Rd/County Hwy-7.
   Then 3.72 miles — 28.55 total miles
9. Turn **right** onto Springfield Rd/County Hwy-7/County Hwy-11/County Hwy-2100
   Springfield Rd is just past Apple St.
   If you are on Evergreen Ln and reach Spruce St you've gone a little too far.
   Then 0.07 miles — 28.62 total miles
10. Take the 1st **left** onto Townline Rd/County Hwy-7.
    If you are on County Hwy-1 and reach County Road 1150 you've gone about 0.6 miles too far.
    Then 3.57 miles — 32.19 total miles
11. Turn **right** onto Townline Rd/County Hwy-11/County Hwy-1700.
    If you reach Circleville Rd you've gone about 0.1 miles too far.
    Then 3.52 miles — 35.71 total miles
12. Turn **left** onto VFW Rd
    If you are on County Hwy-11 and reach Main Rd you've gone about 0.4 miles too far.
    Then 1.28 miles — 36.98 total miles
13. Turn **right** onto 14th St
    If you reach 5th St you've gone about 0.7 miles too far.
    Then 0.61 miles — 37.59 total miles

El Camino Dr is 0.2 miles past Windstar Ln.

If you reach Executive Ct you've gone a little too far.

Then 0.25 miles — 37.84 total miles

15. 1520 EL CAMINO DR.
    Your destination is just past Alfs Ct.
    If you reach Mariana Dr you've gone a little too far.

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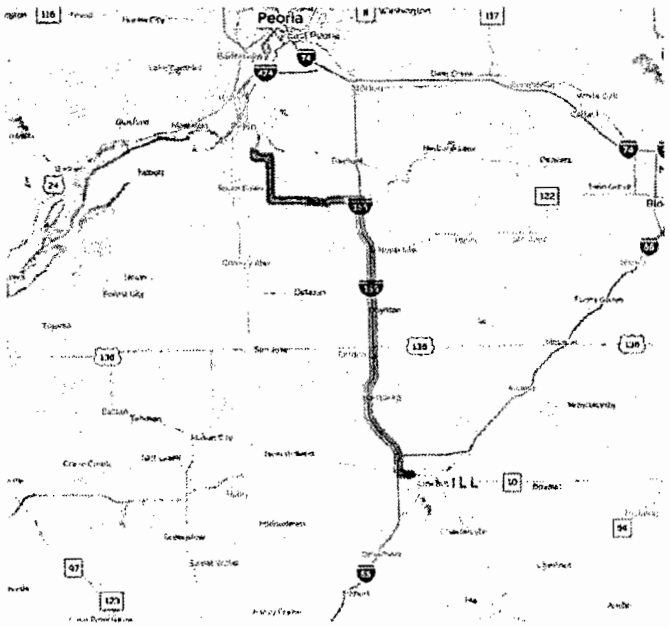

ATTACHMENT-17C

YOUR TRIP TO:

1016 W Pershing Rd, Decatur, IL 62526-1558

41 MIN | 33.3 MI

Trip time based on traffic conditions as of 1:53 PM on February 29, 2016. Current Traffic: Light

Decatur Manor Healthcare

1.	Start out going west on Castle Manor Dr toward Materich Dr.	
	Then 0.04 miles	0.04 total miles
2.	Turn right onto Materich Dr.	
	Then 0.25 miles	0.29 total miles
3.	Turn right onto Woodlawn Rd/IL-10. Continue to follow IL-10. *IL-10 is just past Herndon Dr.*	
	Then 2.57 miles	2.85 total miles
4.	Stay straight to go onto Keokuk St/IL-121. Continue to follow IL-121.	
	Then 24.77 miles	27.62 total miles
5.	IL-121 becomes N Route 121.	
	Then 0.36 miles	27.98 total miles
6.	N Route 121 becomes IL-121.	
	Then 5.24 miles	33.22 total miles
7.	Make a U-turn at Pershing Ct onto W Pershing Rd/IL-121/IL-48. *If you are on IL-121 and reach N Lynette Dr you've gone about 0.1 miles too far.*	
	Then 0.04 miles	33.26 total miles
8.	1016 W PERSHING RD. *If you reach N Oakland Ave you've gone a little too far.*	

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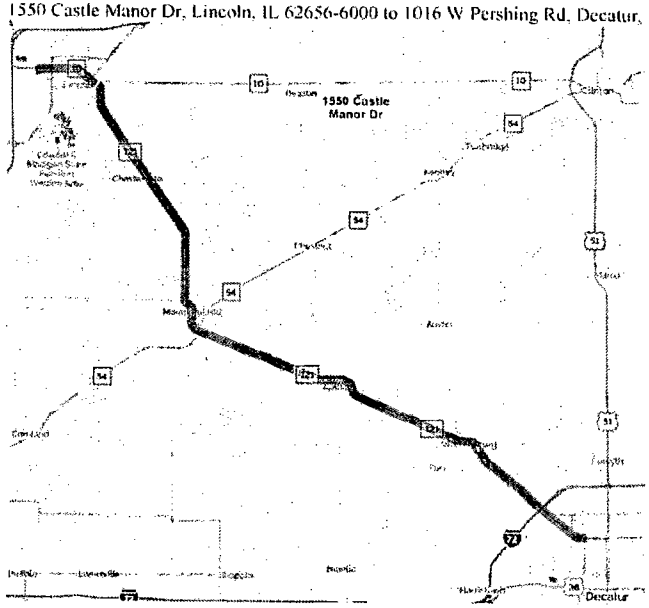

1016 W Pershing Rd, Decatur, IL 62526-1558

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ATTACHMENT-17C

YOUR TRIP TO:

2530 N Monroe St, Decatur, IL 62526-3249

41 MIN | 34.0 MI

Trip time based on traffic conditions as of 1:57 PM on February 29, 2016. Current Traffic: Light

Symphony of Decatur

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn right onto Malerich Dr
   Then 0.25 miles — 0.29 total miles
3. Turn right onto Woodlawn Rd/IL-10. Continue to follow IL-10
   IL-10 is just past Herndon Dr.
   Then 2.57 miles — 2.85 total miles
4. Stay straight to go onto Keokuk St/IL-121. Continue to follow IL-121.
   Then 24.77 miles — 27.62 total miles
5. IL-121 becomes N Route 121.
   Then 0.36 miles — 27.98 total miles
6. N Route 121 becomes IL-121.
   Then 5.87 miles — 33.85 total miles
7. Turn right onto N Monroe St.
   N Monroe St is just past Mahoke Rd.
   If you reach Greenridge Dr you've gone about 0.1 miles too far.
   Then 0.17 miles — 34.02 total miles
8. 2530 N MONROE ST is on the left
   If you reach W McKinley Ave you've gone a little too far.

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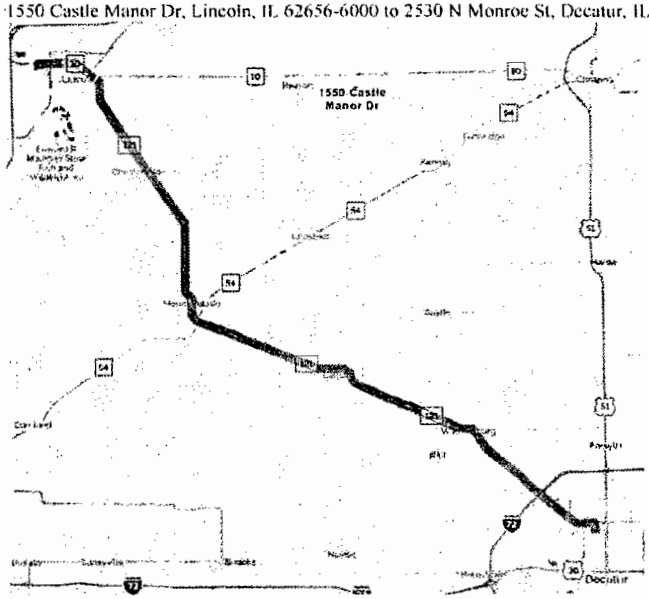

ATTACHMENT-17C

YOUR TRIP TO:

2650 N Monroe St, Decatur, IL 62526-3251

41 MIN | 33.8 MI

Trip time based on traffic conditions as of 1:56 PM on February 29, 2016. Current Traffic: Light

Aperion Care Decatur

1.	Start out going **west** on Castle Manor Dr toward Malerich Dr.	
	Then 0.04 miles	0.04 total miles
2.	Turn **right** onto Malerich Dr.	
	Then 0.25 miles	0.29 total miles
3.	Turn **right** onto Woodlawn Rd/IL-10. Continue to follow IL-10	
	IL-10 is just past Herndon Dr.	
	Then 2.57 miles	2.85 total miles
4.	Stay **straight** to go onto Kaskaskia Trl/IL-121. Continue to follow IL-121.	
	Then 24.77 miles	27.62 total miles
5.	IL-121 becomes N Route 121	
	Then 0.36 miles	27.98 total miles
6.	N Route 121 becomes IL-121.	
	Then 5.57 miles	33.55 total miles
7.	Turn **right** onto N Monroe St.	
	N Monroe St is just past Mahnke Rd.	
	If you reach Greenridge Dr you've gone about 0.1 miles too far.	
	Then 0.23 miles	33.78 total miles
8.	2650 N MONROE ST	
	If you reach W McKinley Ave you've gone about 0.2 miles too far.	

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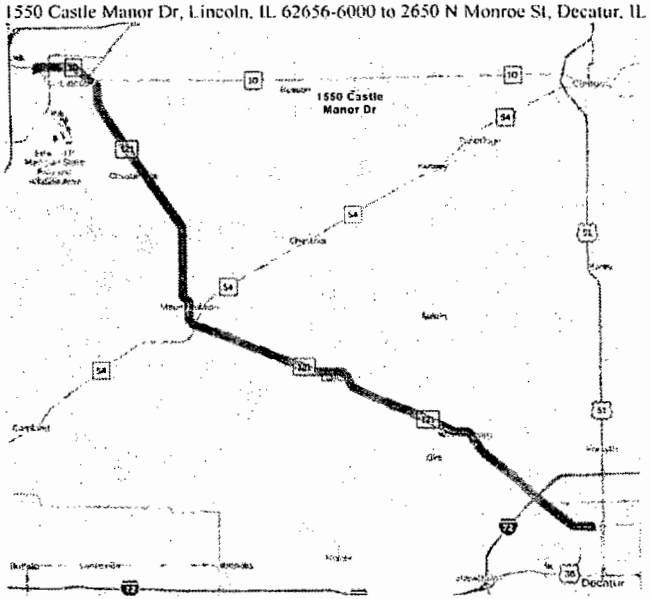

2650 N Monroe
St, Decatur, IL
62526-3251

ATTACHMENT-17C

YOUR TRIP TO:

1509 Calhoun St

41 MIN | 37.1 MI

Trip time based on traffic conditions as of 2:03 PM on February 25, 2016. Current Traffic: Light

ARBA Care Center of Bloomington

1.	Start out going **west** on Castle Manor Dr toward Malerich Dr.	
	Then 0.04 miles	0.04 total miles
2.	Turn **right** onto Malerich Dr.	
	Then 0.25 miles	0.30 total miles
3.	Turn **left** onto Woodlawn Rd/IL-10.	
	Then 1.00 miles	1.29 total miles
4.	Merge onto I-55 N toward **I-155 N/Peoria/Bloomington**	
	Then 33.69 miles	34.98 total miles
5.	Merge onto W Market St/US-150 E/IL-9 via EXIT 160 toward **Pekin**.	
	Then 1.13 miles	36.11 total miles
6.	Turn **left** onto N Hinshaw Ave/US-150 E/IL-9. Continue to follow N Hinshaw Ave.	
	N Hinshaw Ave is just past Holton Dr.	
	If you reach N Livingston St you've gone about 0.1 miles too far.	
	Then 0.57 miles	36.68 total miles
7.	Turn **right** onto Forrest St.	
	Then 0.05 miles	36.73 total miles
8.	Take the 1st **left** onto Cottage Ave.	
	If you reach N Livingston St you've gone a little too far.	
	Then 0.09 miles	36.82 total miles
9.	Take the 1st **right** onto Germany Ave.	
	If you are on S Cottage Ave and reach Parkshore Dr you've gone about 0.2 miles too far.	
	Then 0.26 miles	37.08 total miles
10.	Take the 3rd **left** onto Calhoun St.	
	Calhoun St is just past N Morris Ave.	
	If you reach Ewing St you've gone about 0.1 miles too far.	
	Then 0.07 miles	37.14 total miles
11.	1508 Calhoun St, Bloomington, IL 61701-1595, 1509 CALHOUN ST is on the **right**.	
	If you reach the end of Calhoun St you've gone a little too far.	

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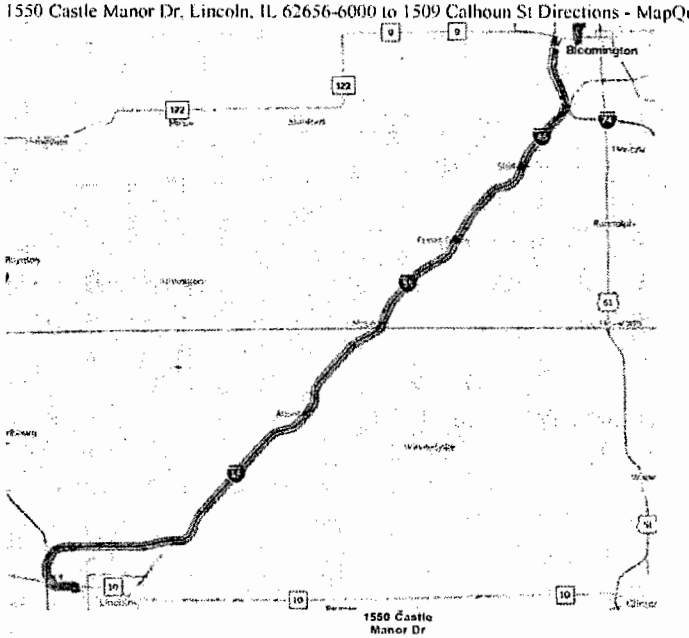

284

ATTACHMENT-17C

YOUR TRIP TO:

700 E Walnut St, Bloomington, IL 61701-3244

41 MIN | 37.8 MI

Trip time based on traffic conditions as of 2:06 PM on February 29, 2016. Current Traffic:

Heritage Health - Bloomington

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.30 total miles
3. Turn **left** onto Woodlawn Rd/IL-10
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N toward **I-155 N/Peoria/Bloomington**.
   Then 33.69 miles — 34.98 total miles
5. Merge onto W Market St/US-150 E/IL-9 via EXIT 160 toward **Pekin**.
   Then 1.13 miles — 36.11 total miles
6. Turn **left** onto N Hinshaw Ave/US-150 E/IL-9.
   N Hinshaw Ave is just past Holton Dr.
   If you reach N Livingston St you've gone about 0.1 miles too far.
   Then 0.12 miles — 36.23 total miles
7. Take the 2nd **right** onto W Locust St/US-150 E/IL-9
   W Locust St is just past W Mulberry St.
   If you reach W Chestnut St you've gone a little too far.
   Then 1.42 miles — 37.64 total miles
8. Turn **left** onto N Clinton St/US-150 W.
   N Clinton St is 0.1 miles past N Evans St.
   If you reach N Robinson St you've gone about 0.1 miles too far.
   Then 0.15 miles — 37.80 total miles
9. Turn **right** onto E Walnut St.
   E Walnut St is just past E Chestnut St.
   If you reach E Empire St you've gone a little too far.
   Then 0.00 miles — 37.80 total miles
10. 700 E WALNUT ST is on the **left**.
    If you reach Elder St you've gone a little too far.

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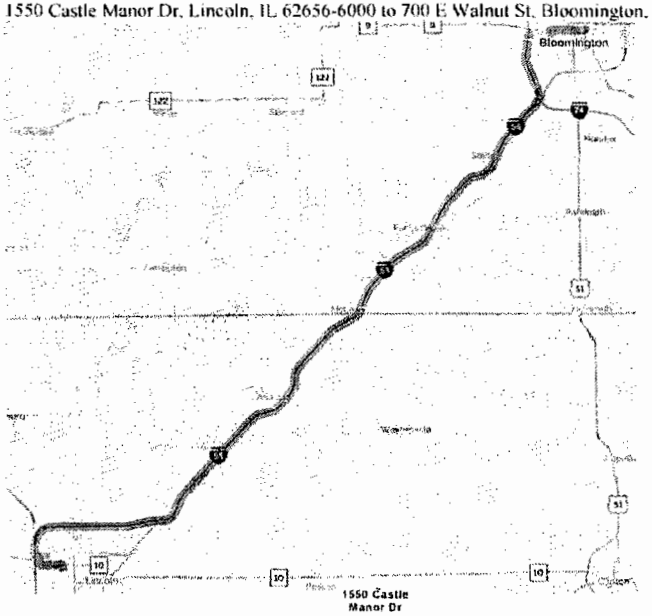


ATTACHMENT-17

YOUR TRIP TO:

4101 W Iles Ave, Springfield, IL 62711

42 MIN | 43.3 MI

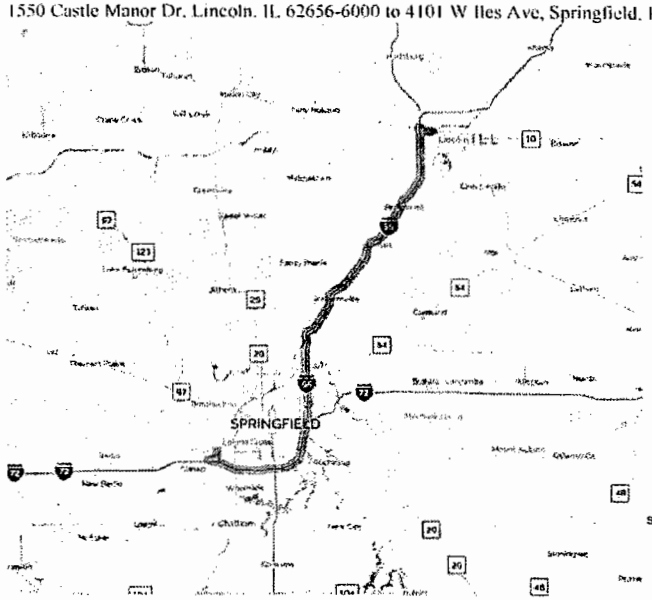
Trip time based on traffic conditions as of 1:22 PM on February 29, 2016. Current Traffic: Light

Concordia Village

Start of next leg of route

1. Start out going **west** on Castle Manor Dr toward Malerich Dr
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10. Continue to follow IL-10
   Then 1.32 miles — 1.60 total miles
4. Merge onto I-55 S toward **Springfield**.
   Then 33.65 miles — 35.25 total miles
5. **Keep right** to take I-72 W/US-36 W via EXIT 92A-B toward I-55 **Bus N/6th Street/Jacksonville**
   Then 5.88 miles — 41.13 total miles
6. Take the **Wabash Ave** exit, EXIT 91, toward **Loami**
   Then 0.32 miles — 41.45 total miles
7. Merge onto Wabash Ave.
   If you reach I-72 W you've gone about 0.4 miles too far.
   Then 0.84 miles — 42.29 total miles
8. Turn **left** onto Archer Elevator Rd.
   Archer Elevator Rd is 0.1 miles past Hamlin Pkwy.
   If you reach Pleasant Run you've gone about 0.1 miles too far.
   Then 1.00 miles — 43.29 total miles
9. Turn **right** onto W Iles Ave.
   W Iles Ave is 0.2 miles past Lavender Ln.
   If you reach Concordia Village Dr you've gone about 0.1 miles too far.
   Then 0.01 miles — 43.30 total miles
10. 4101 W ILES AVE
    If you reach Chicory Dr you've gone about 0.1 miles too far.

The [illegible] is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



ATTACHMENT-17C

286

YOUR TRIP TO:

901 Illini Dr, East Peoria, IL 61611-1838

mapquest

42 MIN | 42.0 MI

Trip time based on traffic conditions as of 1:35 PM on February 29, 2016. Current Traffic: Light

Fondulac Rehab & Health Care Ctr

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10
   Then 1.00 miles — 1.28 total miles
4. Merge onto I-55 N/Veterans Pkwy toward **I-155 N/Peoria/Bloomington**.
   Then 1.02 miles — 2.30 total miles
5. Merge onto I-155 N via EXIT 127 on the left toward **Peoria/Hartsburg**.
   Then 31.95 miles — 34.25 total miles
6. Merge onto I-74 W via the exit on the left toward **Peoria**.
   Then 5.47 miles — 39.72 total miles
7. Merge onto E Washington St/IL-8 via EXIT 90 toward **US-150 E**.
   Then 0.51 miles — 40.23 total miles
8. Turn **right** onto E Washington St/US-150 E/IL-8. Continue to follow E Washington St/IL-8.
   E Washington St is just past Veterans Dr.
   Then 1.79 miles — 42.03 total miles
9. Turn **left** onto Illini Dr.
   Illini Dr is just past Gilco Ln.
   If you reach Oakwood Rd you've gone about 0.3 miles too far.
   Then 0.01 miles — 42.04 total miles
10. **901 ILLINI DR** is on the left
    If you reach Manor Ln you've gone about 0.1 miles too far.

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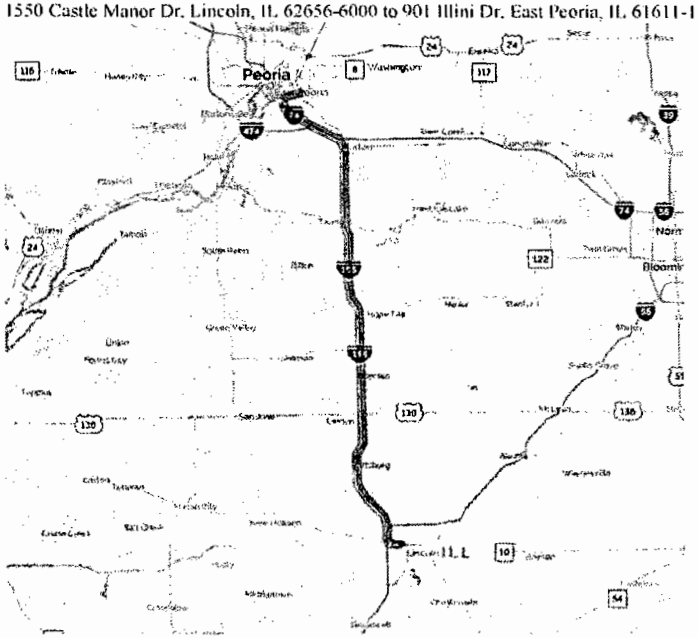

287

ATTACHMENT-17C

YOUR TRIP TO:

500 W McKinley Ave, Decatur, IL 62526

42 MIN | 34.1 MI

Trip time based on traffic conditions as of 1:54 PM on February 29, 2016. Current Traffic: Light

McKinley Court

1.	Start out going **West** on Castle Manor Dr toward Malelich Dr.	
	Then 0.04 miles	0.04 total miles
2.	Turn **right** onto Malelich Dr.	
	Then 0.25 miles	0.29 total miles
3.	Turn **right** onto Woodlawn Rd/IL-10. Continue to follow IL-10	
	IL-10 is just past Herndon Dr.	
	Then 2.57 miles	2.85 total miles
4.	Stay **straight** to go onto Keokuk St/IL-121. Continue to follow IL-121.	
	Then 24.77 miles	27.62 total miles
5.	IL-121 becomes N Route 121.	
	Then 0.36 miles	27.98 total miles
6.	N Route 121 becomes IL-121	
	Then 5.57 miles	33.55 total miles
7.	Turn **right** onto N Monroe St.	
	N Monroe St is just past Mahnke Rd.	
	If you reach Greenridge Dr you've gone about 0.1 miles too far.	
	Then 0.50 miles	34.05 total miles
8.	Take the 1st **left** onto W McKinley Ave.	
	If you reach W Taft St you've gone about 0.1 miles too far.	
	Then 0.04 miles	34.09 total miles
9.	500 W MCKINLEY AVE.	
	If you reach N Union Blvd you've gone about 0.1 miles too far.	

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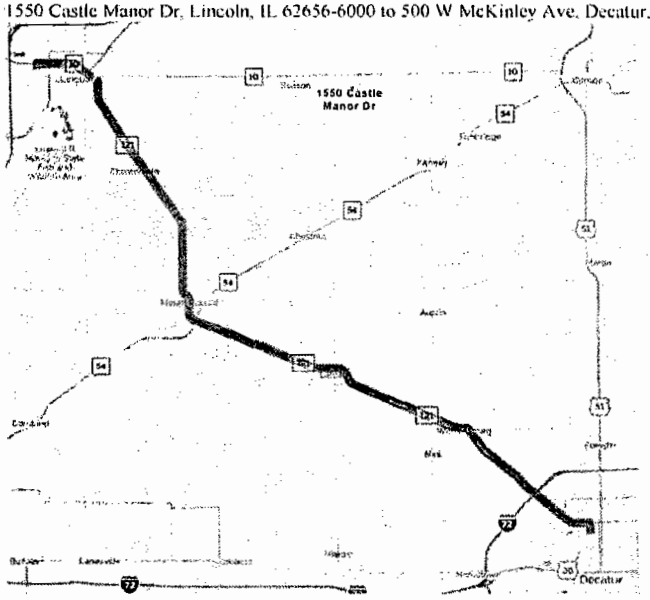

http://www.mapquest.com/directions/list/1/us/il/lincoln/62656-6000/1550-castle-manor-dr-40.154242,-89.3... 2/29/2016

ATTACHMENT-17C

YOUR TRIP TO:

509 N Adelaide St, Normal, IL 61761-2422

42 MIN | 42.4 MI

Trip time based on traffic conditions as of 2:04 PM on February 29, 2016. Current Traffic: Light

Heritage Health - Normal

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.30 total miles
3. Turn **left** onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N toward **I-155 N/Peoria/Bloomington.**
   Then 38.98 miles — 40.27 total miles
5. Merge onto N Main St/US-51 Bus S via EXIT 165A toward **Bloomington-Normal.**
   Then 1.71 miles — 41.98 total miles
6. Turn **right** onto Gregory St
   If you reach W Willow St you've gone about 0.1 miles too far.
   Then 0.37 miles — 42.36 total miles
7. Turn **left** onto N Adelaide St.
   If you reach Wellesley Dr you've gone about 0.1 miles too far.
   Then 0.03 miles — 42.39 total miles
8. 509 N ADELAIDE ST.
   If you reach Knollcrest Ct you've gone about 0.1 miles too far.

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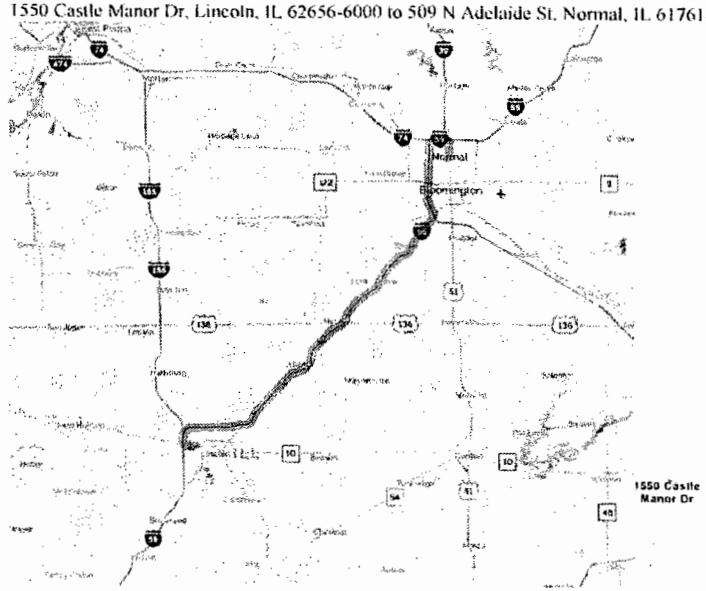

ATTACHMENT-17C

289

YOUR TRIP TO:

444 W Harrison Ave

43 MIN | 34.5 MI

Trip time based on traffic conditions as of 1:58 PM on February 29, 2016. Current Traffic: Light

Heartland of Decatur

1. Start out going **west** on Castle Manor Dr toward Malerich Dr
   Then 0.04 miles — 0.04 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.29 total miles
3. Turn **right** onto Woodlawn Rd/IL-10. Continue to follow IL-10
   IL-10 is just past Herndon Dr.
   Then 2.57 miles — 2.85 total miles
4. Stay **straight** to go onto Keokuk St/IL-121. Continue to follow IL-121
   Then 24.77 miles — 27.62 total miles
5. IL-121 becomes N Route 121.
   Then 0.20 miles — 27.98 total miles
6. N Route 121 becomes IL-121.
   Then 5.57 miles — 33.55 total miles
7. Turn **right** onto N Monroe St.
   N Monroe St is just past Mahalia Rd.
   If you reach Greenridge Dr you've gone about 0.1 miles too far.
   Then 0.89 miles — 34.44 total miles
8. Turn **left** onto W Harrison Ave
   W Harrison Ave is just past W Harper Ave.
   If you reach W Garfield Ave you've gone about 0.1 miles too far.
   Then 0.10 miles — 34.55 total miles
9. 444 W HARRISON AVE is on the left.
   Your destination is just past N College St.
   If you reach N Edward St you've gone a little too far.

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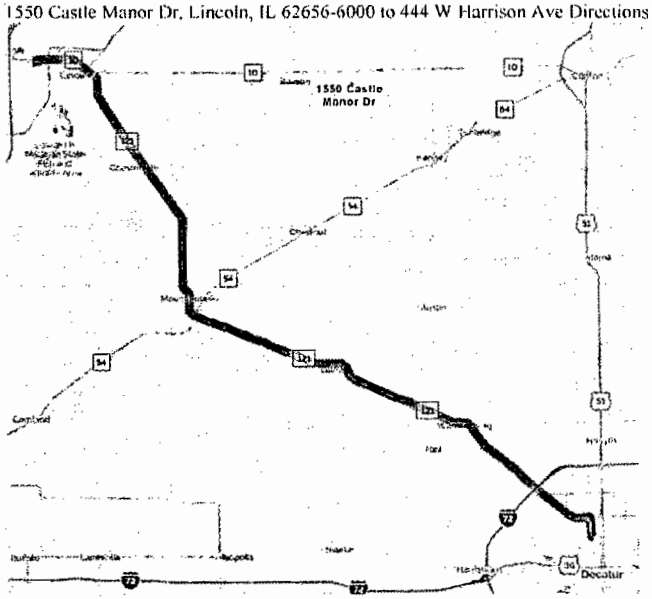


ATTACHMENT-176

YOUR TRIP TO:

565 W Marion Ave, Forsyth, IL 62535-1070

43 MIN | 33.8 MI

Trip time based on traffic conditions as of 2:00 PM on February 29, 2016. Current Traffic Logic

Hickory Point Christian Village

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles

2. Turn right onto Malerich Dr
   Then 0.25 miles — 0.29 total miles

3. Turn right onto Woodlawn Rd/IL-10. Continue to follow IL-10.
   IL-10 is just past Hermine Dr.
   Then 2.57 miles — 2.85 total miles

4. Stay straight to go onto Keokuk St/IL-121. Continue to follow IL-121
   Then 24.19 miles — 27.04 total miles

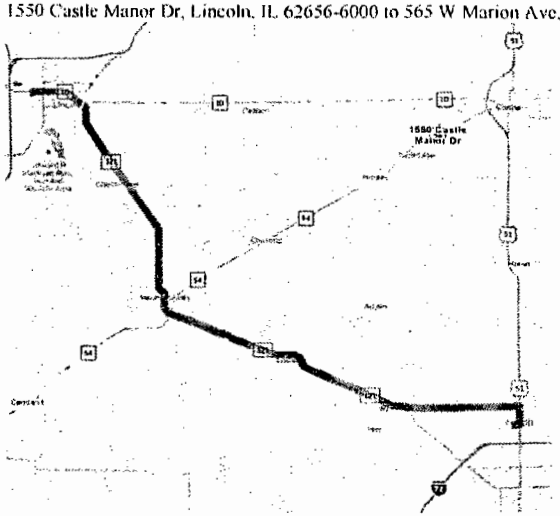
5. Turn slight left onto S North St/County Hwy-20. Continue to follow County Hwy-20.
   County Hwy-20 is 0.2 miles past N Main St.
   If you are on IL-121 and reach E Main St you've gone about 0.1 miles too far.
   Then 5.37 miles — 32.41 total miles

6. Turn right onto S Route 51/US-51 S.
   S Route 51 is 0.3 miles past Avalon Blvd
   Then 0.94 miles — 33.35 total miles

7. Turn right onto W Marion Ave
   W Marion Ave is 0.1 miles past W Weaver Rd.
   If you reach Lucile Ave you've gone about 0.1 miles too far.
   Then 0.41 miles — 33.77 total miles

8. 565 W MARION AVE is on the left.
   Your destination is just past Hope Dr.
   If you reach W Weaver Rd you've gone about 0.2 miles too far.

Use of directions and results subject to the Terms of Use. We also provide [illegible]



565 W Marion Ave, Forsyth, IL 62535-1070

ATTACHMENT-17C

YOUR TRIP TO:

900 Centennial Dr, East Peoria, IL 61611

44 MIN | 44.3 MI

Trip time based on traffic conditions as of 1:41 PM on February 29, 2016. Current Traffic: Light

Rosewood Care Center - East Peoria

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.28 total miles
4. Merge onto **I-55 N/Veterans Pkwy** toward **I-155 N/Peoria/Bloomington**.
   Then 1.02 miles — 2.30 total miles
5. Merge onto **I-155 N** via **EXIT 127** on the **left** toward **Peoria/Hartsburg**.
   Then 31.95 miles — 34.25 total miles
6. Merge onto **I-74 W** via the exit on the **left** toward **Peoria**.
   Then 6.16 miles — 40.42 total miles
7. Take **EXIT 95** toward **US-150 W/IL-116/North Main St**.
   Then 0.17 miles — 40.59 total miles
8. Turn **right** onto US-24 E/US-150 W/IL-116/N Main St.
   Then 3.24 miles — 43.83 total miles
9. Turn **right** onto Centennial Dr.
   Centennial Dr is 0.8 miles past Access Road 6.
   Then 0.46 miles — 44.29 total miles
10. 900 CENTENNIAL DR.
    Your destination is 0.3 miles past Access Rd.

If you reach Power Dr you've gone a little too far.

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ATTACHMENT-17C

YOUR TRIP TO:

500 Centennial Dr, East Peoria, IL 61611-49ND

44 MIN | 44.1 MI

Trip time based on traffic conditions as of 1:41 PM on February 29, 2016. Current Traffic: Light

Heartland of Riverview

1. Start out going west on Castle Manor Dr toward Malerich Dr.
   Then 0.03 miles — 0.03 total miles
2. Turn right onto Malerich Dr.
   Then 0.25 miles — 0.28 total miles
3. Turn left onto Woodlawn Rd/IL-10.
   Then 1.00 miles — 1.28 total miles
4. Merge onto I-55 N/Veterans Pkwy toward I-155 N/Peoria/Bloomington.
   Then 1.02 miles — 2.30 total miles
5. Merge onto I-155 N via EXIT 127 on the left toward Peoria/Hartsburg.
   Then 31.95 miles — 34.25 total miles
6. Merge onto I-74 W via the exit on the left toward Peoria.
   Then 6.16 miles — 40.42 total miles
7. Take EXIT 95 toward US-150 W/IL-116/North Main St.
   Then 0.17 miles — 40.59 total miles
8. Turn right onto US-24 E/US-150 W/IL-116/N Main St.
   Then 3.24 miles — 43.83 total miles
9. Turn right onto Centennial Dr.
   Centennial Dr is 0.8 miles past Access Road 6.
   Then 0.24 miles — 44.06 total miles
10. 500 CENTENNIAL DR.
    Your destination is 0.1 miles past Access Rd.

    If you reach Power Dr you've gone about 0.2 miles too far.

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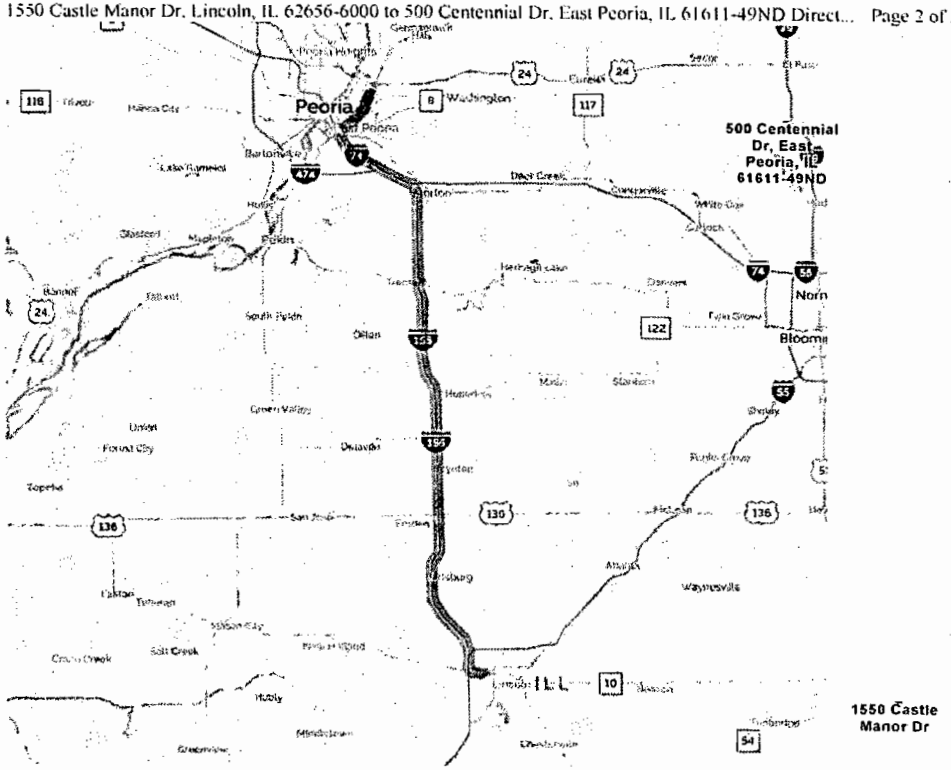

293

ATTACHMENT-17C

YOUR TRIP TO:
510 Broadway St, Normal, IL 61761

44 MIN | 38.1 MI

Trip time based on traffic conditions as of 2:05 PM on February 29, 2016. Current Traffic: Light

Heartland of Normal

Start of next leg of route

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.
   Then 0.04 miles — 0.04 total miles
2. Turn **right** onto Malerich Dr.
   Then 0.25 miles — 0.30 total miles
3. Turn **left** onto Woodlawn Rd/IL-10
   Then 1.00 miles — 1.29 total miles
4. Merge onto I-55 N/Veterans Pkwy toward **I-155 N/Peoria/Bloomington.**
   Then 30.37 miles — 31.66 total miles
5. Take I-55 Bus N/Business Loop I 55 toward **Indianapolis.**
   Then 0.35 miles — 32.01 total miles
6. Merge onto I-55 Bus N/Business Loop I 55 via EXIT 157B on the **left.**
   Then 2.18 miles — 34.19 total miles
7. Take the **US-51 Bus/Main St** exit.
   Then 0.22 miles — 34.41 total miles
8. Turn **left** onto US-51 Bus N/S Main St. Continue to follow US-51 Bus N.
   Then 3.08 miles — 37.49 total miles
9. Turn **right** onto W Beaufort St
   W Beaufort St is 0.1 miles past Gulliom St.
   If you reach Osage St you've gone about 0.1 miles too far.
   Then 0.20 miles — 37.69 total miles
10. Turn **slight right** onto W Vernon Ave.
    W Vernon Ave is just past S University St.
    Then 0.34 miles — 38.03 total miles
11. Turn **left** onto Broadway St.
    Broadway St is just past S Fell Ave.
    If you reach Constitution Trl you've gone a little too far.
    Then 0.07 miles — 38.10 total miles
12. 510 BROADWAY ST is on the **right.**
    Your destination is just past W Stewart Pl.
    If you reach W Irving St you've gone a little too far.

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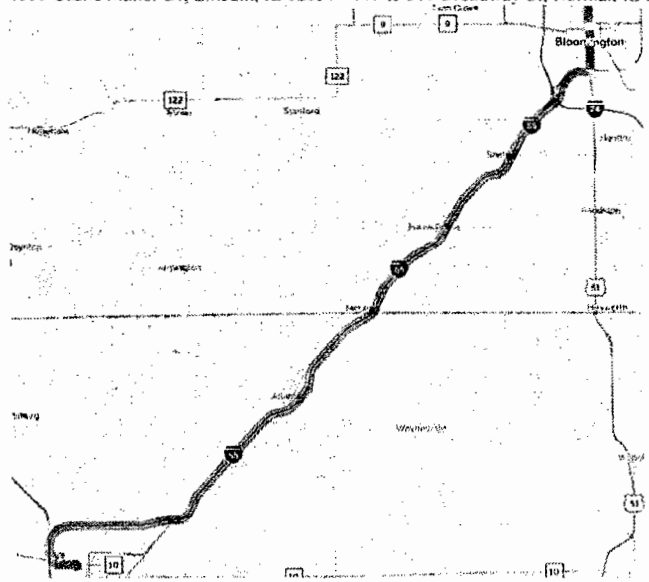


294

ATTACHMENT-17C

YOUR TRIP TO:

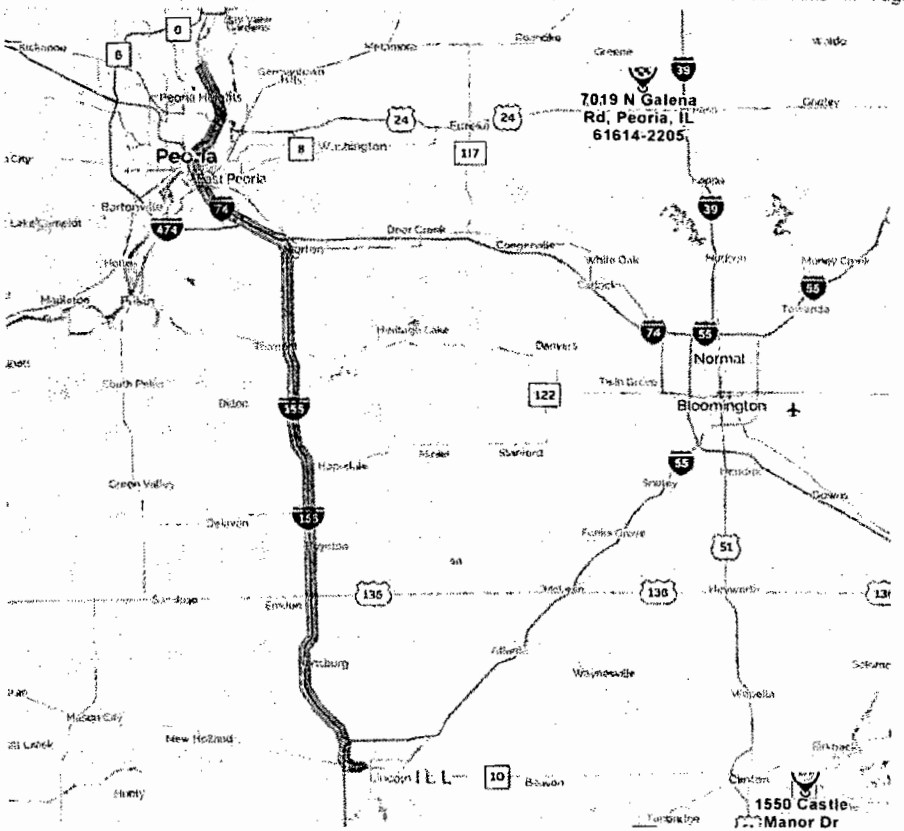
7019 N Galena Rd, Peoria, IL 61614-2205

51 MIN | 49.1 MI

Trip time based on traffic conditions as of 1:40 PM on February 29, 2016. Current Traffic: Light

The Lutheran Home

1. Start out going **west** on Castle Manor Dr toward Malerich Dr.	
Then 0.03 miles	0.03 total miles
2. Turn **right** onto Malerich Dr.	
Then 0.25 miles	0.28 total miles
3. Turn **left** onto Woodlawn Rd/IL-10.	
Then 1.00 miles	1.28 total miles
4. Merge onto I-55 N/Veterans Pkwy toward **I-155 N/Peoria/Bloomington**.	
Then 1.02 miles	2.30 total miles
5. Merge onto I-155 N via EXIT 127 on the **left** toward **Peoria/Hartsburg**.	
Then 31.95 miles	34.25 total miles
6. Merge onto I-74 W via the exit on the **left** toward **Peoria**.	
Then 7.92 miles	42.18 total miles
7. Take the **IL-29/Adams St** exit, EXIT 93, toward **Jefferson Ave/Downtown Peoria**.	
Then 0.18 miles	42.35 total miles
8. Turn **right** onto NE Adams St/IL-29. Continue to follow IL-29. *If you are on Spalding Ave and reach NE Jefferson Ave you've gone a little too far.*	
Then 6.56 miles	48.91 total miles
9. Make a **U-turn** at E Koch Dr onto N Galena Rd/IL-29. *If you reach Hamilton Rd you've gone about 0.5 miles too far.*	
Then 0.15 miles	49.06 total miles
10. 7019 N GALENA RD is on the **right**. *If you reach St Johns Ct you've gone a little too far.*	



http://www.mapquest.com/directions/list/1/us/il/lincoln/62656-6000/1550-castle-manor-dr-40.154245,-89.3... 2/29/2016

ATTACHMENT-17C

St. Clara's Manor, HSA 3, Logan County
45-Minute Facilities
Utilization Data

FACID	FACNAME	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Admissions	ALOS
6008890	St. Clara's Manor	Lincoln	140	131	36052	70.55%	75.40%	82	439.7
6001739	Christian Nursing Home	Lincoln	112	112	29031	71.02%	71.02%	115	252.4
6005490	Symphony of Lincoln	Lincoln	126	126	30766	66.90%	66.90%	142	216.7
6003917	H & J Von Der Lieth Living Ctr (1)	Mount Pulaski	90	90	25064	76.30%	76.30%	71	353.0
6011688	Mason City Area Nursing Home	Mason City	66	64	21491	89.21%	92.00%	76	346.5
6012991	Villa Health Care East	Sherman	99	99	32323	89.45%	89.45%	200	161.6
6004626	Hopedale Nursing Home (2)	Hopedale	54	52	17911	90.87%	94.37%	41	436.9
6015879	Manor Court of Clinton	Clinton	134	134	43104	88.13%	88.13%	161	267.7
6006399	Morton Villa Care Center	Morton	106	105	28608	73.94%	74.65%	77	371.5
6006407	Morton Terrace	Morton	166	154	37656	62.15%	66.99%	103	365.6
6002489	Capitol Care Center	Springfield	251	194	S8343	63.68%	82.39%	328	177.9
6008940	St. John's Hospital	Springfield	37	37	10150	75.16%	75.16%	899	11.3
6002661	Aperion Care Springfield	Springfield	65	65	22475	94.73%	94.73%	29	775.0
6000996	Bloomington Rehab Hlthcare Ctr	Bloomington	78	78	19439	68.28%	68.28%	67	290.1
6004279	Heritage Health - Springfield	Springfield	178	176	60043	92.42%	93.47%	426	140.9
6008965	St. Joseph's Home For Aged (3)	Springfield	72	71	24185	92.03%	93.32%	26	1137.6
13-067	Luther Oaks (4)	Bloomington				#DIV/0!	#DIV/0!		#DIV/0!
6006811	Oak Terrace Care Center	Springfield	78	60	12556	44.10%	57.33%	56	248.6
6000400	Apostolic Christian Restmor (5)	Morton	116	116	40254	95.07%	95.07%	80	541.3
6005300	Lewis Mem Christian Village	Springfield	171	156	54775	87.76%	96.20%	517	105.9
6004709	Illinois Presbyterian Home	Springfield	15	10	1327	24.24%	36.36%	26	594.5
6016794	Bridge Care Suites	Springfield	75	75	19644	71.76%	71.76%	621	31.6
6008239	Regency Care	Springfield	95	95	28401	81.91%	81.91%	128	228.7
6003933	Hallmark House Nursing Center	Pekin	71	70	20944	80.82%	81.97%	187	112.0
6009922	Westminster Village	Bloomington	78	78	22847	80.25%	80.25%	126	181.3
6011407	St. Joseph's Medical Center	Bloomington	12	12	2882	65.80%	65.80%	285	10.1
6007330	Timbercreek Rehab & Health Care	Pekin	202	202	46193	62.65%	62.65%	199	232.1
6005946	McLean County Nursing Home	Normal	150	150	48580	88.73%	88.73%	128	379.5
6009245	Sunny Acres Nursing Home	Petersburg	106	96	30589	79.06%	87.30%	105	291.3
6011712	Pekin Manor	Pekin	130	130	40688	85.75%	85.75%	206	197.5
6007363	Decatur Manor Healthcare	Decatur	147	147	47807	89.10%	89.10%	102	468.7
6006282	Symphony of Decatur	Decatur	195	190	64510	90.64%	93.02%	290	222.4
6005508	Aperion Care Decatur	Decatur	140	138	27708	54.22%	55.01%	185	149.8
6001010	ARBA Care Center of Bloomington	Bloomington	117	109	36435	85.32%	91.58%	102	357.2
6004261	Heritage Health - Bloomington	Bloomington	111	111	25863	63.84%	63.84%	318	81.3
6016711	Concordia Village	Springfield	64	64	22136	94.76%	94.76%	157	141.0
6003198	Fondulac Rehab & Health Care Ctr	East Peoria	98	98	25208	70.47%	70.47%	85	296.6
6005938	Mckinley Court	Decatur	150	150	47381	86.54%	86.54%	245	193.4
6008510	Heritage Health - Normal	Normal	164	164	42695	71.32%	71.32%	292	146.2
6000285	Heartland of Decatur	Decatur	117	117	34787	81.46%	81.46%	298	116.7
6016687	Hickory Point Christian Village	Forsyth	64	64	19712	84.38%	84.38%	368	53.6
6012017	Rosewood Care Center - East Peoria	East Peoria	120	120	34927	79.74%	79.74%	236	148.0
6008056	Heartland of Riverview	East Peoria	71	67	22106	85.30%	90.39%	566	39.1
6000244	Heartland of Normal	Normal	116	106	33928	80.13%	87.69%	614	55.3
			4747	3909	1158886	66.88%	81.22%	8638	137.0

(1) profile & website address: 1120 North Topper Dr, Mount Pulaski
(2) profile & website address: 107 Tremont Street, Hopedale
(3) profile & webiste address: 3306 South 6th Street Road, Springfield
(4) Permit issued to establish an 18 bed Nursing Care facility 02/20/2014
(5) profile & website address: 1500 Parkside Drive, Morton

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
Microsoft MapPoint 2009

ATTACHMENT-17D

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers

Facility ID	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Michael Eads

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
E. Zachary Dinardo
1, N. Old State Capital Plz. 200
Springfield, IL 62701

Date Questionnaire Completed 4/3/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	98
Total Admissions 2013	82
Total Discharges 2013	82
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	4
Muscula-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	98

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	140	131	106	131	98	42	140	140
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	140	131	106	131	98	42	140	140

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	2345	4.6%	23190	45.4%	0	0	10517	0	36052	70.6%	75.4%
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	2345	4.6%	23190	45.4%	0	0	10517	0	36052	70.0%	75.4%

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	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	4	0	0	0	0	0	0	0	4	0	4
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	8	54	0	0	0	0	0	0	8	54	62
TOTALS	22	76	0	0	0	0	0	0	22	76	98

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	0	33	0	98
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	11	54	0	0	33	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	171
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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	33.00
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
21.0%	42.7%	0.0%	0.0%	35.3%	100.0%		
1,418,423	2,762,688	0	0	2,284,067	6,465,178	0	0.0%

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

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ATTACHMENT-17E

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Reference Numbers

Facility ID	6001739	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Jo Hilliard

Contact Person and Telephone
Kenna Hudson
314.587.7024

Registered Agent Information

Date Questionnaire Completed 4/8/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	100
Total Admissions 2013	115
Total Discharges 2013	113
Residents on 12/31/2013	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	35
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	102

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	112	112	111	112	102	10	110	105
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	111	112	102	10	110	105

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	3010	9.0%	9804	25.6%	0	1466	14151	0	28031	71.0%	71.0%
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	3010	9.0%	9804	25.6%	0	1466	14151	0	28031	71.0%	71.0%

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	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	7	0	0	0	0	0	0	0	7	7
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	13	53	0	0	0	0	0	0	13	53	66
TOTALS	20	82	0	0	0	0	0	0	20	82	102

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6001739	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan 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	41	5	1	41	0	102
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	41	5	1	41	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	176
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	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	102	0	0	0	102
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.40
LPN's	13.00
Certified Aides	38.00
Other Health Staff	3.00
Non-Health Staff	38.00
Totals	97.40

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
25.1%	31.2%	0.0%	1.6%	42.2%	100.0%		
1,660,268	2,103,503	0	105,539	2,844,072	6,743,442	0	0.0%

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

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ATTACHMENT-17E

SYMPHONY OF LINCOLN
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers

Facility ID	6005490	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Ola Filade

Contact Person and Telephone
Jean Carter
217-735-1538

Registered Agent Information

Date Questionnaire Completed 4/9/2015

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	87
Total Admissions 2013	142
Total Discharges 2013	208
Residents on 12/31/2013	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	11
Respiratory System	30
Digestive System	10
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 4

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	126	126	98	126	92	34	99	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	98	126	92	34	99	126

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5021	13.9%	20487	44.5%	0	451	4807	0	30766	66.9%	66.9%
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	5021	13.9%	20487	44.5%	0	451	4807	0	30766	66.9%	66.9%

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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	9	14	0	0	0	0	0	0	9	14	23
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	32	60	0	0	0	0	0	0	32	60	92

SYMPHONY OF LINCOLN
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6005490	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	56	0	2	14	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	20	56	0	2	14	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
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	0	0	0	0	0
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	18.00
Totals	78.00

NET REVENUE BY PAYDR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.1%	25.5%	0.0%	6.5%	18.9%	100.0%		
2,459,003	1,275,222	0	326,051	947,047	5,007,323	0	0.0%

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

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ATTACHMENT-17E

H & J VONDERLIETH LIVING CENTER
1120 NORTH TOPPER DRIVE
MOUNT PULASKI, IL. 62548

Reference Numbers

Facility ID	6003917	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Kynda Buenrostro

Contact Person and Telephone
Rebecca Howard
(309) 628-4301

Registered Agent Information
Julian Wubben
234 2100th Avenue
Mount Pulaski, IL 62548

Date Questionnaire Completed 4/16/2015

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	70
Total Admissions 2013	71
Total Discharges 2013	69
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	20
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Muscule-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 53

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	90	90	76	90	72	18	0	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	0	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	1502	0.0%	12700	38.7%	0	0	10862	0	25064	76.3%	76.3%
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	1502	0.0%	12700	38.7%	0	0	10862	0	25064	76.3%	76.3%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	17	55	0	0	0	0	0	0	17	55	72

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ATTACHMENT-17E

H & J VONDERLIETH LIVING CENTER
1120 NORTH TOPPER DRIVE
MOUNT PULASKI, IL. 62548

Classification Numbers

License Number	6003917	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	0	0	26	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	40	0	0	26	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	171
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	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
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	6.20
LPN's	12.17
Certified Aides	31.94
Other Health Staff	0.00
Non-Health Staff	25.17
Totals	77.48

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
18.6%	35.0%	0.0%	0.0%	46.4%	100.0%		
815,613	1,536,685	0	0	2,036,325	4,388,623	0	0.0%

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

MASON CITY AREA NURSING HOME
520 N. PRICE AVE. PO BOX 32
MASON CITY, IL. 62664

Reference Numbers

Facility ID	6011688	
Health Service Area	003	
Planning Service Area	125	Mason
County	125	Mason County

Administrator
Christine Banks

Contact Person and Telephone
Rebecca Howard

Registered Agent Information
Dave Underwood
115 W. Jefferson, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/9/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	70
Total Admissions 2013	76
Total Discharges 2013	72
Residents on 12/31/2013	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	21
Mental Illness	2
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Muscullo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	10
TOTALS	71

Total Residents Diagnosed as Mentally Ill 2

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	66	64	64	59	57	9	66	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	16	15	16	14	17		
TOTAL BEDS	97	80	79	75	71	26	66	66

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1680	7.0%	10942	45.4%	0	0	8869	0	21491	89.2%	92.0%
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	4844	0	4844	42.8%	82.9%
TOTALS	1680	7.0%	10942	45.4%	0	0	13713	0	26335	74.4%	90.2%

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	4	0	0	0	0	0	1	1	5	6
75 to 84	2	11	0	0	0	0	0	3	2	14	16
85+	5	33	0	0	0	0	1	9	6	42	48
TOTALS	9	48	0	0	0	0	1	13	10	61	71

MASON CITY AREA NURSING HOME
520 N. PRICE AVE. PO BOX 32
MASON CITY, IL. 62664

Classification Numbers

License Number	6011688	
Health Service Area	003	
Planning Service Area	125	Mason
County	125	Mason County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	24	0	0	25	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	14	0	14
TOTALS	8	24	0	0	39	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	113	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.	1	0	0	0	1
White	56	0	0	14	70
Race Unknown	0	0	0	0	0
Total	57	0	0	14	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	14	71
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	14	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	72.00

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
19.0%	29.6%	0.0%	0.0%	51.4%	100.0%		
853,052	1,327,021	0	0	2,304,464	4,484,537	0	0.0%

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

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ATTACHMENT-17E

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers

Facility ID	6012091	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Sharon Herpstreith

Contact Person and Telephone
Rebecca Howard

Registered Agent Information
James Williamson
313 Saratoga Chase
Sherman, IL 62684

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	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 05 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	88
Total Admissions 2013	200
Total Discharges 2013	200
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Muscula-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	15
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	99	99	88	99	88	11	99	99
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	99	88	99	88	11	99	99

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	4290	11.9%	12367	34.2%	0	0	15666	0	32323	89.5%	89.5%
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	4290	11.9%	12367	34.2%	0	0	15666	0	32323	89.5%	89.5%

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	13	11	0	0	0	0	0	0	13	11	24
85+	9	50	0	0	0	0	0	0	9	50	59
TOTALS	25	63	0	0	0	0	0	0	25	63	88

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ATTACHMENT-17E

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Classification Numbers

License Number	6012091	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon 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	37	0	0	37	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	14	37	0	0	37	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	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	88	0	0	0	88
Race Unknown	1	0	0	0	1
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	87	0	0	0	87
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	9.00
LPN's	14.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	102.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.3%	22.4%	0.0%	0.0%	47.2%	100.0%		
2,225,043	1,643,695	0	0	3,464,364	7,333,702	0	0.0%

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

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ATTACHMENT-17E

HOPEDALE NURSING HOME
107 TREMONT STR. P.O. BOX 207
HOPEDALE, IL. 61747

Reference Numbers

Facility ID	0004620	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Larry L. Noreuil

Contact Person and Telephone
TIMOTHY W. SONDAG
309-449-4145

Registered Agent Information

Date Questionnaire Completed 3/24/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
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	49
Total Admissions 2013	41
Total Discharges 2013	41
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	49

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	54	52	51	52	49	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	54	52	51	52	49	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	0	0.0%	0	0.0%	0	519	16435	057	17011	90.0%	94.4%
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	0	0.0%	0	0.0%	0	519	16435	057	17011	90.0%	94.4%

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	1	0	0	0	0	0	0	0	1	1
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	14	35	0	0	0	0	0	0	14	35	49

HOPEDALE NURSING HOME
107 TREMONT STR. P.O. BOX 207
HOPEDALE, IL. 61747

Classification Numbers

License Number	0004620	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell 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	0	0	2	42	5	49
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	0	0	2	42	5	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	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	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	38.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	3.0%	97.0%	100.0%		
0	0	0	88,212	2,866,553	2,954,765	162,622	5.5%

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

MANOR COURT OF CLINTON
1PARK LANE WEST
CLINTON, IL. 61727

Reference Numbers

Facility ID	6015879	
Health Service Area	004	
Planning Service Area	039	DeWitt
County	039	DeWitt County

Administrator
Jennifer Westbrooks

Contact Person and Telephone
JENNIFER WESTBROOKS
217-935-8500

Registered Agent Information

Date Questionnaire Completed 3/4/2015

Continuing Care Retirement Community

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	123
Total Admissions 2013	161
Total Discharges 2013	167
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	19
Digestive System	9
Genitourinary System Disorders	4
Skin Disorders	3
Muscuio-skeletal Disorders	11
Injuries and Poisonings	7
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	117

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	134	134	125	134	117	17	134	134
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	134	134	125	134	117	17	134	134

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	8819	18.0%	20321	41.5%	0	89	13875	0	43104	88.1%	88.1%
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	8819	18.0%	20321	41.5%	0	89	13875	0	43104	88.1%	88.1%

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	3	0	0	0	0	0	0	0	3	3
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	10	24	0	0	0	0	0	0	10	24	34
85+	14	50	0	0	0	0	0	0	14	50	64
TOTALS	30	87	0	0	0	0	0	0	30	87	117

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ATTACHMENT-17E

MANOR COURT OF CLINTON
1PARK LANE WEST
CLINTON, IL. 61727

Classification Numbers

License Number	6015879	
Health Service Area	004	
Planning Service Area	039	DeWitt
County	039	DeWitt County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	60	0	0	33	0	117
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	24	60	0	0	33	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	65.00
Other Health Staff	0.00
Non-Health Staff	66.00
Totals	162.00

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
38.4%	26.0%	0.1%	1.2%	34.3%	100.0%		
3,987,072	2,696,200	13,721	123,079	3,561,808	10,381,880	0	0.0%

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

MORTON VILLA HEALTHCARE AND REHAB CENT
190 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers

Facility ID	6006399	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Erica Otto

Contact Person and Telephone
Erica Otto
309-266-9741

Registered Agent Information
Stan Klein
4600 W. Touhy Ave.
Lincolnwood, IL 60650

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	79
Total Admissions 2013	77
Total Discharges 2013	80
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 3

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	106	105	86	105	76	30	106	106
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	106	105	86	105	76	30	106	106

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	2589	6.7%	18333	47.4%	2571	583	4532	0	28608	73.9%	74.6%
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	2589	6.7%	18333	47.4%	2571	583	4532	0	28608	73.9%	74.6%

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	5	0	0	0	0	0	0	4	5	9
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	29	47	0	0	0	0	0	0	29	47	76

MORTON VILLA HEALTHCARE AND REHAB CENT
190 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Classification Numbers

License Number	6006399	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	59	0	1	11	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	5	59	0	1	11	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	163
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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
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	5.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.8%	62.7%	8.7%	2.2%	17.6%	100.0%		
372,783	2,644,033	368,506	91,063	740,623	4,216,588	0	0.0%

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

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ATTACHMENT-17E

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ATTACHMENT-17E

MORTON TERRACE
191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers

Facility ID	6000407	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Nicole Hibbard

Contact Person and Telephone
Nicole Hibbard
309-266-5331

Registered Agent Information
Stanley Klein
4600 W. Touhy Ave., Suite 200
Lincolnwood, IL 60712

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	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	106
Total Admissions 2013	103
Total Discharges 2013	110
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	6
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 15

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	166	154	113	154	99	67	46	166
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	154	113	154	99	67	46	166

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	2843	16.9%	26807	44.2%	863	693	6450	0	37656	62.1%	67.0%
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	2843	16.9%	26807	44.2%	863	693	6450	0	37656	62.1%	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	1	0	0	0	0	0	0	0	1	1
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	5	16	0	0	0	0	0	0	5	16	21
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	29	70	0	0	0	0	0	0	29	70	99

MORTON TERRACE
101 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Classification Numbers

License Number	6000407	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell 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	66	4	3	19	0	99
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	66	4	3	19	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	163
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	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	34.00
Other Health Staff	1.00
Non-Health Staff	24.00
Totals	82.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.7%	66.2%	2.5%	1.9%	20.6%	100.0%		
482,809	3,681,546	140,600	107,539	1,146,425	5,558,910	0	0.0%

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

CAPITOL HEALTHCARE AND REHAB CENTRE
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers

Facility ID	6002489	
Health Service Area	003	
Planning Service Area	107	Sangamon
County	107	Sangamon County

Administrator
Lance Tossell

Contact Person and Telephone
Kim Willis
217-525-1880

Registered Agent Information
Stan Klem
4600 West Touhy Ave.
Lincolnwood, IL. 60712

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	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	159
Total Admissions 2013	328
Total Discharges 2013	309
Residents on 12/31/2013	178

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	15
Mental Illness	6
Developmental Disability	2
Circulatory System	23
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	4
Muscula-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	74
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 6

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	251	194	166	194	166	85	251	251
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	251	194	166	194	166	85	251	251

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	8530	9.3%	42907	46.8%	309	2970	3627	0	58343	63.7%	82.4%
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	8530	9.3%	42907	46.8%	309	2970	3627	0	58343	63.7%	82.4%

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	8	12	0	0	0	0	0	0	8	12	20
60 to 64	12	8	0	0	0	0	0	0	12	8	20
65 to 74	20	28	0	0	0	0	0	0	20	28	48
75 to 84	20	27	0	0	0	0	0	0	20	27	47
85+	9	20	0	0	0	0	0	0	9	20	29
TOTALS	71	95	0	0	0	0	0	0	71	95	166

CAPITOL HEALTHCARE AND REHAB CENTRE
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6002489	
Health Service Area	003	
Planning Service Area	107	Sangamon
County	107	Sangamon 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	118	0	25	9	0	166
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	118	0	25	9	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	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	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	144	0	0	0	144
Race Unknown	0	0	0	0	0
Total	166	0	0	0	166

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	30.00
Non-Health Staff	53.00
Totals	139.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

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

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ATTACHMENT-17E

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers

Facility ID	6008940	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
Dr. Charles Lucore MD

Contact Person and Telephone
KATHLEEN KRAFT RN, MPH, NHA
217-544-6464 x46218

Registered Agent Information
Amy J Bulpitt JD, Vice President, Legal
800 East Carpenter Street
Springfield, IL 62703

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	31
Total Admissions 2013	899
Total Discharges 2013	904
Residents on 12/31/2013	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	26

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	37	37	30	37	26	11		
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	37	37	30	37	26	11		

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	7797	0.0%	735	0.0%	27	1358	17	216	10150	75.2%	75.2%
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	7797	0.0%	735	0.0%	27	1358	17	216	10150	75.2%	75.2%

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	2	0	0	0	0	0	0	0	2	2
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	8	18	0	0	0	0	0	0	8	18	26

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ATTACHMENT-17E

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6008940	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	3	0	7	1	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	3	0	7	1	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	925	925
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	2	0	0	0	2
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	2	0	0	0	2
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	22.10
LPN's	2.20
Certified Aides	11.50
Other Health Staff	3.00
Non-Health Staff	3.50
Totals	44.40

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
77.7%	1.2%	0.7%	20.3%	0.2%	100.0%		
1,008,772	15,553	8,443	263,220	1,975	1,297,963	102,450	7.9%

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

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ATTACHMENT-17E

APERION CARE SPRINGFIELD
525 S. MARTIN LUTHER KING DR
SPRINGFIELD, IL. 62703

Reference Numbers

Facility ID	6002661	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Jacqueline Liddell

Contact Person and Telephone
Jacqueline Liddell
(217)789-1680

Registered Agent Information
FRED FRANKEL
8131 N. MONTICELLO AVE.
Skokie, IL. 60076

Date Questionnaire Completed 4/15/2015

Continuing Care Retirement Community

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 denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	63
Total Admissions 2013	29
Total Discharges 2013	43
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	42
Developmental Disability	1
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 57

Total Residents Reported as Identified Offenders 14

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	65	65	65	65	59	6	0	65
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	65	65	65	65	59	6	0	65

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%	22475	94.7%	0	0	0	0	22475	94.7%	94.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	22475	94.7%	0	0	0	0	22475	94.7%	94.7%

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	5	2	0	0	0	0	0	0	5	2	7
45 to 59	11	6	0	0	0	0	0	0	11	6	17
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	37	22	0	0	0	0	0	0	37	22	59

APERION CARE SPRINGFIELD
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Classification Numbers

License Number	6002661	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon 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	57	0	0	2	0	59
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	57	0	0	2	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	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	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	7.00
Non-Health Staff	14.00
Totals	50.00

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%	94.5%	0.2%	0.0%	5.3%	100.0%		
0	2,230,459	5,722	0	124,980	2,361,161	0	0.0%

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

FACILITY NOTES

Name Change	7/1/2014	Formerly Springfield Care Center.

BLOOMINGTON REHAB HLTHCARE CTR
1925 SOUTH MAIN STREET
BLOOMINGTON, IL 61704

Reference Numbers

Facility ID	6000906	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Janice L Kindred

Contact Person and Telephone
Marikay Snyder
309-689-5680

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	51
Total Admissions 2013	67
Total Discharges 2013	65
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 3

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	78	78	58	78	53	25	26	78
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	78	78	58	78	53	25	26	78

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	965	10.2%	16257	57.1%	0	98	2119	0	19439	68.3%	68.3%
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	965	10.2%	16257	57.1%	0	98	2119	0	19439	68.3%	68.3%

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	3	0	0	0	0	0	0	6	3	9
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	26	27	0	0	0	0	0	0	26	27	53

BLOOMINGTON REHAB HLTHCARE CTR
1925 SOUTH MAIN STREET
BLOOMINGTON, IL 61704

Classification Numbers

License Number	6000906	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	44	0	1	6	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate O		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	44	0	1	6	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	129
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	53.00

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
16.8%	71.4%	0.0%	1.6%	10.3%	100.0%		
490,076	2,082,358	0	46,070	299,272	2,917,776	11,478	0.4%

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

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ATTACHMENT-17E

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Reference Numbers

Facility ID	6004279	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Daniel Krug

Contact Person and Telephone
Daniel Krug
217-789-0030

Registered Agent Information
Steve Wannemacher
115 West Jefferson Street Suite 401
Bloomington, IL 61701

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	169
Total Admissions 2013	426
Total Discharges 2013	428
Residents on 12/31/2013	167

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	18
Alzheimer Disease	10
Mental Illness	21
Developmental Disability	1
Circulatory System	31
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	167

Total Residents Diagnosed as Mentally Ill 66

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	178	176	167	176	167	11	177	177
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	178	176	167	176	167	11	177	177

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	9410	14.6%	36432	56.4%	139	0	14054	0	60043	92.4%	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	9410	14.6%	36432	56.4%	139	0	14054	0	60043	92.4%	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	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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	16	47	0	0	0	0	0	0	10	47	03
85+	10	66	0	0	0	0	0	0	16	66	82
TOTALS	41	126	0	0	0	0	0	0	41	126	167

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6004279	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	109	0	0	32	0	167
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	109	0	0	32	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	214	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	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	0	0	0	0	0
Total	167	0	0	0	167

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	0	167

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	30.00
Certified Aides	83.00
Other Health Staff	67.00
Non-Health Staff	6.00
Totals	205.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.0%	35.0%	0.2%	0.0%	30.8%	100.0%		
4,653,194	4,802,269	22,955	0	4,226,303	13,704,631	0	0.0%

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

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ATTACHMENT-17E

ST. JOSEPH'S HOME FOR AGED
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Reference Numbers

Facility ID	6008965	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Sister M. Lenore Highland

Contact Person and Telephone
SISTER M. LENORE HIGHLAND
217-529-5596

Registered Agent Information
Sister Paula Vasquez
2406 West Heading Avenue
West Peoria, IL. 61604

Date Questionnaire Completed 3/19/2015

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	83
Total Admissions 2013	26
Total Discharges 2013	30
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	40
Mental Illness	4
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

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	72	71	71	71	65	7	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	35	27	27	27	14	21		
TOTAL BEDS	107	98	98	98	79	28	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	0	0.0%	0	0.0%	0	0	21660	2525	24185	92.0%	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	4723	670	5393	42.2%	54.7%
TOTALS	0	0.0%	0	0.0%	0	0	26383	3195	29578	75.7%	82.7%

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	0	1	0	0	0	0	0	0	0	1	1
75 to 84	9	13	0	0	0	0	2	1	11	14	25
85+	10	32	0	0	0	0	3	8	13	40	53
TOTALS	19	46	0	0	0	0	5	9	24	55	79

ST. JOSEPH'S HOME FOR AGED
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Classification Numbers

License Number	6008965	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon 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	0	0	0	59	6	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	12	2	14
TOTALS	0	0	0	0	71	8	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	118	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	65	0	0	14	79
Race Unknown	0	0	0	0	0
Total	65	0	0	14	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	65	0	0	14	79
Total	65	0	0	14	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	22.50
Certified Aides	38.50
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	116.50

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	5,648,068	5,648,068	334,678	5.9%

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

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ATTACHMENT-17E

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL 62702

Reference Numbers

Facility ID	6006811	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Jeremy Woodle

Contact Person and Telephone
JEREMY WOODLE
2177876468

Registered Agent Information
Oak Terrace Healthcare Center c/o Kelly
1750 W. Washington Street
Springfield, IL 62702

Date Questionnaire Completed 4/16/2015

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
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	32
Total Admissions 2013	56
Total Discharges 2013	48
Residents on 12/31/2013	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	5
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	40

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	78	60	40	60	38	40	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	6	6	4	2	18		
TOTAL BEDS	98	66	46	64	40	58	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	0	0.0%	0	0.0%	0	0	12556	0	12556	44.1%	57.3%
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	1367	0	1367	18.7%	62.4%
TOTALS	0	0.0%	0	0.0%	0	0	13923	0	13923	38.0%	57.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	7	17	0	0	0	0	0	2	7	19	26
TOTALS	10	28	0	0	0	0	0	2	10	30	40

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ATTACHMENT-17E

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL 62702

Classification Numbers

License Number	6006811	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon 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	0	0	0	38	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	0	0	0	0	40	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	130	110

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	2	40
Race Unknown	0	0	0	0	0
Total	38	0	0	2	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	2	40
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	2	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.50
Certified Aides	12.00
Other Health Staff	2.00
Non-Health Staff	4.50
Totals	29.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,257,422	2,257,422	0	0.0%

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

APOSTOLIC CHRISTIAN RESTMOR
1500 PARKSIDE DR.
MORTON, IL. 61550

Reference Numbers

Facility ID	6000400	
Health Service Area	002	
Planning Service Area	170	Tazewell
County	179	Tazewell County

Administrator
John Kelley

Contact Person and Telephone
MICHAEL KAISER

Registered Agent Information
James Benckendorf
100 N Main
Morton, IL 61550

Date Questionnaire Completed 4/1/2015

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 'I'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	117
Total Admissions 2013	80
Total Discharges 2013	80
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	13
Mental Illness	11
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	3
Other Medical Conditions	39
Non-Medical Conditions	1
TOTALS	117

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	116	116	116	116	109	7	42	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	12	12	10	12	8	4		
TOTAL BEDS	128	128	126	128	117	11	42	34

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3315	21.6%	3651	29.4%	0	0	33288	0	40254	95.1%	95.1%
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	3052	0	3052	69.7%	69.7%
TOTALS	3315	21.6%	3651	29.4%	0	0	30340	0	43306	92.7%	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	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	0
75 to 84	5	20	0	0	0	0	1	2	6	22	28
85+	22	55	0	0	0	0	2	3	24	58	82
TOTALS	20	80	0	0	0	0	3	5	32	85	117

APOSTOLIC CHRISTIAN RESTMOR
1500 PARKSIDE DR.
MORTON, IL. 61550

Classification Numbers

License Number	6000400	
Health Service Area	002	
Planning Service Area	170	Tazewell
County	179	Tazewell 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	9	0	0	91	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	9	9	0	0	99	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	244
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	177	158

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	109	0	0	8	117
Race Unknown	0	0	0	0	0
Total	109	0	0	8	117
ETHNICITY	**Nursing Care**	**Skilled Under 22**	**Intermediate DD**	**Sheltered Care**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	8	117
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	8	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	11.00
Certified Aides	60.00
Other Health Staff	11.00
Non-Health Staff	60.00
Totals	165.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.0%	4.2%	0.0%	0.0%	84.8%	100.0%		
1,300,762	490,368	0	0	10,015,414	11,806,544	0	0.0%

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

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ATTACHMENT-17E

LEWIS MEM CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Reference Numbers

Facility ID	6005300	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Cindy Schaaf RN

Contact Person and Telephone
Susan McGhee

Registered Agent Information
Quinn Murphy Registered Agent
23 South First Street
Belleville, IL 62220

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	152
Total Admissions 2013	517
Total Discharges 2013	526
Residents on 12/31/2013	143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	7
Blood Disorders	6
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	17
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	7
Musculo-skeletal Disorders	20
Injuries and Poisonings	10
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	143

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	171	156	154	156	143	28	171	105
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	171	156	154	156	143	28	171	105

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	8766	14.0%	23589	61.5%	0	5208	17212	0	54775	87.8%	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	8766	14.0%	23589	61.5%	0	5208	17212	0	54775	87.8%	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	0	0	0	0	0	0	0	0	0	0
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	11	14	0	0	0	0	0	0	11	14	25
75 to 84	16	31	0	0	0	0	0	0	16	31	47
85+	17	49	0	0	0	0	0	0	17	49	66
TOTALS	46	97	0	0	0	0	0	0	46	97	143

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ATTACHMENT-17E

LEWIS MEM CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Classification Numbers

License Number	6005300	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	59	0	18	46	0	143
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	20	59	0	18	46	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	189
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	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	132	0	0	0	132
Race Unknown	0	0	0	0	0
Total	143	0	0	0	143

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	143	0	0	0	143

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	42.00
Certified Aides	82.00
Other Health Staff	3.00
Non-Health Staff	55.00
Totals	196.00

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
40.8%	21.0%	0.0%	12.1%	25.3%	100.0%		
5,436,026	2,699,003	0	1,610,257	3,365,789	13,312,045	0	0.0%

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

FACILITY NOTES

Bed Change	5/28/2014	Added 16 Nursing Care beds to existing facility; facility now approved for 171 Nursing Care beds.

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ATTACHMENT-17E

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Reference Numbers

Facility ID	6004709	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
THOMAS P. O'FALLON

Contact Person and Telephone
THOMAS P. O'FALLON
217-546-5622

Registered Agent Information
Harvey M. Stephens
205 S. Fifth Street, Suite 700
Springfield, IL 62701

Date Questionnaire Completed 4/8/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	45
Total Admissions 2013	26
Total Discharges 2013	27
Residents on 12/31/2013	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

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	15	10	5	10	5	10	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	73	51	41	51	39	34		
TOTAL BEDS	88	61	46	61	44	44	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	0	0.0%	0	0.0%	0	0	830	497	1327	24.2%	36.4%
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	9834	5295	14129	53.0%	75.9%
TOTALS	0	0.0%	0	0.0%	0	0	0664	5702	15456	48.1%	60.4%

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	1	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	6	0	6	6
85+	1	4	0	0	0	0	4	28	5	32	37
TOTALS	1	4	0	0	0	0	4	35	5	39	44

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Classification Numbers

License Number	6004709	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon 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	0	0	0	5	0	5
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	39	0	39
TOTALS	0	0	0	0	44	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	81
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	52	52

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	5	0	0	39	44
Race Unknown	0	0	0	0	0
Total	5	0	0	39	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	5	0	0	39	44
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	39	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.12
LPN's	4.33
Certified Aides	5.59
Other Health Staff	0.65
Non-Health Staff	11.65
Totals	24.84

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	1,080,155	1,080,155	404,831	37.5%

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

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ATTACHMENT-17E

BRIDGE CARE SUITES
3089 OLD JACKSONVILLE ROAD
SPRINGFIELD, IL. 62704

Reference Numbers

Facility ID	6016794	
Health Service Area	093	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Lisa Cone

Contact Person and Telephone
Lisa Cone
217-787-0000

Registered Agent Information
V Corp Services LLC
25 Robert Pitt Drive Suite 204

Date Questionnaire Completed 4/15/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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	34
Total Admissions 2013	621
Total Discharges 2013	595
Residents on 12/31/2013	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	56
Non-Medical Conditions	0
TOTALS	56

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	75	75	67	75	56	19	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	75	75	67	75	56	19	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	13048	0.0%	0	0.0%	0	5981	593	22	19644	71.8%	71.8%
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	13048	0.0%	0	0.0%	0	5981	593	22	19644	71.8%	71.8%

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	2	3	0	0	0	0	0	0	2	3	5
65 to 74	10	18	0	0	0	0	0	0	10	18	28
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	18	38	0	0	0	0	0	0	18	38	56

BRIDGE CARE SUITES
3089 OLD JACKSONVILLE ROAD
SPRINGFIELD, IL. 62704

Classification Numbers

License Number	6016794	
Health Service Area	093	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	0	0	21	2	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	0	0	21	2	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	56.00

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
68.0%	0.0%	0.0%	29.6%	2.4%	100.0%		
5,773,078	0	0	2,513,405	203,945	8,490,428	0	0.0%

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

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL 62702

Reference Numbers

Facility ID	6008239	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Tony Twardowski

Contact Person and Telephone
Tony Twardowski
217-793-4080

Registered Agent Information

Date Questionnaire Completed 4/10/2015

Life Care Facility

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 denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	77
Total Admissions 2013	128
Total Discharges 2013	135
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	4
Blood Disorders	6
*Nervous System Non Alzheimer Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

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	95	95	87	95	68	27	1	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	4	2	4	2	2		
TOTAL BEDS	99	99	89	99	70	29	1	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	5038	#######	2418	0.0%	0	0	20947	0	28401	81.9%	81.9%
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	872	0	872	59.7%	59.7%
TOTALS	5038	#######	2418	0.0%	0	0	21819	0	29273	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	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	3	0	0	0	0	0	0	2	3	5
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	11	43	0	0	0	0	0	2	11	45	56
TOTALS	19	49	0	0	0	0	0	2	19	51	70

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL 62702

Classification Numbers

License Number	6008239	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon 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	6	0	0	50	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	12	0	0	0	52	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	330	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	259	159

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	67	0	0	2	69
Race Unknown	0	0	0	0	0
Total	68	0	0	2	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	2	69
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	2	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	17.00
Non-Health Staff	30.00
Totals	98.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.5%	2.8%	0.0%	0.0%	56.7%	100.0%		
2,976,813	205,822	0	0	4,167,185	7,349,820	0	0.0%

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

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ATTACHMENT-17E

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Reference Numbers

Facility ID	0003033	
Health Service Area	002	
Planning Service Area	170	Tazewell
County	179	Tazewell County

Administrator
Laurie Read

Contact Person and Telephone
Laurie Read
309-347-3121

Registered Agent Information

Date Questionnaire Completed 4/1/2015

Life Care Facility

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 denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	68
Total Admissions 2013	187
Total Discharges 2013	196
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	2
Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	8
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	1
Muscuto-skeletal Disorders	4
Injuries and Poisonings	13
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	59

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	71	70	69	68	59	12	71	26
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	8		
TOTAL BEDS	71	70	69	68	59	12	71	26

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	4718	18.2%	6393	67.4%	0	0	9833	0	20944	80.8%	82.0%
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	4718	18.2%	6393	67.4%	0	0	9833	0	20944	80.8%	82.0%

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	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	2	0	0	0	0	0	0	1	2	3
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	10	30	0	0	0	0	0	0	10	30	40
TOTALS	18	41	0	0	0	0	0	0	18	41	59

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Classification Numbers

License Number	0003033	
Health Service Area	002	
Planning Service Area	170	Tazewell
County	170	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	18	0	0	22	0	59
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	18	0	0	22	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	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	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	23.00
Other Health Staff	25.00
Non-Health Staff	0.00
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
37.0%	21.1%	0.0%	0.0%	41.9%	100.0%		
1,963,581	1,119,494	0	0	2,219,468	5,302,543	0	0.0%

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

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ATTACHMENT-17E

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ATTACHMENT-17E

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers

Facility ID	6009922	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Matt Riehle

Contact Person and Telephone
Matt Riehle
309-663-6474

Registered Agent Information
Barbara Nathan
2025 E. Lincoln
Bloomington, IL 61701

Date Questionnaire Completed 4/8/2015

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	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	60
Total Admissions 2013	126
Total Discharges 2013	116
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	5
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

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	78	78	72	78	70	8	39	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	78	78	72	78	70	8	39	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	3809	26.8%	0	0.0%	0	0	19038	0	22847	80.2%	80.2%
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	3809	26.8%	0	0.0%	0	0	19038	0	22847	80.2%	80.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	9	22	0	0	0	0	0	0	9	22	31
85+	10	28	0	0	0	0	0	0	10	28	38
TOTALS	20	50	0	0	0	0	0	0	20	50	70

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6009922	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean 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	0	0	0	00	0	70
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	0	0	0	60	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	428	214
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	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	7.00
Totals	54.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Date)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.1%	0.0%	0.0%	0.0%	75.9%	100.0%		
1,201,147	0	0	0	3,791,653	4,992,800	0	0.0%

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

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Reference Numbers

Facility ID	6011407	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	065	Hamilton County

Administrator
Chad Boore

Contact Person and Telephone
Kyle Scheuer
309-662-3311 x3070

Registered Agent Information
OSF St. Joseph Medical Center
2200 East Washington St
Bloomington, IL 61701

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	8
Total Admissions 2013	285
Total Discharges 2013	284
Residents on 12/31/2013	9

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Muscule-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	9

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	12	12	11	12	9	3	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	12	12	11	12	9	3	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	2361	0.0%	221	0.0%	0	266	6	28	2882	65.8%	65.8%
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	2361	0.0%	221	0.0%	0	266	6	28	2882	65.8%	65.8%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	6	3	0	0	0	0	0	0	6	3	9

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6011407	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	065	Hamilton County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	2	0	0	0	1	9
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	2	0	0	0	1	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	575
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	7	0	0	0	7
Race Unknown	1	0	0	0	1
Total	9	0	0	0	9
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	8	0	0	0	8
Ethnicity Unknown	1	0	0	0	1
Total	9	0	0	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	6.30
LPN's	0.80
Certified Aides	4.20
Other Health Staff	0.00
Non-Health Staff	0.40
Totals	12.15

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

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

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ATTACHMENT-17E

TIMBERCREEK REHAB & HEALTH CARE
2220 STATE STREET
PEKIN, IL 61554

Reference Numbers

Facility ID	6007330	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Lisa McCoy

Contact Person and Telephone
Mankay Snyder
309-680-5880

Registered Agent Information
Mankay L Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/30/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developamentally 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 approved by IT

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	127
Total Admissions 2013	109
Total Discharges 2013	104
Residents on 12/31/2013	132

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	15
Mental Illness	8
Developmental Disability	0
Circulatory System	18
Respiratory System	21
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	3
Muscullo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 5

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	202	202	137	202	132	70	202	202
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	202	202	137	202	132	70	202	202

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	5562	7.5%	35614	48.3%	1022	130	3865	0	46193	62.7%	62.7%
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	5562	7.5%	35614	48.3%	1022	130	3865	0	46193	62.7%	62.7%

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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	12	13	0	0	0	0	0	0	12	13	25
60 to 64	12	7	0	0	0	0	0	0	12	7	19
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	16	21	0	0	0	0	0	0	16	21	37
TOTALS	59	73	0	0	0	0	0	0	59	73	132

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ATTACHMENT-17E

TIMBERCREEK REHAB & HEALTH CARE
2220 STATE STREET
PEKIN, IL 61554

Classification Numbers

License Number	6007330	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell 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	102	0	6	11	0	132
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	102	0	6	11	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	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	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	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	16.00
Certified Aides	62.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
29.2%	59.0%	2.1%	2.3%	7.4%	100.0%		
2,265,123	4,580,389	159,741	177,004	574,880	7,757,137	10,329	0.1%

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

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Reference Numbers

Facility ID	6005946	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Cindy Wagner

Contact Person and Telephone
Cindy Nokes
309-888-5198

Registered Agent Information

Date Questionnaire Completed 3/11/2015

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 Diseases w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	133
Total Admissions 2013	128
Total Discharges 2013	133
Residents on 12/31/2013	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	11
Mental Illness	13
Developmental Disability	0
Circulatory System	28
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	14
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	128

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 3

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	140	150	128	22	18	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	140	150	128	22	18	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	1404	21.4%	32251	58.9%	154	0	14771	0	48580	88.7%	88.7%
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	1404	21.4%	32251	58.9%	154	0	14771	0	48580	88.7%	88.7%

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	13	81	0	0	0	0	0	0	13	81	94
TOTALS	24	104	0	0	0	0	0	0	24	104	128

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Classification Numbers

License Number	6005946	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	86	1	0	38	0	128
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	86	1	0	38	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	18.00
Certified Aides	54.00
Other Health Staff	10.00
Non-Health Staff	55.00
Totals	153.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.7%	57.7%	0.2%	0.0%	33.4%	100.0%		
610,032	4,031,731	12,682	0	2,334,248	6,989,293	0	0.0%

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

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ATTACHMENT-17E

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Reference Numbers

Facility ID	6000245	
Health Service Area	003	
Planning Service Area	129	Menard
County	129	Menard County

Administrator
Dianne Cochran

Contact Person and Telephone
Dianne Cochran
217-632-2334

Registered Agent Information
Tricia Duncheon
Menard County Courthouse
Petersburg, IL 62675

Date Questionnaire Completed 4/14/2014

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	81
Total Admissions 2013	105
Total Discharges 2013	104
Residents on 12/31/2013	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	22
Developmental Disability	1
Circulatory System	16
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 36

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	106	98	90	98	82	24	0	100
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	106	98	90	98	82	24	0	100

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	2801	0.0%	13801	35.9%	0	0	13897	0	30589	79.1%	87.3%
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	2801	0.0%	13801	35.9%	0	0	13897	0	30589	79.1%	87.3%

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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	12	38	0	0	0	0	0	0	12	38	50
TOTALS	24	58	0	0	0	0	0	0	24	58	82

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Classification Numbers

License Number	6000245	
Health Service Area	003	
Planning Service Area	129	Menard
County	129	Menard 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	32	0	3	40	0	82
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	32	0	3	40	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.1%	29.7%	0.0%	0.0%	34.3%	100.0%		
2,073,372	1,704,687	0	0	1,970,743	5,749,002	0	0.0%

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

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ATTACHMENT-17E

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Reference Numbers

Facility ID	6011712	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Brandy Cooper

Contact Person and Telephone
Brandy Cooper
309-353-1098

Registered Agent Information
J. Michael Biba
285 S. Fairham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/8/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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

None: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	106
Total Admissions 2013	206
Total Discharges 2013	195
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	11
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	9
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	117

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	130	130	120	130	117	13	130	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	120	130	117	13	130	115

FACILITY UTILIZATION - 2014

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7787	16.4%	16846	40.1%	2121	520	13414	0	40688	85.7%	85.7%
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	7787	16.4%	16846	40.1%	2121	520	13414	0	40688	85.7%	85.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	0	0	0	0	0	0	1	1	2
65 to 74	1	9	0	0	0	0	0	0	1	9	10
75 to 84	14	30	0	0	0	0	0	0	14	30	44
85+	16	45	0	0	0	0	0	0	16	45	61
TOTALS	32	85	0	0	0	0	0	0	32	85	117

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Classification Numbers

License Number	6011712	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell 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	25	24	4	41	0	117
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	25	24	4	41	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	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	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	58.00
Other Health Staff	0.00
Non-Health Staff	29.00
Totals	109.00

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
36.9%	28.2%	3.2%	1.2%	30.5%	100.0%		
3,109,007	2,373,094	273,868	104,189	2,569,218	8,430,076	0	0.0%

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

FACILITY NOTES

Bed Change	11/7/2014	Facility added 10 Nursing Care beds; facility now has 130 Nursing Care beds.

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ATTACHMENT-17E

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ATTACHMENT-17E

DECATUR MANOR HEALTHCARE
1016 WEST PERSHING ROAD
DECATUR, IL. 62526

Reference Numbers

Facility ID	6007363	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Ruth Huber

Contact Person and Telephone
Ruth Huber
2178750833

Registered Agent Information
Thomas Winter
6840 N. Lincoln
Lincolnwood, IL 60712

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	1
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	124
Total Admissions 2013	102
Total Discharges 2013	93
Residents on 12/31/2013	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	133
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscule-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 133

Total Residents Reported as Identified Offenders 35

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	147	147	139	147	133	14	0	127
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	147	147	139	147	133	14	0	127

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%	43091	93.0%	1904	0	2812	0	47807	89.1%	89.1%
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	0	0.0%	43091	93.0%	1904	0	2812	0	47807	89.1%	89.1%

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	27	10	0	0	0	0	0	0	27	10	37
45 to 59	35	22	0	0	0	0	0	0	35	22	57
60 to 64	9	11	0	0	0	0	0	0	9	11	20
65 to 74	12	6	0	0	0	0	0	0	12	6	18
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	84	49	0	0	0	0	0	0	84	49	133

DECATUR MANOR HEALTHCARE
1016 WEST PERSHING ROAD
DECATUR, IL. 62526

Classification Numbers

License Number	6007363	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon 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	122	5	0	6	0	133
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	122	5	0	6	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	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	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	2	0	0	0	2
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	45.00
Totals	79.00

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%	70.4%	5.1%	0.0%	24.5%	100.0%		
0	3,391,748	243,651	0	1,179,075	4,814,474	0	0.0%

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

SYMPHONY ASPEN LLC dbSYMPHONY OF DECA
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers

Facility ID	6006282	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Lisa A. Tradeau

Contact Person and Telephone
JULIE WARDEN
(217) 875-0920

Registered Agent Information
Illinois Corporation Service Company
81 Adlai Stevenson Drive
Springfield, IL 62703

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	171
Total Admissions 2013	200
Total Discharges 2013	205
Residents on 12/31/2013	166

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	26
Blood Disorders	3
*Nervous System Non Alzheimer	13
Alzheimer Disease	1
Mental Illness	9
Developmental Disability	0
Circulatory System	62
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	166

Total Residents Diagnosed as Mentally Ill 9

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	195	190	187	190	166	29	195	195
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	195	190	187	190	166	29	195	195

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7645	10.7%	50380	70.6%	0	730	5755	0	64510	90.6%	93.0%
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	7645	10.7%	50380	70.8%	0	730	5755	0	64510	90.6%	93.0%

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	3	10	0	0	0	0	0	0	3	10	13
60 to 64	5	11	0	0	0	0	0	0	5	11	16
65 to 74	23	15	0	0	0	0	0	0	23	15	38
75 to 84	11	27	0	0	0	0	0	0	11	27	38
85+	14	47	0	0	0	0	0	0	14	47	61
TOTALS	56	110	0	0	0	0	0	0	56	110	166

SYMPHONY ASPEN LLC dbSYMPHONY OF DECA
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Classification Numbers

License Number	6006282	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon 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	127	0	0	16	0	166
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	127	0	0	16	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	166	0	0	0	166

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	21.00
Certified Aides	58.00
Other Health Staff	0.00
Non-Health Staff	48.00
Totals	136.00

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
32.1%	58.2%	0.0%	1.9%	7.7%	100.0%		
4,239,874	7,677,114	0	256,325	1,014,520	13,187,833	0	0.0%

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

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ATTACHMENT-17E

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ATTACHMENT-17E

APERION CARE DECATUR
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers

Facility ID	6005508	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Teri Rebstock

Contact Person and Telephone
Teri Rebstock
217-875-1973

Registered Agent Information
Fred Frankel
8131 N. Monticello
Skokie, IL 60076

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	116
Total Admissions 2013	185
Total Discharges 2013	185
Residents on 12/31/2013	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	24
Developmental Disability	0
Circulatory System	27
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 12

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	138	122	138	116	24	140	140
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	140	138	122	138	116	24	140	140

FACILITY UTILIZATION - 2014

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2184	4.3%	23621	46.2%	0	112	1791	0	27708	54.2%	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	2184	4.3%	23621	46.2%	0	112	1791	0	27708	54.2%	55.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	12	16	0	0	0	0	0	0	12	16	28
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	12	11	0	0	0	0	0	0	12	11	23
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	21	1	0	0	0	0	0	0	21	1	22
TOTALS	68	48	0	0	0	0	0	0	68	48	116

APERION CARE DECATUR
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Classification Numbers

License Number	6005508	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	93	4	1	10	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	93	4	1	10	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	115	0	0	0	115
Ethnicity Unkeown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	50.00
Totals	110.00

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
17.2%	74.9%	0.0%	2.2%	5.7%	100.0%		
1,010,016	4,397,027	0	126,583	335,295	5,869,821	0	0.0%

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

FACILITY NOTES

Name Change	7/1/2014	Formerly Lincoln Rehabilitation Center.

ARBA CARE CENTER - BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Reference Numbers

Facility ID	6001010	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
DAVID MEISELMAN

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	100
Total Admissions 2013	102
Total Discharges 2013	103
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	14
Developmental Disability	0
Circulatory System	20
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 16

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	117	109	105	100	99	18	79	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	109	105	100	99	18	79	115

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1860	6.5%	29696	70.7%	344	50	4485	0	36435	85.3%	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	1860	6.5%	29696	70.7%	344	50	4485	0	36435	85.3%	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	2	2	0	0	0	0	0	0	2	2	4
45 to 59	12	6	0	0	0	0	0	0	12	6	18
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	14	14	0	0	0	0	0	0	14	14	28
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	49	50	0	0	0	0	0	0	49	50	99

ARBA CARE CENTER - BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6001010	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	89	0	0	9	0	99
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	89	0	0	9	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	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	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	35.00
Other Health Staff	7.00
Non-Health Staff	22.00
Totals	79.00

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
10.0%	71.4%	0.0%	8.6%	10.0%	100.0%		
163,074	1,162,584	0	139,514	162,070	1,627,252	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-17E

HERITAGE HEALTH - BLOOMINGTON
700 EAST WALNUT
BLOOMINGTON, IL. 61701

Reference Numbers

Facility ID	6004261	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Susan Holifield

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
Patrick Cox
115 W. Jefferson St
Bloomington, IL 61701

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 restriction denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	74
Total Admissions 2013	318
Total Discharges 2013	316
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	76

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	111	111	85	11	76	35	111	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	111	111	85	11	76	35	111	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	5054	12.5%	10770	50.0%	0	0	10039	0	25863	63.8%	63.8%
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	5054	12.5%	10770	50.0%	0	0	10039	0	25863	63.8%	63.8%

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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	14	29	0	0	0	0	0	0	14	29	43
TOTALS	30	46	0	0	0	0	0	0	30	46	76

HERITAGE HEALTH - BLOOMINGTON
700 EAST WALNUT
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6004261	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean 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	29	0	0	35	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	12	29	0	0	35	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	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	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
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	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	23.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.1%	20.2%	0.0%	0.0%	43.7%	100.0%		
2,607,482	1,458,522	0	0	3,150,418	7,216,402	0	0.0%

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

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ATTACHMENT - 17E

CONCORDIA VILLAGE
4101 WEST ILES AVENUE
SPRINGFIELD, IL. 62711

Reference Numbers

Facility ID	6016711	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Debra J. Manks, LNHA

Contact Person and Telephone
Deb Manks
(217) 993-7069

Registered Agent Information
Jacque Bogner
4101 W. Iles Avenue
Springfield, IL 62711

Date Questionnaire Completed 4/14/2105

Continuing Care Retirement Community

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	63
Total Admissions 2013	157
Total Discharges 2013	161
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	3
Muscule-skeletal Disorders	3
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

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	64	64	64	64	59	5	64	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	64	64	64	64	59	5	64	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	4536	19.4%	838	38.3%	0	93	16669	0	22136	94.8%	94.8%
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	4536	19.4%	838	38.3%	0	93	16669	0	22136	94.8%	94.8%

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	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	11	32	0	0	0	0	0	0	11	32	43
TOTALS	15	44	0	0	0	0	0	0	15	44	59

CONCORDIA VILLAGE
4101 WEST ILES AVENUE
SPRINGFIELD, IL. 62711

Classification Numbers

License Number	6016711	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	3	0	0	45	0	59
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	11	3	0	0	45	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	243
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	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	14.00
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
24.8%	1.6%	0.0%	10.0%	63.6%	100.0%		
1,782,888	116,872	0	720,073	4,574,122	7,194,955	0	0.0%

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

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ATTACHMENT-17E

FONDULAC REHAB & HEALTHCARE CTR
001 ILLINI DRIVE
EAST PEORIA, IL. 61611

Reference Numbers

Facility ID	6003198	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Douglas Hanidge

Contact Person and Telephone
Marikay Snyder
309-680-5880

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	66
Total Admissions 2013	85
Total Discharges 2013	85
Residents on 12/31/2013	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	14
Developmental Disability	2
Circulatory System	7
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 20

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	98	98	76	98	66	32	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	76	98	66	32	98	98

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2164	6.0%	21224	59.3%	0	0	1820	0	25208	70.5%	70.5%
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	2164	6.0%	21224	59.3%	0	0	1820	0	25288	70.5%	70.5%

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	5	1	0	0	0	0	0	0	5	1	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	11	11	0	0	0	0	0	0	11	11	22
85+	8	14	0	0	0	0	0	0	8	14	22
TOTALS	31	35	0	0	0	0	0	0	31	35	66

FONDULAC REHAB & HEALTHCARE CTR
001 ILLINI DRIVE
EAST PEORIA, IL. 61611

Classification Numbers

License Number	6003198	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	58	0	0	4	0	66
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	58	0	0	4	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	63.00

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
20.4%	71.0%	0.0%	2.5%	6.2%	100.0%		
808,120	2,818,823	0	97,298	245,069	3,969,410	6,850	0.2%

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

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ATTACHMENT-17E

SYMPHONY OF MCKINLEY COURT CARE CENTR
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Reference Numbers

Facility ID	0005938	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Kim Jordan

Contact Person and Telephone
TIFFANY JUSTICE
217-875-0020

Registered Agent Information

Date Questionnaire Completed 4/7/2015

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	132
Total Admissions 2013	245
Total Discharges 2013	243
Residents on 12/31/2013	134

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	22
Mental Illness	2
Developmental Disability	0
Circulatory System	41
Respiratory System	19
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	134

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	150	150	140	150	134	16	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	140	150	134	16	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	10603	19.4%	27371	50.0%	0	1290	8117	0	47381	86.5%	86.5%
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	10603	19.4%	27371	50.0%	0	1290	8117	0	47381	86.5%	86.5%

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	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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	12	24	0	0	0	0	0	0	12	24	36
85+	12	75	0	0	0	0	0	0	12	75	87
TOTALS	28	106	0	0	0	0	0	0	28	106	134

SYMPHONY OF MCKINLEY COURT CARE CENTR
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Classification Numbers

License Number	0005938	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	73	0	8	23	0	134
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	30	73	0	8	23	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	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	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	134	0	0	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	19.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	98.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.6%	36.9%	0.0%	3.7%	12.8%	100.0%		
5,540,328	4,385,060	0	438,981	1,496,171	11,860,549	0	0.0%

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

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ATTACHMENT-17E

HERITAGE HEALTH - NORMAL
500 NORTH ADELAIDE
NORMAL, IL 61761

Reference Numbers

Facility ID	6008510	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Heather Brown

Contact Person and Telephone
Sharon Bounds
309-452-7468

Registered Agent Information
Ben Hart
115 W. Jefferson St. Ste 410
Bloomington, IL 61701

Date Questionnaire Completed 4/15/2015

Continuing Care Retirement Community

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 resth none denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	120
Total Admissions 2013	292
Total Discharges 2013	290
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	14
Mental Illness	37
Developmental Disability	1
Circulatory System	18
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	4
Muscule-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 37

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	164	164	128	164	122	42	141	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	164	164	128	164	122	42	141	91

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4339	8.4%	17744	53.4%	0	0	20612	0	42695	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	4339	8.4%	17744	53.4%	0	0	20612	0	42695	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	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	1	0	0	0	0	0	0	1	1	2
65 to 74	2	7	0	0	0	0	0	0	2	7	0
75 to 84	13	32	0	0	0	0	0	0	13	32	45
85+	9	57	0	0	0	0	0	0	9	57	66
TOTALS	25	97	0	0	0	0	0	0	25	97	122

HERITAGE HEALTH - NORMAL
500 NORTH ADELAIDE
NORMAL, IL 61761

Classification Numbers

License Number	6008510	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean 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	43	0	6	54	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	10	43	0	6	54	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	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.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
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	15.00
LPN's	15.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	120.00

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
22.5%	23.5%	0.0%	0.0%	54.0%	100.0%		
2,281,721	2,381,507	0	0	5,466,834	10,130,062	0	0.0%

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

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ATTACHMENT-17E

HEARTLAND OF DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Reference Numbers

Facility ID	6000285	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Glenn Miller

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/10/2015

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	107
Total Admissions 2013	298
Total Discharges 2013	319
Residents on 12/31/2013	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	9
Blood Disorders	6
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	5
Developmental Disability	0
Circulatory System	11
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 3

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	117	117	112	115	86	31	117	32
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	117	117	112	115	86	31	117	32

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	7649	17.0%	11961	######	0	2113	13064	0	34787	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	7649	17.0%	11961	######	0	2113	13064	0	34787	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	4	0	0	0	0	0	0	0	4	4
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	26	60	0	0	0	0	0	0	26	60	86

HEARTLAND OF DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Classification Numbers

License Number	6000285	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon 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	35	0	9	28	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	14	35	0	0	28	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	222
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	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
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	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
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	11.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	8.00
Non-Health Staff	24.00
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
45.1%	13.9%	0.0%	8.3%	32.7%	100.0%		
4,328,527	1,333,494	0	798,071	3,141,622	9,601,714	0	0.0%

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

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ATTACHMENT-17E

HICKORY POINT CHRISTIAN VILLAGE
565 MARION AVENUE
FORSYTH, IL 62535

Reference Numbers

Facility ID	6016687	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Laurie Brown

Contact Person and Telephone
Kenna Hudson
St. Louis, Missouri 63141

Registered Agent Information
Tim Phillippe
622 Emerson Road
St. Louis, MO 63141

Date Questionnaire Completed 4/17/2015

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 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	46
Total Admissions 2013	368
Total Discharges 2013	352
Residents on 12/31/2013	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 22

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	64	64	64	64	62	2	64	5
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	64	64	64	64	62	2	64	5

FACILITY UTILIZATION - 2014

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11311	48.4%	471	25.8%	0	1901	6029	0	19712	84.4%	84.4%
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	11311	48.4%	471	25.8%	0	1901	6029	0	19712	84.4%	84.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	9	0	0	0	0	0	0	3	9	12
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	9	21	0	0	0	0	0	0	9	21	30
TOTALS	18	44	0	0	0	0	0	0	18	44	62

HICKORY POINT CHRISTIAN VILLAGE
565 MARION AVENUE
FORSYTH, IL 62535

Classification Numbers

License Number	6016687	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	0	0	8	18	0	62
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	0	0	8	18	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	200
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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	11.00
Certified Aides	32.00
Other Health Staff	3.00
Non-Health Staff	30.00
Totals	92.00

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
64.6%	0.8%	0.0%	0.0%	25.6%	100.0%		
4,230,412	51,600	0	587,532	1,675,377	6,544,921	0	0.0%

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

FACILITY NOTES

12-005 3/13/2014 Project completed; facility now licensed for 64 Nursing Care beds.

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ATTACHMENT-17E

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL 61611

Reference Numbers

Facility ID	6012017	
Health Service Area	002	
Planning Service Area	170	Tazewell
County	179	Tazewell County

Administrator
Becky Woiwode

Contact Person and Telephone
Jan Poelker
314/664-9070x3025

Registered Agent Information
Dan Maher
412 W. Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/15/2015

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	98
Total Admissions 2013	236
Total Discharges 2013	237
Residents on 12/31/2013	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	25
Mental Illness	4
Developmental Disability	0
Circulatory System	24
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 4

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	120	120	107	120	97	23	36	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	120	120	107	120	97	23	36	50

FACILITY UTILIZATION - 2014

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5875	44.7%	15229	83.4%	0	1212	12611	0	34927	79.7%	79.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5875	44.7%	15229	83.4%	0	1212	12611	0	34927	79.7%	79.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	7	25	0	0	0	0	0	0	7	25	32
85+	9	44	0	0	0	0	0	0	9	44	53
TOTALS	22	75	0	0	0	0	0	0	22	75	97

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL 61611

Classification Numbers

License Number	6012017	
Health Service Area	002	
Planning Service Area	170	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	45	0	7	30	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	45	0	7	30	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	100
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	13.00
Certified Aides	60.00
Other Health Staff	3.00
Non-Health Staff	32.00
Totals	129.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.5%	24.0%	0.0%	8.4%	34.2%	100.0%		
2,570,558	1,852,268	0	644,750	2,633,072	7,710,548	0	0.0%

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

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ATTACHMENT-17E

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ATTACHMENT-17E

HEARTLAND OF RIVERVIEW
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers

Facility ID	6008056	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Lisa Helms

Contact Person and Telephone
Adam Swartz
410-254-5180

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/9/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	64
Total Admissions 2013	566
Total Discharges 2013	573
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	4
Non-Medical Conditions	2
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

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	71	67	67	67	57	14	71	10
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	71	67	67	67	57	14	71	10

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	9916	38.3%	680	18.1%	0	8012	3518	0	22106	85.3%	90.4%
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	9916	38.3%	680	18.1%	0	8012	3518	0	22106	85.3%	90.4%

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	3	1	0	0	0	0	0	0	3	1	4
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	22	35	0	0	0	0	0	0	22	35	57

HEARTLAND OF RIVERVIEW
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Classification Numbers

License Number	6008056	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	2	0	23	7	0	57
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	2	0	23	7	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	317	252
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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	19.00
Other Health Staff	14.00
Non-Health Staff	15.00
Totals	63.00

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
58.4%	0.7%	0.0%	29.7%	11.1%	100.0%		
5,408,096	65,370	0	2,749,325	1,031,894	9,254,685	0	0.0%

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

HEARTLAND OF NORMAL
510 BROADWAY
NORMAL, IL. 61761

Reference Numbers

Facility ID	6000244	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Douglas Rutter

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/9/2015

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	92
Total Admissions 2013	614
Total Discharges 2013	607
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	16
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	26
Injuries and Poisonings	6
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 37

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	116	106	106	106	99	17	116	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	106	106	106	99	17	116	38

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8672	20.5%	13354	96.3%	0	4670	7177	55	33928	80.1%	87.7%
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	8672	20.5%	13354	96.3%	0	4670	7177	55	33928	80.1%	87.7%

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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	15	0	0	0	0	0	0	5	15	20
75 to 84	0	21	0	0	0	0	0	0	8	21	29
85+	3	33	0	0	0	0	0	0	3	33	36
TOTALS	24	75	0	0	0	0	0	0	24	75	99

HEARTLAND OF NORMAL
510 BROADWAY
NORMAL, IL. 61761

Classification Numbers

License Number	6000244	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	42	0	16	24	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	42	0	10	24	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	253
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	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	14.00
Certified Aides	35.00
Other Health Staff	15.00
Non-Health Staff	28.00
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
51.8%	14.6%	0.0%	17.1%	16.5%	100.0%		
5,268,116	1,480,712	0	1,730,689	1,676,994	10,164,511	2,198	0.0%

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

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ATTACHMENT-17E

St. Clara's Manor, HSA 3, Logan County
Admissions Data

Resident	Zip Code	# Admits
2014		
MP	61614	
MG	61614	2
WR	61761	1
NR	62643	1
RJ	62656	
CF	62656	
KA	62656	
FM	62656	
MA	62656	
JJ	62656	
BM	62656	
RG	62656	
SE	62656	
RH	62656	
MH	62656	
PA	62656	
BL	62656	
BR	62656	
MW	62656	
RH	62656	
ME	62656	
DH	62656	
DC	62656	
ES	62656	
SS	62656	
BP	62656	
EC	62656	
GR	62656	
PJ	62656	
PG	62656	
SR	62656	
WR	62656	
CB	62656	
FR	62656	
ES	62656	
AG	62656	
DH	62656	
GB	62656	
HS	62656	
CA	62656	
CS	62656	
JL	62656	

Resident	Zip Code	# Admits
2014 (cont.)		
EU	62656	
JH	62656	
AB	62656	
DD	62656	
DF	62656	
RL	62656	
PH	62656	
EG	62656	
EW	62656	
ER	62656	
DG	62656	
LP	62656	
GB	62656	
DD	62656	
RA	62656	
ML	62656	
MM	62656	
JH	62656	
EB	62656	
NS	62656	
RN	62656	
EM	62656	
LB	62656	
BC	62656	
AB	62656	
HF	62656	
TM	62656	
LB	62656	
FJ	62656	
RT	62656	
SF	62656	
GL	62656	
AG	62656	
WD	62656	
EW	62656	
PG	62656	
GJ	62656	
LJ	62656	
WW	62656	77
LW	62701	1
Total 2014 Admits		**82**

30 min Zip Codes	
2014	
61568	0
61721	0
61723	0
61734	0
61747	0
61749	0
61754	0
61759	0
62512	0
62518	0
62548	0
62625	0
62634	0
62635	0
62643	0
62656	77
62664	0
62666	0
62671	0
62682	0
62684	0
62693	0
Total Admissions w/in 30 min	77
% of Total Admissions w/in 30 min	93.9%
% Admissions within Lincoln (62656)	93.9%

Source: Microsoft MapPoint 2009

ATTACHMENT-17F

St. Clara's Manor, HSA 3, Logan County
Admissions Data

Resident	Zip Code	# Admits
2015		
RW	51905	1
HM	62644	1
MJ	62656	
GG	62656	
WP	62656	
JV	62656	
VR	62656	
LB	62656	
JD	62656	
CJ	62656	
JP	62656	
JL	62656	
HW	62656	
MS	62656	
VH	62656	
JH	62656	
GS	62656	
RG	62656	
WD	62656	
JG	62656	
AB	62656	
GR	62656	
HC	62656	
CH	62656	
NR	62656	
HA	62656	
AW	62656	
RP	62656	
MS	62656	
PS	62656	
JD	62656	
DH	62656	
MA	62656	
JP	62656	
DR	62656	
FG	62656	
HN	62656	
TF	62656	
WB	62656	

Resident	Zip Code	# Admits
2015 (cont.)		
VD	62656	
PM	62656	
RL	62656	
CJ	62656	
GS	62656	
MR	62656	
MS	62656	
DF	62656	
MB	62656	
JL	62656	
EB	62656	
LS	62656	
JH	62656	
NO	62656	
RA	62656	
HJ	62656	
AO	62656	
TF	62656	
EV	62656	
JJ	62656	
NS	62656	
RB	62656	
RL	62656	
CM	62656	
BC	62656	
EB	62656	
IT	62656	
FN	62656	
TH	62656	
AH	62656	
JL	62656	
NS	62656	
LC	62656	
LT	62656	
CP	62656	
RW	62656	73
HR	62701	1
FB	62801	1
Total 2015 Admits		**77**

30 min Zip Codes	
2015	
61568	0
61721	0
61723	0
61734	0
61747	0
61749	0
61754	0
61759	0
62512	0
62518	0
62548	0
62625	0
62634	0
62635	0
62643	0
62656	73
62664	0
62666	0
62671	0
62682	0
62684	0
62693	0
Total Admissions w/in 30 min	73
% of Total Admissions w/in 30 min	94.8%
% Admissions within Lincoln (62656)	94.8%

Total Admissions 2014 & 2015	159
Admissions w/in 30 min 2014 & 2015	150
% of Total Admissions w/in 30 min	94.3%
% Admissions within Lincoln (62656)	94.3%

Source: Microsoft MapPoint 2009

ATTACHMENT-17F

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 travel contour or 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

   Appended as **ATTACHMENT-18A**, also lists the corresponding population for the Zip Code areas. The census data from http://factfinder.census.gov/faces/nav/jsf/pages /index.xhtml 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 Long-Term Care facilities located within 30 minutes of the proposed project site is appended as **ATTACHMENT-18C**.

   In summation of the above three items requested to document that the proposed project will not result in an unnecessary duplication, none outline the issue that the proposed project is for the replacement of an existing nursing care facility. Therefore, no further duplication can result. Moreover, the project will result in the downsizing of 34 nursing beds bringing the 140 bed license to 106 nursing care beds. This reduction seeks to further reduce the footprint of the existing beds and services further addressing the

issue of unnecessary duplication. Thus, this project reduces the appearance of the existing unnecessary duplication by bringing the State Inventory's calculation of 97 excess beds down to only a 63-bed excess.

2. The applicant shall document that the project will not result in maldistribution of services.

Maldistribution is typified from new beds being established which result in too many beds within the service area as calculated through a ratio of "beds" to "population".

It should be noted that this project is not adding beds into the inventory as it is replacing existing ones. The primary service area of the Logan County Planning Area has a 2013 base year ratio of beds to population that equals 1 bed to every 63.5 persons. The over 65 age cohort's ratio equates to 1 nursing bed for every 10.7 seniors. Upon project completion the projected year's (2018) ratio of beds to population will improve to 1 bed for every 70 people and 1 nursing bed for every 12 people over 65.

The project is not adding new beds as it is reducing existing beds from the Logan County Planning Area. Furthermore, the decrease in licensed capacity by 34 beds improves the State's bed need calculation. As such, it would appear that the issue of maldistribution is not applicable to the project.

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

   The Applicant is one of those "other area providers" and is also concerned with the overall utilization of Logan County providers. As such, the proposed project is reducing licensed capacity by 34 beds. The existing St. Clara's Manor has had utilization

rates of 75.4 percent, 80.5 percent, 74.13 percent and 70.55 percent respectively for calendar years 2011, 2012, 2013 and 2014. This overall reduction in capacity will allow the establishment of the replacement project to start without having to displace residents. It should be known that the Average Daily Census of resulting occupancy rates is 106 patients. The proposed facility will be for 106 beds and will target capacity at 90% of those beds. The unintended consequence is that other providers have added potential to increase utilization. Therefore, this project would not appear to lower or have any negative impact on the utilization of other area providers in Logan County.

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 Applicant is one of those "other area providers" and the proposed project is designed to increase the occupancy rate of the Subject facility while not impacting the utilization of the other area facilities regardless of where they are operating compared to the occupancy standards. The reduction of beds and the replacement of only 106 beds for which only 96 beds will be utilized (based upon the State's target use rate of 90%appears to both improve St. Clara's Manor's utilization and reflects less of an impact on the other area providers which specifically addresses this issue.

ATTACHMENT- 18

St. Clara's Manor, HSA 3, Logan County
30-Minute Travel Contour
Zip Codes Population Data

ZIP Code	Population
61568	4,421
61721	629
61723	1,762
61734	2,880
61747	1,584
61749	549
61754	1,181
61759	1,595
61772	371
62512	471
62518	357
62548	1,765
62625	688
62634	701
62635	600
62643	405
62656	22,656
62664	3,050
62666	537
62671	340
62682	707
62684	5,759
62693	1,755
Total	54,763

Sources:
Microsoft MapPoint 2009
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)

ATTACHMENT-18A

Subject	ZCTA5 61568		ZCTA5 61721		ZCTA5 61723
	Estimate	Percent	Estimate	Percent	Estimate
SEX AND AGE					
Total population	4,421	4,421	629	629	1,762
Male	2,306	52.2%	345	54.8%	812
Female	2,115	47.8%	284	45.2%	950
Under 5 years	291	6.6%	41	6.5%	125
5 to 9 years	253	5.7%	74	11.8%	174
10 to 14 years	412	9.3%	20	3.2%	115
15 to 19 years	381	8.6%	46	7.3%	56
20 to 24 years	211	4.8%	29	4.6%	75
25 to 34 years	360	8.1%	124	19.7%	251
35 to 44 years	418	9.5%	52	8.3%	129
45 to 54 years	737	16.7%	78	12.4%	267
55 to 59 years	302	6.8%	49	7.8%	117
60 to 64 years	322	7.3%	39	6.2%	113
65 to 74 years	438	9.9%	45	7.2%	193
75 to 84 years	159	3.6%	27	4.3%	121
85 years and over	137	3.1%	5	0.8%	26
Median age (years)	41.9	(X)	34.0	(X)	42.9
18 years and over	3,159	71.5%	450	71.5%	1,305
21 years and over	3,041	68.8%	447	71.1%	1,290
62 years and over	886	20.0%	89	14.1%	413
65 years and over	734	16.6%	77	12.2%	340
18 years and over	3,159	3,159	450	450	1,305
Male	1,576	49.9%	240	53.3%	593
Female	1,583	50.1%	210	46.7%	712
65 years and over	734	734	77	77	340
Male	322	43.9%	30	39.0%	137
Female	412	56.1%	47	61.0%	203
RACE					
Total population	4,421	4,421	629	629	1,762
One race	4,376	99.0%	626	99.5%	1,706
Two or more races	45	1.0%	3	0.5%	56
One race	4,376	99.0%	626	99.5%	1,706
White	4,343	98.2%	626	99.5%	1,696
Black or African American	0	0.0%	0	0.0%	7
American Indian and Alaska Native	0	0.0%	0	0.0%	0
Cherokee tribal grouping	0	0.0%	0	0.0%	0
Chippewa tribal grouping	0	0.0%	0	0.0%	0
Navajo tribal grouping	0	0.0%	0	0.0%	0
Sioux tribal grouping	0	0.0%	0	0.0%	0
Asian	17	0.4%	0	0.0%	3
Asian Indian	0	0.0%	0	0.0%	0
Chinese	0	0.0%	0	0.0%	0
Filipino	17	0.4%	0	0.0%	0
Japanese	0	0.0%	0	0.0%	0
Korean	0	0.0%	0	0.0%	0
Vietnamese	0	0.0%	0	0.0%	3
Other Asian	0	0.0%	0	0.0%	0
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0
Native Hawaiian	0	0.0%	0	0.0%	0

Guamanian or Chamorro	0	0.0%	0	0.0%	0
Samoan	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	0	0.0%	0
Some other race	16	0.4%	0	0.0%	0
Two or more races	45	1.0%	3	0.5%	56
White and Black or African American	3	0.1%	0	0.0%	3
White and American Indian and	32	0.7%	2	0.3%	45
White and Asian	10	0.2%	0	0.0%	8
Black or African American and	0	0.0%	0	0.0%	0
Race alone or in combination with one or					
Total population	4,421	4,421	629	629	1,762
White	4,388	99.3%	629	100.0%	1,752
Black or African American	3	0.1%	0	0.0%	10
American Indian and Alaska Native	32	0.7%	2	0.3%	45
Asian	27	0.6%	0	0.0%	11
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0
Some other race	16	0.4%	1	0.2%	0
HISPANIC OR LATINO AND RACE					
Total population	4,421	4,421	629	629	1,762
Hispanic or Latino (of any race)	49	1.1%	10	1.6%	13
Mexican	43	1.0%	10	1.6%	10
Puerto Rican	0	0.0%	0	0.0%	0
Cuban	0	0.0%	0	0.0%	1
Other Hispanic or Latino	6	0.1%	0	0.0%	2
Not Hispanic or Latino	4,372	98.9%	619	98.4%	1,749
White alone	4,310	97.5%	616	97.9%	1,683
Black or African American alone	0	0.0%	0	0.0%	7
American Indian and Alaska Native	0	0.0%	0	0.0%	0
Asian alone	17	0.4%	0	0.0%	3
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0
Some other race alone	0	0.0%	0	0.0%	0
Two or more races	45	1.0%	3	0.5%	56
Two races including Some other	0	0.0%	1	0.2%	0
Two races excluding Some other	45	1.0%	2	0.3%	56
Total housing units	1,755	(X)	282	(X)	829

	ZCTA5 61734		ZCTA5 61747		ZCTA5 61749	
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
1,762	2,880	2,880	1,584	1,584	549	549
46.1%	1,390	48.3%	777	49.1%	302	55.0%
53.9%	1,490	51.7%	807	50.9%	247	45.0%
7.1%	201	7.0%	43	2.7%	18	3.3%
9.9%	240	8.3%	137	8.6%	16	2.9%
6.5%	144	5.0%	123	7.8%	13	2.4%
3.2%	238	8.3%	88	5.6%	20	3.6%
4.3%	159	5.5%	76	4.8%	17	3.1%
14.2%	251	8.7%	142	9.0%	76	13.8%
7.3%	312	10.8%	185	11.7%	35	6.4%
15.2%	459	15.9%	219	13.8%	50	9.1%
6.6%	213	7.4%	114	7.2%	76	13.8%
6.4%	150	5.2%	133	8.4%	47	8.6%
11.0%	228	7.9%	107	6.8%	78	14.2%
6.9%	215	7.5%	160	10.1%	76	13.8%
1.5%	70	2.4%	57	3.6%	27	4.9%
(X)	40.6	(X)	44.9	(X)	56.8	(X)
74.1%	2,103	73.0%	1,243	78.5%	488	88.9%
73.2%	2,024	70.3%	1,184	74.7%	482	87.8%
23.4%	605	21.0%	391	24.7%	199	36.2%
19.3%	513	17.8%	324	20.5%	181	33.0%
1,305	2,103	2,103	1,243	1,243	488	488
45.4%	1,020	48.5%	583	46.9%	275	56.4%
54.6%	1,083	51.5%	660	53.1%	213	43.6%
340	513	513	324	324	181	181
40.3%	242	47.2%	148	45.7%	95	52.5%
59.7%	271	52.8%	176	54.3%	86	47.5%
1,762	2,880	2,880	1,584	1,584	549	549
96.8%	2,854	99.1%	1,584	100.0%	544	99.1%
3.2%	26	0.9%	0	0.0%	5	0.9%
96.8%	2,854	99.1%	1,584	100.0%	544	99.1%
96.3%	2,808	97.5%	1,559	98.4%	544	99.1%
0.4%	38	1.3%	20	1.3%	0	0.0%
0.0%	8	0.3%	0	0.0%	0	0.0%
0.0%	8	0.3%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.2%	0	0.0%	5	0.3%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	5	0.3%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.2%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%

0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
3.2%	26	0.9%	0	0.0%	5	0.9%
0.2%	26	0.9%	0	0.0%	0	0.0%
2.6%	0	0.0%	0	0.0%	5	0.9%
0.5%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
1,762	2,880	2,880	1,584	1,584	549	549
99.4%	2,834	98.4%	1,559	98.4%	549	100.0%
0.6%	64	2.2%	20	1.3%	0	0.0%
2.6%	8	0.3%	0	0.0%	5	0.9%
0.6%	0	0.0%	5	0.3%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
1,762	2,880	2,880	1,584	1,584	549	549
0.7%	47	1.6%	0	0.0%	1	0.2%
0.6%	47	1.6%	0	0.0%	1	0.2%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.1%	0	0.0%	0	0.0%	0	0.0%
0.1%	0	0.0%	0	0.0%	0	0.0%
99.3%	2,833	98.4%	1,584	100.0%	548	99.8%
95.5%	2,761	95.9%	1,559	98.4%	543	98.9%
0.4%	38	1.3%	20	1.3%	0	0.0%
0.0%	8	0.3%	0	0.0%	0	0.0%
0.2%	0	0.0%	5	0.3%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
3.2%	26	0.9%	0	0.0%	5	0.9%
0.0%	0	0.0%	0	0.0%	0	0.0%
3.2%	26	0.9%	0	0.0%	5	0.9%
(X)	1,167	(X)	666	(X)	287	(X)

ZCTA5 61754		ZCTA5 61759		ZCTA5 61772		ZCTA5 62512
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
1,181	1,181	1,595	1,595	371	371	471
547	46.3%	709	44.5%	222	59.8%	224
634	53.7%	886	55.5%	149	40.2%	247
85	7.2%	33	2.1%	7	1.9%	20
66	5.6%	64	4.0%	11	3.0%	36
46	3.9%	177	11.1%	49	13.2%	30
76	6.4%	150	9.4%	13	3.5%	118
62	5.2%	69	4.3%	0	0.0%	1
113	9.6%	213	13.4%	49	13.2%	18
138	11.7%	110	6.9%	30	8.1%	66
229	19.4%	366	22.9%	35	9.4%	65
84	7.1%	74	4.6%	108	29.1%	46
106	9.0%	71	4.5%	36	9.7%	17
86	7.3%	184	11.5%	33	8.9%	40
74	6.3%	74	4.6%	0	0.0%	14
16	1.4%	10	0.6%	0	0.0%	0
45.2	(X)	42.7	(X)	54.5	(X)	36.3
928	78.6%	1,209	75.8%	304	81.9%	378
893	75.6%	1,164	73.0%	291	78.4%	267
216	18.3%	286	17.9%	33	8.9%	62
176	14.9%	268	16.8%	33	8.9%	54
928	928	1,209	1,209	304	304	378
413	44.5%	562	46.5%	162	53.3%	190
515	55.5%	647	53.5%	142	46.7%	188
176	176	268	268	33	33	54
54	30.7%	119	44.4%	14	42.4%	34
122	69.3%	149	55.6%	19	57.6%	20
1,181	1,181	1,595	1,595	371	371	471
1,176	99.6%	1,587	99.5%	362	97.6%	465
5	0.4%	8	0.5%	9	2.4%	6
1,176	99.6%	1,587	99.5%	362	97.6%	465
1,173	99.3%	1,585	99.4%	362	97.6%	463
0	0.0%	0	0.0%	0	0.0%	2
0	0.0%	2	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
3	0.3%	0	0.0%	0	0.0%	0
3	0.3%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0

0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
5	0.4%	8	0.5%	9	2.4%	6
0	0.0%	8	0.5%	0	0.0%	0
2	0.2%	0	0.0%	9	2.4%	6
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
1,181	1,181	1,595	1,595	371	371	471
1,178	99.7%	1,593	99.9%	371	100.0%	469
0	0.0%	8	0.5%	0	0.0%	2
2	0.2%	2	0.1%	9	2.4%	6
3	0.3%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
3	0.3%	0	0.0%	0	0.0%	0
1,181	1,181	1,595	1,595	371	371	471
3	0.3%	10	0.6%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
3	0.3%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	10	0.6%	0	0.0%	0
1,178	99.7%	1,585	99.4%	371	100.0%	471
1,173	99.3%	1,575	98.7%	362	97.6%	463
0	0.0%	0	0.0%	0	0.0%	2
0	0.0%	2	0.1%	0	0.0%	0
3	0.3%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
2	0.2%	8	0.5%	9	2.4%	6
0	0.0%	0	0.0%	0	0.0%	0
2	0.2%	8	0.5%	9	2.4%	6
514	(X)	684	(X)	221	(X)	199

	ZCTA5 62518		ZCTA5 62548		ZCTA5 62625	
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
471	357	357	1,765	1,765	688	688
47.6%	184	51.5%	844	47.8%	359	52.2%
52.4%	173	48.5%	921	52.2%	329	47.8%
4.2%	53	14.8%	123	7.0%	9	1.3%
7.6%	27	7.6%	127	7.2%	0	0.0%
6.4%	20	5.6%	145	8.2%	72	10.5%
25.1%	24	6.7%	78	4.4%	33	4.8%
0.2%	21	5.9%	31	1.8%	2	0.3%
3.8%	37	10.4%	124	7.0%	64	9.3%
14.0%	43	12.0%	179	10.1%	81	11.8%
13.8%	33	9.2%	198	11.2%	225	32.7%
9.8%	30	8.4%	164	9.3%	49	7.1%
3.6%	26	7.3%	131	7.4%	61	8.9%
8.5%	34	9.5%	185	10.5%	39	5.7%
3.0%	9	2.5%	165	9.3%	50	7.3%
0.0%	0	0.0%	115	6.5%	3	0.4%
(X)	32.3	(X)	50.1	(X)	51.7	(X)
80.3%	233	65.3%	1,299	73.6%	591	85.9%
56.7%	232	65.0%	1,289	73.0%	572	83.1%
13.2%	53	14.8%	527	29.9%	116	16.9%
11.5%	43	12.0%	465	26.3%	92	13.4%
378	233	233	1,299	1,299	591	591
50.3%	110	47.2%	556	42.8%	326	55.2%
49.7%	123	52.8%	743	57.2%	265	44.8%
54	43	43	465	465	92	92
63.0%	33	76.7%	186	40.0%	49	53.3%
37.0%	10	23.3%	279	60.0%	43	46.7%
471	357	357	1,765	1,765	688	688
98.7%	357	100.0%	1,707	96.7%	653	94.9%
1.3%	0	0.0%	58	3.3%	35	5.1%
98.7%	357	100.0%	1,707	96.7%	653	94.9%
98.3%	309	86.6%	1,703	96.5%	618	89.8%
0.4%	0	0.0%	0	0.0%	22	3.2%
0.0%	0	0.0%	4	0.2%	1	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%	48	13.4%	0	0.0%	12	1.7%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	12	1.7%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	48	13.4%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%

0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
1.3%	0	0.0%	58	3.3%	35	5.1%
0.0%	0	0.0%	1	0.1%	0	0.0%
1.3%	0	0.0%	55	3.1%	11	1.6%
0.0%	0	0.0%	2	0.1%	24	3.5%
0.0%	0	0.0%	0	0.0%	0	0.0%
471	357	357	1,765	1,765	688	688
99.6%	309	86.6%	1,761	99.8%	653	94.9%
0.4%	0	0.0%	1	0.1%	22	3.2%
1.3%	0	0.0%	59	3.3%	12	1.7%
0.0%	48	13.4%	2	0.1%	36	5.2%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
471	357	357	1,765	1,765	688	688
0.0%	0	0.0%	3	0.2%	0	0.0%
0.0%	0	0.0%	2	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%	1	0.1%	0	0.0%
100.0%	357	100.0%	1,762	99.8%	688	100.0%
98.3%	309	86.6%	1,700	96.3%	618	89.8%
0.4%	0	0.0%	0	0.0%	22	3.2%
0.0%	0	0.0%	4	0.2%	1	0.1%
0.0%	48	13.4%	0	0.0%	12	1.7%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
1.3%	0	0.0%	58	3.3%	35	5.1%
0.0%	0	0.0%	0	0.0%	0	0.0%
1.3%	0	0.0%	58	3.3%	35	5.1%
(X)	162	(X)	876	(X)	286	(X)

ZCTA5 62634		ZCTA5 62635		ZCTA5 62643		ZCTA5 62656
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
701	701	600	600	405	405	22,386
346	49.4%	323	53.8%	197	48.6%	11,549
355	50.6%	277	46.2%	208	51.4%	10,837
36	5.1%	48	8.0%	29	7.2%	999
35	5.0%	53	8.8%	29	7.2%	1,081
76	10.8%	35	5.8%	40	9.9%	968
34	4.9%	42	7.0%	25	6.2%	1,626
32	4.6%	20	3.3%	48	11.9%	1,911
48	6.8%	48	8.0%	54	13.3%	3,506
100	14.3%	54	9.0%	47	11.6%	3,072
136	19.4%	107	17.8%	51	12.6%	3,153
61	8.7%	40	6.7%	12	3.0%	1,315
31	4.4%	40	6.7%	21	5.2%	1,373
56	8.0%	39	6.5%	21	5.2%	1,702
34	4.9%	53	8.8%	20	4.9%	992
22	3.1%	21	3.5%	8	2.0%	688
43.7	(X)	45.0	(X)	30.7	(X)	38.2
525	74.9%	429	71.5%	287	70.9%	18,599
516	73.6%	421	70.2%	278	68.6%	17,372
130	18.5%	130	21.7%	59	14.6%	4,218
112	16.0%	113	18.8%	49	12.1%	3,382
525	525	429	429	287	287	18,599
239	45.5%	206	48.0%	144	50.2%	9,681
286	54.5%	223	52.0%	143	49.8%	8,918
112	112	113	113	49	49	3,382
42	37.5%	46	40.7%	23	46.9%	1,395
70	62.5%	67	59.3%	26	53.1%	1,987
701	701	600	600	405	405	22,386
625	89.2%	594	99.0%	393	97.0%	21,361
76	10.8%	6	1.0%	12	3.0%	1,025
625	89.2%	594	99.0%	393	97.0%	21,361
621	88.6%	576	96.0%	368	90.9%	17,325
1	0.1%	6	1.0%	0	0.0%	3,409
0	0.0%	12	2.0%	0	0.0%	31
0	0.0%	12	2.0%	0	0.0%	25
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%	0	0.0%	0
3	0.4%	0	0.0%	25	6.2%	171
0	0.0%	0	0.0%	0	0.0%	31
0	0.0%	0	0.0%	0	0.0%	25
0	0.0%	0	0.0%	0	0.0%	77
0	0.0%	0	0.0%	25	6.2%	0
3	0.4%	0	0.0%	0	0.0%	12
0	0.0%	0	0.0%	0	0.0%	26
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	0.0%	8
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	417
76	10.8%	6	1.0%	12	3.0%	1,025
5	0.7%	5	0.8%	7	1.7%	99
70	10.0%	0	0.0%	5	1.2%	649
0	0.0%	0	0.0%	0	0.0%	30
0	0.0%	0	0.0%	0	0.0%	175
701	701	600	600	405	405	22,386
697	99.4%	582	97.0%	380	93.8%	18,164
6	0.9%	12	2.0%	7	1.7%	3,728
70	10.0%	12	2.0%	5	1.2%	895
3	0.4%	1	0.2%	25	6.2%	201
0	0.0%	0	0.0%	0	0.0%	8
1	0.1%	0	0.0%	0	0.0%	452
701	701	600	600	405	405	22,386
3	0.4%	5	0.8%	5	1.2%	918
1	0.1%	5	0.8%	2	0.5%	556
2	0.3%	0	0.0%	0	0.0%	278
0	0.0%	0	0.0%	0	0.0%	10
0	0.0%	0	0.0%	3	0.7%	74
698	99.6%	595	99.2%	400	98.8%	21,468
619	88.3%	571	95.2%	365	90.1%	16,921
1	0.1%	6	1.0%	0	0.0%	3,355
0	0.0%	12	2.0%	0	0.0%	31
3	0.4%	0	0.0%	25	6.2%	171
0	0.0%	0	0.0%	0	0.0%	8
0	0.0%	0	0.0%	0	0.0%	1
75	10.7%	6	1.0%	10	2.5%	981
0	0.0%	0	0.0%	0	0.0%	10
75	10.7%	6	1.0%	10	2.5%	971
387	(X)	282	(X)	186	(X)	8,129

	ZCTA5 62664		ZCTA5 62666		ZCTA5 62671		ZCTA5 626
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
22,386	3,050	3,050	537	537	340	340	707
51.6%	1,504	49.3%	259	48.2%	170	50.0%	364
48.4%	1,546	50.7%	278	51.8%	170	50.0%	343
4.5%	201	6.6%	44	8.2%	8	2.4%	17
4.8%	150	4.9%	26	4.8%	8	2.4%	40
4.3%	186	6.1%	6	1.1%	36	10.6%	49
7.3%	150	4.9%	17	3.2%	11	3.2%	52
8.5%	195	6.4%	56	10.4%	16	4.7%	61
15.7%	294	9.6%	41	7.6%	30	8.8%	64
13.7%	308	10.1%	53	9.9%	38	11.2%	81
14.1%	480	15.7%	107	19.9%	68	20.0%	125
5.9%	197	6.5%	55	10.2%	31	9.1%	57
6.1%	237	7.8%	32	6.0%	20	5.9%	55
7.6%	321	10.5%	57	10.6%	39	11.5%	61
4.4%	224	7.3%	25	4.7%	23	6.8%	35
3.1%	107	3.5%	18	3.4%	12	3.5%	10
(X)	46.5	(X)	47.6	(X)	48.9	(X)	43.3
83.1%	2,417	79.2%	447	83.2%	280	82.4%	564
77.6%	2,324	76.2%	441	82.1%	274	80.6%	548
18.8%	779	25.5%	120	22.3%	86	25.3%	134
15.1%	652	21.4%	100	18.6%	74	21.8%	106
18,599	2,417	2,417	447	447	280	280	564
52.1%	1,175	48.6%	205	45.9%	134	47.9%	309
47.9%	1,242	51.4%	242	54.1%	146	52.1%	255
3,382	652	652	100	100	74	74	106
41.2%	278	42.6%	48	48.0%	30	40.5%	48
58.8%	374	57.4%	52	52.0%	44	59.5%	58
22,386	3,050	3,050	537	537	340	340	707
95.4%	3,038	99.6%	520	96.8%	337	99.1%	688
4.6%	12	0.4%	17	3.2%	3	0.9%	19
95.4%	3,038	99.6%	520	96.8%	337	99.1%	688
77.4%	2,950	96.7%	508	94.6%	323	95.0%	678
15.2%	21	0.7%	0	0.0%	0	0.0%	8
0.1%	27	0.9%	0	0.0%	14	4.1%	0
0.1%	27	0.9%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.8%	40	1.3%	4	0.7%	0	0.0%	0
0.1%	0	0.0%	0	0.0%	0	0.0%	0
0.1%	0	0.0%	0	0.0%	0	0.0%	0
0.3%	10	0.3%	0	0.0%	0	0.0%	0
0.0%	11	0.4%	0	0.0%	0	0.0%	0
0.1%	19	0.6%	0	0.0%	0	0.0%	0
0.1%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	4	0.7%	0	0.0%	0
0.0%	0	0.0%	8	1.5%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0

0.0%	0	0.0%	4	0.7%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	4	0.7%	0	0.0%	0
1.9%	0	0.0%	0	0.0%	0	0.0%	2
4.6%	12	0.4%	17	3.2%	3	0.9%	19
0.4%	12	0.4%	0	0.0%	0	0.0%	15
2.9%	0	0.0%	16	3.0%	3	0.9%	4
0.1%	0	0.0%	0	0.0%	0	0.0%	0
0.8%	0	0.0%	0	0.0%	0	0.0%	0
22,386	3,050	3,050	537	537	340	340	707
81.1%	2,962	97.1%	525	97.8%	326	95.9%	697
16.7%	33	1.1%	0	0.0%	0	0.0%	23
4.0%	27	0.9%	16	3.0%	17	5.0%	4
0.9%	40	1.3%	4	0.7%	0	0.0%	0
0.0%	0	0.0%	8	1.5%	0	0.0%	0
2.0%	0	0.0%	1	0.2%	0	0.0%	2
22,386	3,050	3,050	537	537	340	340	707
4.1%	16	0.5%	7	1.3%	1	0.3%	4
2.5%	16	0.5%	7	1.3%	1	0.3%	4
1.2%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.3%	0	0.0%	0	0.0%	0	0.0%	0
95.9%	3,034	99.5%	530	98.7%	339	99.7%	703
75.6%	2,934	96.2%	502	93.5%	322	94.7%	676
15.0%	21	0.7%	0	0.0%	0	0.0%	8
0.1%	27	0.9%	0	0.0%	14	4.1%	0
0.8%	40	1.3%	4	0.7%	0	0.0%	0
0.0%	0	0.0%	8	1.5%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0
4.4%	12	0.4%	16	3.0%	3	0.9%	19
0.0%	0	0.0%	0	0.0%	0	0.0%	0
4.3%	12	0.4%	16	3.0%	3	0.9%	19
(X)	1,421	(X)	270	(X)	211	(X)	311

82	ZCTA5 62684		ZCTA5 62693	
Percent	Estimate	Percent	Estimate	Percent
707	5,759	5,759	1,755	1,755
51.5%	2,646	45.9%	833	47.5%
48.5%	3,113	54.1%	922	52.5%
2.4%	275	4.8%	115	6.6%
5.7%	430	7.5%	121	6.9%
6.9%	412	7.2%	89	5.1%
7.4%	515	8.9%	176	10.0%
8.6%	228	4.0%	86	4.9%
9.1%	342	5.9%	223	12.7%
11.5%	1,063	18.5%	242	13.8%
17.7%	831	14.4%	269	15.3%
8.1%	330	5.7%	158	9.0%
7.8%	426	7.4%	103	5.9%
8.6%	541	9.4%	92	5.2%
5.0%	222	3.9%	70	4.0%
1.4%	144	2.5%	11	0.6%
(X)	42.0	(X)	37.5	(X)
79.8%	4,278	74.3%	1,308	74.5%
77.5%	4,055	70.4%	1,237	70.5%
19.0%	1,230	21.4%	221	12.6%
15.0%	907	15.7%	173	9.9%
564	4,278	4,278	1,308	1,308
54.8%	1,928	45.1%	641	49.0%
45.2%	2,350	54.9%	667	51.0%
106	907	907	173	173
45.3%	283	31.2%	81	46.8%
54.7%	624	68.8%	92	53.2%
707	5,759	5,759	1,755	1,755
97.3%	5,711	99.2%	1,736	98.9%
2.7%	48	0.8%	19	1.1%
97.3%	5,711	99.2%	1,736	98.9%
95.9%	5,617	97.5%	1,704	97.1%
1.1%	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%	94	1.6%	5	0.3%
0.0%	58	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%	36	0.6%	5	0.3%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%

0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.3%	0	0.0%	27	1.5%
2.7%	48	0.8%	19	1.1%
2.1%	0	0.0%	8	0.5%
0.6%	0	0.0%	4	0.2%
0.0%	48	0.8%	0	0.0%
0.0%	0	0.0%	0	0.0%
707	5,759	5,759	1,755	1,755
98.6%	5,665	98.4%	1,723	98.2%
3.3%	0	0.0%	8	0.5%
0.6%	0	0.0%	4	0.2%
0.0%	142	2.5%	5	0.3%
0.0%	0	0.0%	0	0.0%
0.3%	0	0.0%	34	1.9%
707	5,759	5,759	1,755	1,755
0.6%	20	0.3%	30	1.7%
0.6%	20	0.3%	10	0.6%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	20	1.1%
99.4%	5,739	99.7%	1,725	98.3%
95.6%	5,597	97.2%	1,694	96.5%
1.1%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	94	1.6%	5	0.3%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	7	0.4%
2.7%	48	0.8%	19	1.1%
0.0%	0	0.0%	7	0.4%
2.7%	48	0.8%	12	0.7%
(X)	2,141	(X)	652	(X)

St. Clara's Manor, HSA 3, Logan County
Travel Time and Distance
30-Minute Market Contour

FACID	FACNAME	ADDRESS	CITY	ZIP	2014 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Drive Time
6008890	St. Clara's Manor	200 Fifth Street	Lincoln	62656-0000	140	2.4	5
6001739	Christian Nursing Home	1507 7th Street	Lincoln	62656-0000	112	1.5	4
6005490	Symphony of Lincoln	2202 North Kickapoo Street	Lincoln	62656-0000	126	3.9	6
6003917	H & J Von Der Lieth Living Ctr (1)	1239 SR-121	Mount Pulaski	62548-0000	90	12.8	18
6011688	Mason City Area Nursing Home	520 North Price Avenue	Mason City	62664-0000	66	16.7	21
6012991	Villa Health Care East	100 Marian Parkway	Sherman	62684-0000	99	24.6	26
6004626	Hopedale Nursing Home (2)	221 SW 2nd Street	Hopedale	61747-0000	54	23.3	26
					687		

(1) profile & website address: 1120 North Topper Dr, Mount Pulaski
(2) profile & website address: 107 Tremont Street, Hopedale

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
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 a listing of current employees; position titles are included. A listing of employee signatures is provided within **ATTACHMENT-19B** providing documentation of the employees' intent to continue employment at the proposed replacement facility. The above referenced lists have been redacted due to HIPPA regulations.

Appended as **ATTACHMENT-19C**, is the current staffing pattern for the 140-bed existing facility and the proposed staffing pattern for the proposed 106-bed replacement facility. Currently, there are 77 FTE's. Although St. Clara's Manor is proposing to reduce the number of beds from 140 to 106, the proposed staffing pattern shows an increase of 5 FTE's for a total of 82 FTE's. This is because there will be higher medical acuity residents.

ATTACHMENT- 19

RECEIVED FEB 1 8 2016

PERSONNEL SHEET BY HIRED DATE & EMPLOYMENT STATUS

	Person Code	Name	Primary Position	Hire Month	Hire Date	Group Type	Location Code
1	[redacted]6	G[redacted], K[redacted]	STCLAR-CNA	Jan	11-JAN-2016	Part Time	STCLAR
2	[redacted]4	L[redacted], J[redacted]	STCLAR-CNA	Jan	27-JAN-2009	Full Time	STCLAR
3	[redacted]3	P[redacted], M[redacted]	STCLAR-SS	Jan	21-JAN-2002	Full Time	STCLAR
4	[redacted]5	P[redacted], C[redacted]	STCLAR-CNA	Jan	25-JAN-2016	Full Time	STCLAR
5	[redacted]6	W[redacted], T[redacted]	STCLAR-CNA	Jan	19-JAN-2016	Part Time	STCLAR
6	[redacted]7	W[redacted], A[redacted]	STCLAR-CNA	Jan	10-JAN-2015	Full Time	STCLAR
7	[redacted]8	B[redacted] V[redacted]	STCLAR-LPN	Feb	10-FEB-2014	Full Time	STCLAR
8	[redacted]8	B[redacted], T[redacted]	STCLAR-RN	Feb	17-FEB-2016	Full Time	STCLAR
9	[redacted]7	C[redacted] S[redacted]	STCLAR-UA	Feb	12-FEB-2016	Full Time	STCLAR
10	[redacted]7	K[redacted], T[redacted]	STCLAR-LPN	Feb	07-FEB-2012	Full Time	STCLAR
11	[redacted]8	K[redacted], G[redacted]	STCLAR-CNA	Feb	13-FEB-2015	Full Time	STCLAR
12	[redacted]3	L[redacted], K[redacted]	STCLAR-DA	Feb	10-FEB-2015	Part Time	STCLAR
13	[redacted]9	M[redacted] P[redacted]	STCLAR-CNA	Feb	15-FEB-2016	Full Time	STCLAR
14	[redacted]9	W[redacted], A[redacted]	STCLAR-CK	Feb	23-FEB-2012	Full Time	STCLAR
15	[redacted]0	B[redacted], S[redacted]	STCLAR-LPN	Mar	15-MAR-1993	Full Time	STCLAR
16	[redacted]1	C[redacted], A[redacted]	STCLAR-CNA	Mar	19-MAR-2015	Full Time	STCLAR
17	[redacted]0	G[redacted] C[redacted]	STCLAR-LPN	Mar	23-MAR-2004	Full Time	STCLAR
18	[redacted]4	K[redacted], R[redacted]	STCLAR-ACA	Mar	23-MAR-2015	Full Time	STCLAR
19	[redacted]4	M[redacted] L[redacted]	STCLAR-CNA	Mar	22-MAR-2007	Full Time	STCLAR
20	[redacted]1	M[redacted] J[redacted]	STCLAR-DA	Mar	19-MAR-2014	Full Time	STCLAR
21	[redacted]2	P[redacted], D[redacted]	STCLAR-CNA	Mar	30-MAR-2015	Full Time	STCLAR
22	[redacted]7	R[redacted] R[redacted]	STCLAR-DON	Mar	24-MAR-2015	Full Time	STCLAR
23	[redacted]6	S[redacted], H[redacted]	STCLAR-DA	Mar	04-MAR-2015	Full Time	STCLAR

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ATTACHMENT-19A

	Person Code	Name	Primary Position	Hire Month	Hire Date	Group Type	Location Code
24	[redacted]7	G[redacted] J[redacted]	STCLAR-CNA	Apr	25-APR-2013	Full Time	STCLAR
25	[redacted]0	J[redacted] C[redacted]	STCLAR-CL	Apr	03-APR-1996	Full Time	STCLAR
26	[redacted]6	L[redacted], F[redacted]	STCLAR-CNA	Apr	22-APR-2013	Full Time	STCLAR
27	[redacted]1	A[redacted] A[redacted]	STCLAR-DA	May	07-MAY-2015	Part Time	STCLAR
28	[redacted]4	B[redacted] J[redacted]	STCLAR-MS	May	19-MAY-2014	Full Time	STCLAR
29	[redacted]2	B[redacted] M[redacted]	STCLAR-LPN	May	11-MAY-2015	Full Time	STCLAR
30	[redacted]3	F[redacted] K[redacted]	STCLAR-DA	May	13-MAY-2015	Part Time	STCLAR
31	[redacted]6	H[redacted] J[redacted]	STCLAR-WC	May	23-MAY-2011	Full Time	STCLAR
32	[redacted]6	H[redacted] J[redacted]	STCLAR-CNA	May	11-MAY-2015	Full Time	STCLAR
33	[redacted]3	J[redacted] M[redacted]	STCLAR-CNA	May	28-MAY-2015	Casual	STCLAR
34	[redacted]0	K[redacted], V[redacted]	STCLAR-LA	May	25-MAY-1998	Full Time	STCLAR
35	[redacted]0	L[redacted], B[redacted]	STCLAR-HA	May	11-MAY-1998	Full Time	STCLAR
36	[redacted]0	M[redacted] W[redacted] S[redacted]	STCLAR-CNA	May	25-MAY-2015	Casual	STCLAR
37	[redacted]4	M[redacted], L[redacted]	STCLAR-CNA	May	15-MAY-2015	Casual	STCLAR
38	[redacted]1	M[redacted], K[redacted]	STCLAR-CNA	May	01-MAY-2013	Casual	STCLAR
39	[redacted]8	S[redacted], M[redacted]	STCLAR-LPN	May	23-MAY-2011	Full Time	STCLAR
40	[redacted]0	S[redacted], B[redacted]	STCLAR-LA	May	12-MAY-1997	Full Time	STCLAR
41	[redacted]3	A[redacted], T[redacted]	STCLAR-CNA	Jun	20-JUN-2012	Full Time	STCLAR
42	[redacted]0	B[redacted], S[redacted]	STCLAR-BOM	Jun	13-JUN-1994	Full Time	STCLAR
43	[redacted]4	D[redacted], P[redacted]	STCLAR-LPN	Jun	30-JUN-2006	Full Time	STCLAR
44	[redacted]5	D[redacted] F[redacted], R[redacted]	STCLAR-RN	Jun	03-JUN-2015	Casual	STCLAR
45	[redacted]0	E[redacted], T[redacted]	STCLAR-MDS	Jun	17-JUN-1995	Full Time	STCLAR
46	[redacted]2	H[redacted], M[redacted]	STCLAR-CNA	Jun	06-JUN-2007	Full Time	STCLAR
47	[redacted]3	L[redacted] J[redacted]	STCLAR-LA	Jun	02-JUN-2005	Full Time	STCLAR

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ATTACHMENT-19A

	Person Code	Name	Primary Position	Hire Month	Hire Date	Group Type	Location Code
48	[redacted]2	M[redacted], S[redacted]	STCLAR-CNA	Jun	15-JUN-2012	Full Time	STCLAR
49	[redacted]6	B[redacted], T[redacted]	STCLAR-RN	Jul	25-JUL-2008	Full Time	STCLAR
50	[redacted]9	G[redacted], E[redacted]	STCLAR-CNA	Jul	31-JUL-2013	Full Time	STCLAR
51	[redacted]0	I[redacted], J[redacted]	STCLAR-CNA	Jul	17-JUL-2000	Full Time	STCLAR
52	[redacted]0	K[redacted], S[redacted]	STCLAR-HS	Jul	20-JUL-1976	Full Time	STCLAR
53	[redacted]8	P[redacted], D[redacted]	STCLAR-RN	Jul	27-JUL-2015	Part Time	STCLAR
54	[redacted]9	W[redacted], C[redacted]	STCLAR-HA	Jul	27-JUL-2015	Full Time	STCLAR
55	[redacted]1	B[redacted], P[redacted]	STCLAR-REL	Aug	04-AUG-2003	Full Time	STCLAR
56	[redacted]0	B[redacted], J[redacted]	STCLAR-HA	Aug	21-AUG-1985	Full Time	STCLAR
57	[redacted]3	C[redacted], J[redacted]	STCLAR-CNA	Aug	29-AUG-2005	Full Time	STCLAR
58	[redacted]6	E[redacted] A[redacted]	STCLAR-CNA	Aug	21-AUG-2015	Full Time	STCLAR
59	[redacted]6	F[redacted] K[redacted]	STCLAR-CNA	Aug	18-AUG-2014	Full Time	STCLAR
60	[redacted]6	G[redacted], S[redacted]	STCLAR-CK	Aug	26-AUG-2011	Full Time	STCLAR
61	[redacted]0	L[redacted] J[redacted]	STCLAR-RN	Aug	01-AUG-2011	Full Time	STCLAR
62	[redacted]4	T[redacted] K[redacted]	STCLAR-HA	Aug	11-AUG-2015	Full Time	STCLAR
63	[redacted]9	B[redacted] M[redacted]	STCLAR-ACA	Sep	21-SEP-2015	Part Time	STCLAR
64	[redacted]8	B[redacted], M[redacted]	STCLAR-HA	Sep	08-SEP-2015	Full Time	STCLAR
65	[redacted]8	C[redacted], T[redacted]	STCLAR-DM	Sep	27-SEP-2010	Full Time	STCLAR
66	[redacted]2	G[redacted], E[redacted]	STCLAR-CNA	Sep	23-SEP-2013	Full Time	STCLAR
67	[redacted]8	H[redacted], K[redacted]	STCLAR-CNA	Sep	13-SEP-2010	Full Time	STCLAR
68	[redacted]7	J[redacted], R[redacted]	STCLAR-AD	Sep	10-SEP-2012	Full Time	STCLAR
69	[redacted]8	L[redacted], A[redacted]	STCLAR-DA	Sep	29-SEP-2014	Part Time	STCLAR
70	[redacted]7	M[redacted], S[redacted]	STCLAR-RN	Sep	01-SEP-2015	Casual	STCLAR
71	[redacted]3	P[redacted], M[redacted]	STCLAR-RN	Sep	15-SEP-2014	Full Time	STCLAR
72	[redacted]9	S[redacted], A[redacted]	STCLAR-CNA	Sep	10-SEP-2012	Full Time	STCLAR

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ATTACHMENT 19A

	Person Code	Name	Primary Position	Hire Month	Hire Date	Group Type	Location Code
73	[redacted] 2	B[redacted], V[redacted]	STCLAR-DA	Oct	06-OCT-2008	Full Time	STCLAR
74	1	G[redacted], D[redacted]	STCLAR-CNA	Oct	06-OCT-2005	Full Time	STCLAR
75	7	G[redacted], L[redacted]	STCLAR-LPN	Oct	08-OCT-2015	Part Time	STCLAR
76	2	K[redacted], T[redacted]	STCLAR-CNA	Oct	15-OCT-2015	Full Time	STCLAR
77	2	K[redacted] J[redacted]	STCLAR-CK	Oct	02-OCT-2010	Full Time	STCLAR
78	0	R[redacted] L[redacted]	STCLAR-RN	Oct	01-OCT-2015	Casual	STCLAR
79	3	A[redacted], T[redacted]	STCLAR-CK	Nov	12-NOV-2014	Full Time	STCLAR
80	0	B[redacted], L[redacted]	STCLAR-ACA	Nov	22-NOV-2010	Full Time	STCLAR
81	8	B[redacted], J[redacted]	STCLAR-DA	Nov	04-NOV-2013	Full Time	STCLAR
82	4	C[redacted], S[redacted]	STCLAR-MA	Nov	23-NOV-2015	Full Time	STCLAR
83	6	D[redacted] K[redacted]	STCLAR-CNA	Nov	02-NOV-2010	Full Time	STCLAR
84	1	J[redacted], D[redacted]	STCLAR-CNA	Nov	05-NOV-2002	Full Time	STCLAR
85	3	M[redacted], A[redacted]	STCLAR-CNA	Nov	09-NOV-2015	Part Time	STCLAR
86	5	Y[redacted], D[redacted]	STCLAR-LPN	Nov	22-NOV-2011	Full Time	STCLAR
87	2	B[redacted], P[redacted]	STCLAR-DA	Dec	26-DEC-2011	Full Time	STCLAR
88	3	B[redacted] B[redacted]	STCLAR-CNA	Dec	16-DEC-2013	Casual	STCLAR

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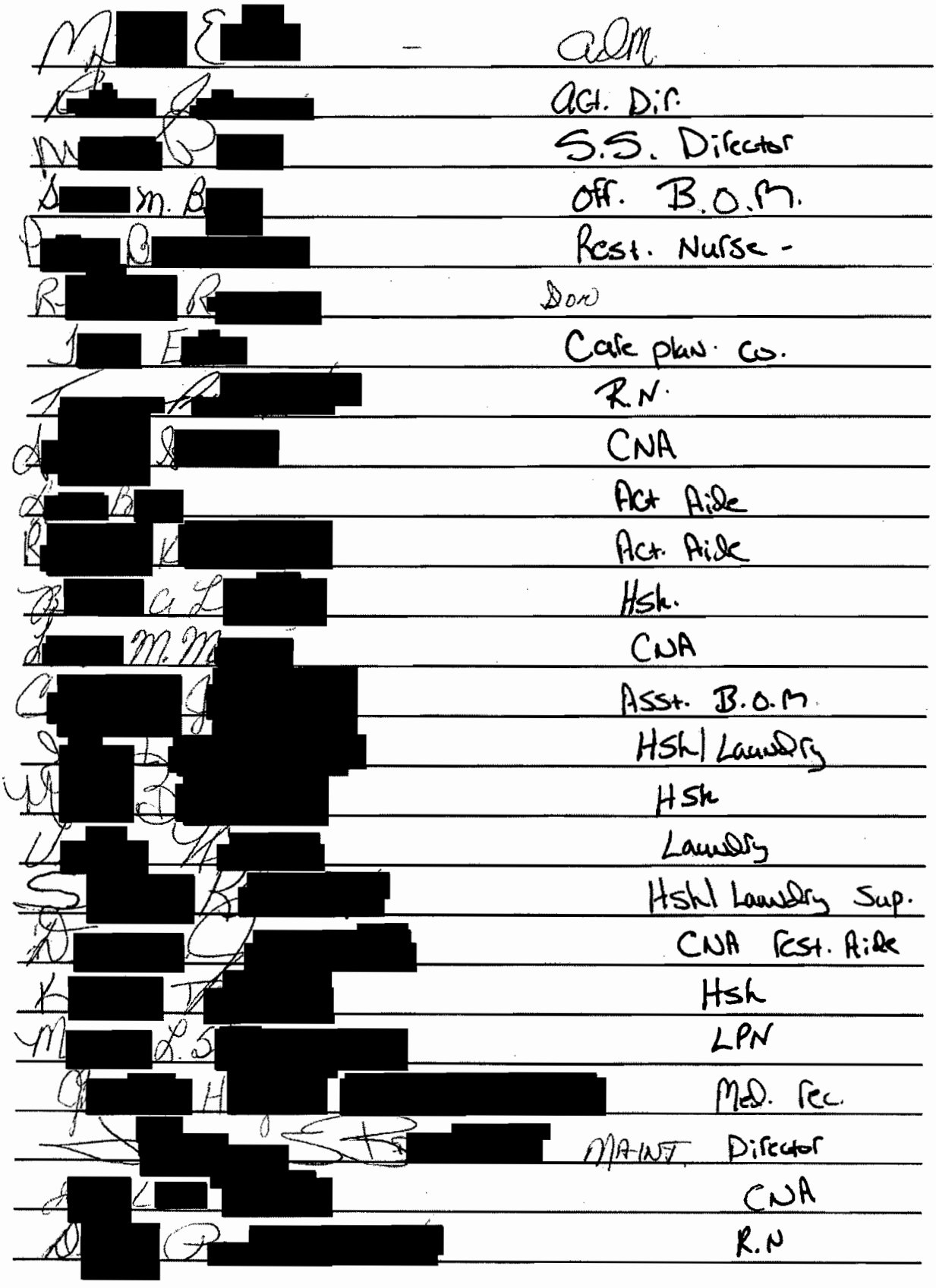
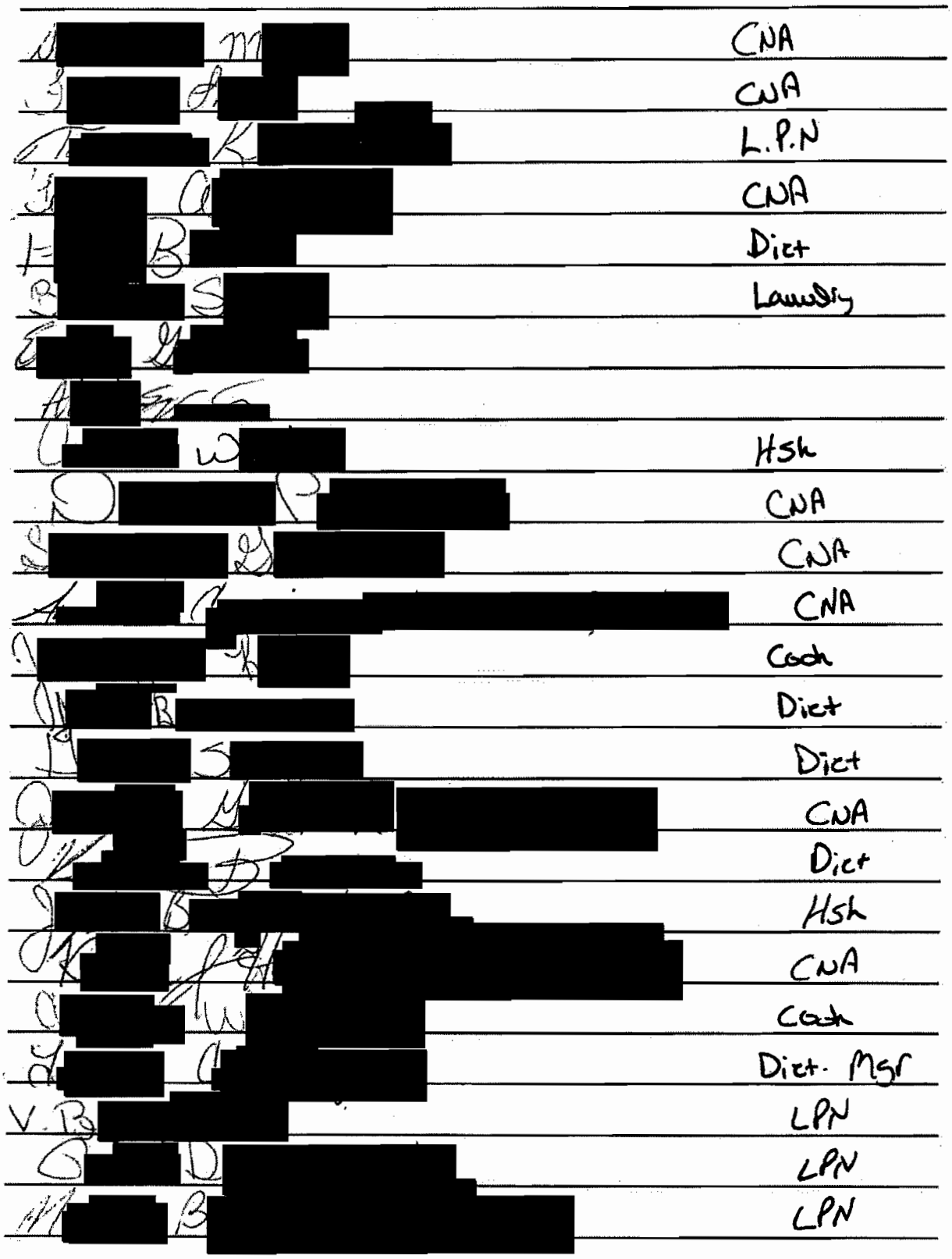
ATTACHMENT-19A

PLEASE CONSIDER MY SIGNATURE AS MY LETTER OF INTENT TO CONTINUE MY EMPLOYMENT AT THE NEW ST. CLARA'S MANOR FACILITY. I DO WISH TO CONTINUE MY EMPLOYMENT.



ATTACHMENT-19B



ATTACHMENT-19B

[redacted] Activity

[redacted] CNA

[redacted] CNA

[redacted] CNA

[redacted] CNA

[redacted] CNA

[redacted] CNA

[redacted] Dietary

[redacted] CNA

[redacted] RN

[redacted] LPN

[redacted] CNA

[redacted] CNA

[redacted] Maint. asst

[redacted] CNA

[redacted] CNA

[redacted] CNA

[redacted] Dietary

[redacted] CNA

[redacted] RN

[redacted] RN

[redacted] RN

St. Clara's Manor
Staffing Pattern

CURRENT		PROPOSED	
TITLE	**FTE's**	**TITLE**	**FTE's**
Administrative:		**Administrative:**	
Administrator	1	Administrator	1
Business Office Manager	1	Business Office Manager	1
Assistant BOM	1	Assistant BOM	1
Social Service Director	1	Social Service Director	1
	4		4
Nursing:		**Nursing:**	
DON	1	DON	1
ADON	1	ADON	1
LPN's	13	LPN's	13
RN's	5	RN's	5
CNA's	20	CNA's	25
	40		45
Activities:		**Activities:**	
Director	1	Director	1
Activity Aides	3	Activity Aides	3
	4		4
Dietary		**Dietary**	
Supervisor	1	Supervisor	1
Assistant	1	Assistant	1
Cooks	5	Cooks	5
Aides	9	Aides	9
Cooks Aides	1.5	Cooks Aides	1.5
	17.5		17.5
Housekeeping/Laundry/Maintenance		**Housekeeping/Laundry/Maintenance**	
Housekeeping/Laundry Supv	1	Housekeeping/Laundry Supv	1
Housekeepers	5	Housekeepers	5
Laundry Aides	3	Laundry Aides	3
Maintenance Supervisor	1	Maintenance Supervisor	1
Maintenance Assistant	1	Maintenance Assistant	1
	11		11
TOTAL FTE's	**77**	**TOTAL FTE's**	**82**

ATTACHMENT-19C

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 replacement of 106 nursing care beds. Therefore, the proposed project is compliant with this criterion.

ATTACHMENT- 20

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are nine (9) letters of support for the proposed St. Clara's Manor. Four (4) of the letters are from community groups: Dominic Dalpoas, Executive Director, **Oasis Senior Center**; Alison Rumler-Gomes, Executive Director, **Community Action Partnership of Central Illinois**; Don Cavi, MS, LEHP, Public Health Administrator, **Logan County Department of Public Health**; Sally J. Turner, **Logan County Clerk and Recorder.** The remaining five (5) letters are from area residents.

ATTACHMENT- 21

I am writing this letter in support of St. Clara's Manor obtaining a Certificate of Need, so they may build a new facility. The existing building is definitely in need of being replaced. St. Clara's Manor has been a staple in the community for years and has done an outstanding job providing care to our seniors. Please permit them to build a new facility.

Dominic DeSoto

Executive Director

Oasis Senior Center

Helping People. Changing Lives.
Community Action
PARTNERSHIP
AMERICA'S POVERTY FIGHTING NETWORK
OF CENTRAL ILLINOIS

1800 5TH STREET • LINCOLN, IL • 62656

PHONE: 217-732-2159

Alison Rumler-Gomez
Executive Director
Community Action Partnership
1800 Fifth Street
Lincoln, IL 62656
217-732-2159 x224
Arumler-gomez@CAPCIL.org

To whom it may concern:

I fully support St. Clara's wish to build a new facility. Lincoln is in much need of a new state of the art facility. Please consider my letter of support and allow them to build a new facility.

Respectfully yours,

Alison Rumler-Gomez
Executive Director
Community Action Partnership of Central Illinois

ATTACHMENT-21A

109 Third Street, P.O. Box 508
Lincoln, Illinois 62656-0508
www.lcdph.org

Public Health
Prevent · Promote · Protect
Logan County Department of Public Health

Phone: 217-735-2317
Fax: 217-732-6943
Email: info@lcdph.org

January 25, 2016

RE: St. Clara's Expansion

To Whom It May Concern:

I fully support St. Clara's wish to build a new facility. Lincoln is in much need of a new state of the art facility. Please consider my letter of support and allow them to build a new facility.

Thank you for your consideration.

Sincerely,

Don Cavi, MS, LEHP
Public Health Administrator

ATTACHMENT-21A

Sally J. Turner
Logan County Clerk and Recorder

Logan County Courthouse
601 Broadway Street Room 20
Lincoln, Illinois 62656

Telephone: (217) 732-4148
Fax: (217) 732-6064
Website: www.co.logan.il.us
Email: elections@co.logan.il.us

I am writing this letter in support of St. Clara's Manor's wish to obtain a Certificate of Need to build a new facility in Lincoln, Illinois. A new facility is much needed and will enhance our seniors stay in a Skilled Nursing Facility. St. Clara's has been a staple in the community for many years and has been heavily involved in the community and is a strong supporter of many functions. Please grant them a Certificate of Need so they may build a new, state of the art facility to help better serve our elders that require their services.

Sincerely,

Sally J Turner
Logan County Clerk and Recorder

ATTACHMENT-21A

To Whom this May Concern, 02/05/16

St. Clara's Nursing Home was the home of my mother , Patricia Black. She resided there for 20 years due to Defused Brain Damage that left her in the need of daily assistants with living. Pat as they called her loved all the nurses and loved when the children would come to visit for awhile. Pat always liked to look her best, the great CNA's made sure she was at her best when it came to having visitors friends and family . When we would call to have her come to our home and visit the caring staff would have her ready to go when we got to the door. When it came to cards and Bingo, Pat was first to be there to play. With no longer being able to read or spell caused by the disease the staff had to help with games. It was always a joy when anyone would have a bad day and would come to Pats room or wherever she was they would have one conversation with her and their whole day would turn around. By just one conversation she would brighten anyone's smile staff, family, and friends. When it came down to watching her TV shows she had special programs to watch. As things progressed Pat got a little difficult with having a roommate. Pat knew a girl by the name of Lucinda Reifsteck, she lived across from Pat for years. Pat always treated her like a daughter. Lucinda was in a severe car accident that lead to her becoming paraplegic and bound to a wheelchair. Unable to speak she came to St. Clara's to live and became Pats roommate. Pat took care of her, protecting her from anything that would bother her. They were hip and hip, two pees in a pod. St Clara's always made sure they were both out and in rehabilitation therapy together. Not only does St. Clara's Nursing Home care for their residents but also they keep them involved in the Community of Lincoln, by taking them to programs and the festivals.

Sincerely, Roger & Julie Matson,
Dana Black

To Whom this May Concern, 02/05/16

St. Clara Nursing Home is the facility my mother, Thelma Matson was employed in Dietary for 10 years. She had spent her last days there before passing and enjoyed every minute of it. She knew almost all of the nurses and residence while working there for years. She loved going to work everyday, it was easy for her to go to a place that cared and loved the staff and residents as if there were family. When my mother was diagnosed with Stage 2-Alzheimer's Disease they were there for her to support her with her long battle ahead. Although day to day activities became difficult for her with disease they were always great at soothing her, with her unruly patches of her day and made her feel comfortable. As most know Alzheimer's is a very difficult disease to come across, they knew exactly how to go about the difficulties. My mother loved to play Bingo and sing. Any song that came on even when she didn't know the words, She came up with her own to stay in tune. She would always laugh and smile. A very whole-hearted women that wanted to just be happy. St. Clara made that possibly with great staff and great residence. Her life was lived to the fullest. I would highly recommend St. Clara to anyone who loves and cares for the members to whom need assistance with daily living. They would be lucky to live at St. Clara.

Sincerely, Roger Matson
&
The Matson Family

XFINITY Connect **reifstourbug@comcast.net**
+ Font Size -

St Claras Manor

From : auesum@comcast.net Sat, Feb 13, 2016 08:39 AM

Subject : St Claras Manor

To : reifstourbug <reifstourbug@comcast.net>

To Mike Eads,

I would like to tell you a little bit about St Clara's importance in my/our lives. My first memory of St. Claras is from the 1970s when my paternal grandfather could no longer live on his own in his home. He first came to live with my family at the church parsonage until a room was available at St Clara's. His children felt it would be best for him to be in a town with one of his children close by. Unfortunately, my grandfather was a very strong willed man and had his mind set that he needed to stay in his hometown of Champaign, IL. Needless to say, his stay was very short but that was no fault of St Claras.

Our second experience was when my husbands maternal grandmother also reached the point in her life that she needed constant care. She was moved from Indianapolis, IN in the early 1980s and remained a part of the St Clara's family until her passing in 1986. She was always well taken care of and when dementia started she often said she was an employee of the manor.

We moved my sister, Lucinda to St Claras when my dad retired from the ministry and they returned to Lincoln for their retirement home. Lucinda had been in other nursing homes since her accident in 1984 so we had several to compare to. I must say, St Claras rose to the comparison! She was kept clean, fed, and active to the best of her abilities. The staff became very attached to her and it was a very sad day when she passed in 2011.

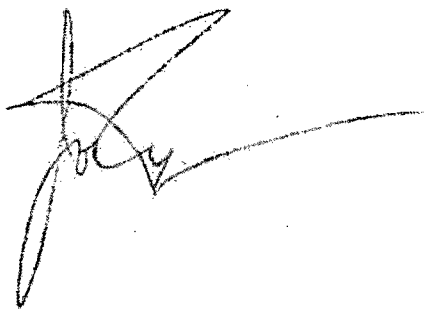
In the middle of Lucinda's residency, my mother-in-law started early stages of dementia and also moved into St Claras Manor. Although they were on different floors, the care was exceptional for both.

No one wants to ever have to make the decision to put their loved ones in a nursing home facility, but I know our choice has, and always will be St Claras Manor. We thank you for all the great care you have given our loved ones.

Sincerely,
Elaine Aue

ATTACHMENT-21A

I fully support the building of a new St. Clara's Manor. The building has been in existence since 1970 and has served it's purpose. A new building will not only enhance the residents stay at the SNF, but will be outstanding for the community as well.



I completely support the building of a new building for St. Clara's Manor. A new facility would is a much needed addition to the community. Please grant them a Certificate of Need.

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, St. Clara's Manor will comprise 73,491 gross square feet of space for 106 nursing care beds. This equates to 693.3 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 upper range limit of 435-713 gross square feet per bed.

ATTACHMENT- 22

Criterion 1125.630 - Zoning

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

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

Appended as **ATTACHMENT-23A** is a letter from the City of Lincoln's John R. Lebegue, Building and Safety Official, dated February 9, 2016, providing documentation that the proposed St. Clara's Manor site is zoned properly and no special zoning approvals would be required.

CITY OF
LINCOLN, ILLINOIS

CODE ENFORCEMENT OFFICE
City Hall 700 Broadway St.
217/732-6318 Lincoln, IL 62656

February 9, 2016

Clyde Reynolds
St. Clara's Manor

RE: Zoning status of St. Clara's Manor property at 1450 Castle Manor Drive

Dear Mr. Reynolds:

Per request, I am writing to affirm that, pursuant to Section 11-5-2 of the City of Lincoln City Code, a Nursing Home use constitutes a permitted use in a C-2, Commercial zoning district. The St. Clara's Manor property located at 1450 Castle Manor Drive is located in the C-2, Commercial zoning district, and as such, a skilled nursing care facility can be established on that property by right and no special zoning approvals would be required. Should you have any questions in regard to this matter or require any further clarification, please feel free to contact me at your convenience.

Best regards,

John R. Lebegue
Building and Safety Official

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 replacement of a free standing nursing facility and not addressing the continuum of care retirement community (CCRC) rules (1125.560(a). Therefore, item number 2 above is not applicable to this project.

St. Clara's
M•A•N•O•R

March 14, 2016

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

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, St. Clara's Manor understands that it is expected to achieve and maintain the occupancy specified in §1125.210 (c) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems, or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,

Subscribed and sworn to before me
this 14th day of March 2016

Notary Public

OFFICIAL SEAL
SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-13-2018

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:

The cash and securities that will be used to fund the proposed project are coming out of the facility's existing cash and the cash generated through ongoing operations. Appended as **ATTACHMENT-27A**, are copies of the Owner's and Operator's projected and historical audited financial statements for the most current three years and through the first full year at target utilization.

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:

2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;

Appended as **ATTACHMENT-27B** is a letter from Hickory Point Bank outlining proof of the feasibility of securing the financing for the project through tax exempt bonds along with all terms and conditions.

ATTACHMENT-27

St Clara's Senior Services
Balance Sheet and Cash Flow Projections
CON Application

		31-Dec					
		2014	2015	2016	2017	2018	2019
Assets							
Current Assets							
Cash & Equivalents	$	6,780,608	6,915,496	5,289,426	3,076,106	3,088,056	2,635,285
Escrow Fund - Replacement Reserve				0	40,000	80,000	120,000
Accrued Interest Receivable		3,058	792	0	0	0	0
Prepaid Insurance		1,969	1,932	1,950	1,950	1,950	1,950
Total Current Assets		6,785,635	6,918,220	5,291,376	3,118,056	3,170,006	2,757,235
Property & Equipment							
Land & Improvements		861,536	856,626	856,626	856,626	856,626	856,626
Building		3,077,736	3,088,455	3,088,455	3,088,455	21,947,787	21,947,787
Equipment		1,282,117	1,282,056	1,282,056	1,282,056	3,053,806	3,053,806
Construction in Progress		0	304,520	2,349,730	20,631,082	0	0
		5,221,389	5,531,657	7,576,867	25,858,219	25,858,219	25,858,219
Less: Accumulated Depreciation & Amort		(3,771,411)	(3,775,376)	(3,855,376)	(3,935,376)	(4,663,913)	(5,392,450)
Net Property & Equipment		1,449,978	1,756,281	3,721,491	21,922,843	21,194,306	20,465,769
Other Assets							
Due From Related Company		497,983	36,416	50,000	50,000	50,000	50,000
Note Receivable - Related Company		1,526,800	1,526,800	1,526,800	1,476,800	1,426,800	1,376,800
Total Other Assets		2,024,783	1,563,216	1,576,800	1,526,800	1,476,800	1,426,800
Total Assets	$	10,260,396	10,237,717	10,589,667	26,567,699	25,841,112	24,649,804
Liabilites & Net Assets							
Current Liabilities							
Accounts Payable	$	0	6,852	6,852	6,852	6,852	6,852
Bonds Payable		0	0	0	0	0	464,721
Total Current Liabilities		0	6,852	6,852	6,852	6,852	471,573
Bonds Payable-Long Term		0	0	0	15,631,082	15,631,082	14,221,090
Due to Related Parties		435,709	0	0	0	0	0
Total Liabilities		435,709	6,852	6,852	15,637,934	15,637,934	15,173,213
Net Assets - Unrestricted		9,824,687	10,230,865	10,582,815	10,929,765	10,203,178	9,476,591
Total Liabilities and Net Assets	$	10,260,396	10,237,717	10,589,667	26,567,699	25,841,112	24,649,804

St Clara's Senior Services
Income Statement Projections
CON Application

		31-Dec					
		2014	2015	2016	2017	2018	2019
Unrestricted Activity							
Contributions	$	9,340	0				
Rental Income		464,534	460,286	460,000	460,000	496,117	496,117
Interest Income		53,671	42,001	1,950	1,950	1,950	1,950
Investment Gains and (Losses)		101,970	33,242	0	0	0	0
Gains and (Losses) on Asset Disposals		(25,790)	(11,936)	0	0	0	0
Total Revenues		603,725	523,593	461,950	461,950	498,067	498,067
Expenses							
Management and General		49,134	33,985	30,000	35,000	35,000	35,000
Interest		0	0	0	0	461,117	461,117
Depreciation & Amortization		83,726	83,430	80,000	80,000	728,537	728,537
Total Expenses		132,860	117,415	110,000	115,000	1,224,654	1,224,654
Income Before Extraordinary Item		470,865	406,178	351,950	346,950	(726,587)	(726,587)
Extraordinary (Loss) - Debt Forgiveness		(844,669)	0	0	0	0	0
Net Income (Loss)	$	(373,804)	406,178	351,950	346,950	(726,587)	(726,587)

St Clara's Senior Services
Capital Cost Projections
CON Application

		2014	PPD	2015	PPD	2016	31-Dec PPD	2017	PPD	2018	PPD	2019	PPD
Capital Costs													
Depreciation	$	83,726	2.32	83,430	2.63	80,000	2.56	80,000	2.55	718,975	22.13	718,975	20.96
Interest		0	0.00	0	0.00	0	0.00	0	0.00	461,117	14.19	461,117	13.44
Amortization		0	0.00	0	0.00	0	0.00	0	0.00	9,562	0.29	9,562	0.28
Total Capital Costs	$	83,726	2.32	83,430	2.63	80,000	2.56	80,000	2.55	1,189,654	36.62	1,189,654	34.67
Total Resident Days - St. Clara's Manor		36,052		31,777		31,293		31,390		32,485		34,310	

Assumptions:

No additional depreciation expense beyond that incurred prior to construction and that specifically identified with the project will be generated.
All interest expense on the construction loan charged in 2016 and 2017 will be capitalized as part of the construction cost. Expensing of interest will begin in January, 2018.
Amortization of loan fees (the total of which were estimated at $219,912) will occur on a straight line basis over the 23 year loan period.
Useful lives for depreciation expense purposes are as follows:
10 Years - Furniture, Fixtures and Equipment
40 Years - All Other Construction Related Costs

St Clara's Manor
Balance Sheet Projections
CON Application

		31-Dec					
		2014	2015	2016	2017	2018	2019
Assets							
Current Assets							
Cash & Equivalents	$	915,436	858,657	459,327	98,465	348,911	1,259,465
Residents Funds in Trust		25,259	33,393	35,000	35,000	35,000	35,000
Accounts Receivable		1,265,967	844,234	843,617	854,548	1,036,510	1,231,571
Inventory & Prepaid Insurance		47,289	27,661	37,000	37,000	37,000	37,000
Total Current Assets		2,253,951	1,763,945	1,374,944	1,025,013	1,457,421	2,563,036
Other Assets							
Due From Related Company		435,709	456,707	406,707	356,707	306,727	256,707
Total Other Assets		435,709	456,707	406,707	356,707	306,727	256,707
Total Assets	$	2,689,660	2,220,652	1,781,651	1,381,720	1,764,148	2,819,743
Liabilites & Net Assets							
Current Liabilities							
Accounts Payable	$	449,798	298,440	311,336	324,656	348,265	384,168
Provider Assessment Payable		84,725	31,341	28,326	28,249	27,694	27,325
Resident Funds in Trust		25,259	33,393	35,000	35,000	35,000	35,000
Total Current Liabilities		559,782	363,174	374,662	387,905	410,959	446,493
Total Liabilities		559,782	363,174	374,662	387,905	410,959	446,493
Net Assets - Unrestricted		2,129,878	1,857,477	1,406,989	993,815	1,353,189	2,373,250
Total Liabilities and Net Assets	$	2,689,660	2,220,651	1,781,651	1,381,720	1,764,148	2,819,743
Days of Revenue in AR		76.09	54.86	55	55	55	55
Days of Expense in AP & Accruals		27.82	19.17	20	20	20	20

St. Clara's Manor
New Facility Project - 106 Bed Facility
Operating Cash Flow Calculations
Actual Years Ended 12-31-14 and 12-31-15 Plus 1st Two Years Post-Construction

	FYE 12/31/2014			FYE 12/31/2015			FYE 12/31/2016			FYE 12/31/2017			FYE 12/31/2018			FYE 12/31/2019		
	Actual	PPD	Residents	Actual	PPD	Residents	Actual	PPD	Residents	Actual	PPD	Residents	Actual	PPD	Residents	Actual	PPD	Residents
Private/Ins. Days	10,517	29.2%	28.8	8,750	27.5%	24.0	8,784	28.1%	24.0	8,760	27.9%	24.0	10,950	33.0%	30.0	13,505	38.1%	37.0
Public Aid Days	23,190	64.3%	63.5	20,365	64.1%	55.8	19,764	63.2%	54.0	19,893	63.4%	54.5	17,885	53.8%	49.0	15,695	44.3%	43.0
Medicare Days	2,345	6.5%	6.4	2,662	8.4%	7.3	2,745	8.8%	7.5	2,738	8.7%	7.5	4,380	13.2%	12.0	6,205	17.5%	17.0
Total Days	36,052	100.0%	98.8	31,777	100.0%	87.1	31,293	100.0%	85.5	31,390	100.0%	86.0	33,215	100.0%	91.0	35,405	100.0%	97.0
Licensed Days	51,100			51,100			51,240			51,100			38,690			38,690		
Occupancy %	70.6%			62.2%			61.1%			61.4%			85.8%			91.5%		
Private/Ins. Revenue	$ 2,244,070	213.38		$ 1,849,679	211.39		1,825,146	215.62		1,825,146	219.93		$ 2,456,422	224.33		3,090,179	228.82	
Public Aid Revenue	2,788,390	120.24		2,556,283	125.52		2,505,652	126.78		2,547,162	128.05		2,313,010	129.33		2,050,082	130.62	
Medicare Revenue	1,040,054	443.52		1,225,904	460.52		1,283,089	467.43		1,298,733	474.44		2,109,224	481.56		3,032,889	488.78	
IPA Assessment	(204,589)			(136,120)			(173,286)			(136,120)			(175,028)			(177,244)		
Medicare Part B	352,750			389,864			409,357			429,825			472,808			496,448		
Contributions	13,697			2,000			2,000			2,000			2,000			2,000		
Interest & Other Income	11,614			7,847			5,000			5,000			3,000			5,000		
Net Operating Income	6,245,986	173.25		5,895,457	185.53		5,856,958	187.17		5,971,797	190.25		7,183,436	216.27		8,499,354	240.06	
Expenses																		
General & Administrative	1,415,962	39.28		1,334,989	42.01		1,356,934	43.36		1,381,566	44.01		1,413,318	42.55		1,485,926	41.97	
Management Fees	248,765	6.90		232,422	7.31		292,848	9.36		298,590	9.51		359,172	10.81		424,968	12.00	
Property & Plant	302,032	8.38		298,771	9.40		304,282	9.72		310,368	9.89		313,950	9.45		317,577	8.97	
Rent to SCSS	459,900	12.76		459,900	14.47		460,000	14.70		460,000	14.65		468,231	14.10		468,231	13.22	
Dietary	591,498	16.41		561,944	17.68		551,746	17.63		558,595	17.80		575,020	17.31		624,576	17.64	
Laundry	75,493	2.09		72,837	2.29		73,710	2.36		75,184	2.40		76,688	2.31		78,222	2.21	
Housekeeping	182,119	5.05		166,858	5.25		168,779	5.39		172,155	5.48		175,598	5.29		200,944	5.68	
Nursing	2,059,627	57.13		1,984,662	62.46		2,052,467	65.59		2,066,396	65.83		2,079,151	62.60		2,176,456	61.47	
Ancillary Expenses - Supplies	147,484	4.09		189,197	5.95		191,513	6.12		195,874	6.24		211,247	6.36		229,778	6.49	
Ancillary Expenses - Therapy	599,628	16.63		550,123	17.31		560,503	17.91		564,581	17.99		759,778	22.87		986,168	27.85	
Ancillary Expenses - Drugs	148,576	4.12		164,585	5.18		168,018	5.37		172,836	5.51		260,857	7.85		353,126	9.97	
Other Services	130,680	3.62		125,498	3.95		126,646	4.05		128,827	4.10		131,052	3.95		133,321	3.77	
Total Expenses	6,361,764	176.46		6,141,786	193.28		6,307,446	201.56		6,384,971	203.41		6,824,062	205.45		7,479,293	211.25	
Net Income (Loss)	$ (115,778)	(3.21)		(246,329)	(7.75)		(450,488)	(14.40)		(413,174)	(13.16)		359,374	10.82		1,020,061	28.81	

ATTACHMENT-27A

St Clara's Manor
Salaries - Benefits -Supplies
CON Application

Area	2014		2015		2016		2017		2018		2019	
	$	PPD	$	PPD	$	PPD	$	PPD	$	PPD	$	PPD
General & Administrative												
Salaries	224,503	6.23	219,012	6.89	221,202	7.28	225,626	7.36	230,139	6.93	277,043	7.91
Benefits	768,811	21.33	678,310	21.35	693,599	22.83	709,295	23.13	725,414	21.84	741,963	21.17
Supplies	9,418	0.26	8,871	0.28	9,048	0.30	9,229	0.30	9,414	0.28	9,602	0.27
All Other	413,230	11.46	428,797	13.49	433,085	14.26	437,416	14.27	448,351	13.50	457,318	13.05
	1,415,962	39.28	1,334,990	37.03	1,356,934	44.67	1,381,566	45.06	1,413,318	42.55	1,485,926	42.41
Property & Plant												
Salaries	40,984	1.14	44,522	1.40	44,967	1.48	45,867	1.50	46,784	1.41	47,720	1.36
Benefits	2,108	0.06	1,932	0.06	1,951	0.06	1,990	0.06	2,030	0.06	2,071	0.06
Supplies	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
All Other	258,940	7.18	252,317	7.94	257,363	8.47	262,511	8.56	265,136	7.98	267,787	7.64
	302,032	8.38	298,771	8.29	304,282	10.02	310,368	10.12	313,950	9.45	317,577	9.06
Dietary												
Salaries	273,737	7.59	266,266	8.38	268,929	8.85	274,307	8.95	299,793	9.03	305,789	8.73
Benefits	14,223	0.39	14,008	0.44	14,148	0.47	14,431	0.47	15,772	0.47	16,087	0.46
Supplies	16,621	0.46	20,675	0.65	21,089	0.69	21,510	0.70	21,940	0.66	22,379	0.64
All Other	286,916	7.96	260,995	8.21	247,581	8.15	248,346	8.10	258,566	7.78	280,320	8.00
	591,497	16.41	561,944	15.59	551,746	18.16	558,595	18.22	596,072	17.95	624,576	17.82
Laundry												
Salaries	52,312	1.45	53,654	1.69	54,191	1.78	55,274	1.80	56,380	1.70	57,507	1.64
Benefits	4,386	0.12	4,702	0.15	4,749	0.16	4,844	0.16	4,941	0.15	5,040	0.14
Supplies	18,795	0.52	14,481	0.46	14,771	0.49	15,066	0.49	15,367	0.46	15,675	0.45
All Other	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	75,493	2.09	72,837	2.02	73,710	2.43	75,184	2.45	76,688	2.31	78,222	2.23
Housekeeping												
Salaries	141,600	3.93	132,304	4.16	133,627	4.40	136,300	4.45	159,026	4.79	162,206	4.63
Benefits	10,688	0.30	9,303	0.29	9,396	0.31	9,584	0.31	11,182	0.34	11,406	0.33
Supplies	29,830	0.83	25,251	0.79	25,756	0.85	26,271	0.86	26,797	0.81	27,332	0.78
All Other	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	182,118	5.05	166,858	4.63	168,779	5.56	172,155	5.61	197,004	5.93	200,944	5.73
Nursing												
Salaries	1,747,321	48.47	1,655,691	52.10	1,688,805	55.59	1,722,581	56.18	1,824,258	54.92	1,897,229	54.14
Benefits	93,654	2.60	85,943	2.70	87,662	2.89	89,415	2.92	94,693	2.85	96,587	2.76
Supplies	295,199	8.19	353,782	11.13	359,531	11.84	368,710	12.03	466,433	14.04	580,021	16.55
All Other	219,843	6.10	243,028	7.65	242,000	7.97	242,000	7.89	220,800	6.65	182,640	5.21
	2,356,017	65.35	2,338,444	64.86	2,377,998	78.28	2,422,706	79.02	2,606,184	78.46	2,756,476	78.67
Therapy												
Salaries	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Benefits	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Supplies	862	0.02	1,546	0.05	1,577	0.05	1,608	0.05	1,641	0.05	1,673	0.05
All Other	596,362	16.54	548,576	17.26	558,926	18.40	562,973	18.36	740,086	22.28	966,263	27.58
	597,224	16.57	550,122	15.26	560,503	18.45	564,581	18.41	741,727	22.33	967,936	27.62
Activity												
Salaries	98,716	2.74	95,777	3.01	96,735	3.18	98,669	3.22	100,643	3.03	102,656	2.93
Benefits	6,542	0.18	6,097	0.19	6,158	0.20	6,281	0.20	6,407	0.19	6,535	0.19
Supplies	5,438	0.15	6,046	0.19	6,167	0.20	6,290	0.21	6,416	0.19	6,544	0.19
All Other	3,266	0.09	17,578	0.55	17,586	0.58	17,586	0.57	17,586	0.53	17,586	0.50
	113,962	3.16	125,498	3.48	126,646	4.17	128,827	4.20	131,052	3.95	133,321	3.80

St. Clara's Manor & St. Clara's Senior Services
Financial Worksheet Assumptions & Other Information – Certificate of Need
Presented by Title of Schedule

Financial Viability Ratio Calculations

- Complete calculations prepared for both applicants. As a result of the relationship between the two entities, there are instances during the periods shown where one of the applicants may fail to meet the State norm for a specific ratio. Other than the 2014 matter noted below, no instances of non-compliance with State norms were noted when combined data from the two applicants are applied.
- Neither applicant held any debt during the three audited years prior to submission of the application – per discussion with John Kniery, I did not insert the maximum principal and interest amount from the new debt into the "audited years" calculations
- During 2014, the Net Margin Percentage for SCSS and for the combined applicant group fell below the State norm. The loss recorded for SCSS ($373,804) included a one-time charge of $844,669 to forgive a portion of a loan made in prior years to Castle Manor, Inc. Without the charge, SCSS would have reported 2014 net income of $470,865 and the Net Margin Percentage would have easily exceeded the State norm. The debt forgiveness provided by SCSS was prompted by refinancing of a conventional loan from a commercial lender to a HUD based loan. HUD rules limit the amount of total debt a specific borrower may carry which caused SCSS to forgive the aforementioned component of the debt.

St. Clara's Senior Services – Balance Sheet & Income Statement

- The 2015 data was taken directly from the internally prepared financial statements with balances reclassified, where applicable, to match those of prior audited financial statements.
- All transactions reflecting construction and financing of the project are presented within the SCSS financial statements
- Annual transfer of operating funds into a replacement reserve will begin prior to the end of construction and will continue annually until reaching $250,000. The annual contribution beginning in 2017 will be $40,000.
- All construction costs will be incurred and recorded prior to 12-31-2017. Reclassification to specific fixed asset line items (Building, Equipment, etc) along with depreciation will begin in 2018. Of the 16 month construction period, 4 will occur in 2016 and the remaining 12 in 2017.
- There will be no other capital improvements during the period besides those directly related to the project.
- Beginning in 2017, it is assumed that Castle Manor will repay $50,000 of principal annually on the note receivable. It is also assumed that there will be no additional loan forgiveness.

- SCSS will fund the first $5 million of project cost. We estimate that the final equity payment will occur during the eighth month of the project and that external financing will fund the remaining project cost.
- Interest only payments will be allowed for a 36 month period following initial disbursements of loan proceeds. As such, the first principal payments on the debt will not occur until 2020. Rates assumed for the project are 2.95% during the construction period and 3.25% thereafter.
- Interest will be capitalized during the construction period Using the aforementioned assumptions would yield total capitalized interest of $183,515 which will be depreciated in accordance with GAAP accounting.
- Depreciation periods will be as follows:
    - Building and related items – 40 years
    - Furniture, Fixtures and Equipment – 10 years
- SCSS Income Statement
    - No change in the annual rental income until 2018. The 2018 and 2019 rental income amounts will be the sum of annual debt service requirements (interest expense) and Management and General expense. The amount of rent may be adjusted by the SCSS Board of Directors, however the impact of any change on the combined entities is zero (income to SCSS; expense to SCM).
    - Depreciation expense will equal the sum of the $80,000 current annual depreciation plus new depreciation from the project. Loan fee amortization is included in this line item

St. Clara's Manor – Balance Sheet & Income Statement

- Balance Sheet
    - Accounts Receivable – balances for 2016-2019 are based on the assumption of 55 days of revenue which is the approximate total recorded as of12-31-15.
    - Accounts Payable – balances for 2016-2019 are based on the assumption of 20 days of expenses which is the approximate total recorded as of 12-31-15
    - Due From Related Company – we expect the balance to drop $50,000 per year beginning in 2016
    - Provider Assessment Payable – the period of time used to compute the 2014 balance was overstated and corrected in 2015; estimates for the years to follow are based upon the current State mandated formula
- Income Statement
    - Minimal census changes anticipated while residents continue to occupy the "old" facility; anticipation over a "new" facility prevents further erosion in 2017.
    - Forecast for 2018 and 2019 reflect optimal goals of the new facility which revolve around increasing "rehab to home" capabilities. Increase in Medicare patients reflect establishment of modern facilities, quality therapy staffing and strong relationship with area providers. Decrease in Public Aid population reflects continuing effort by State to develop lower cost settings for beneficiaries.

- Average Payment Rate Increases
  - Private/Insurance – 2% annually
  - Public Aid – 1% annually
  - Medicare – 1.5% annually (very conservative given recent history)
- Expenses
  - Salaries & Wages
    - No job losses
    - Non-Clinical – expected increase in total salaries (wage rates plus skill mix needs)
      - 1% increase in 2016
      - 2% increases in 2017-2018
      - 3% increase in 2019
    - Clinical – expected increase in total salaried (wage rates plus skill mix needs)
      - 2% increases in 2016-2017
      - 3% increase in 2018
      - 4% increase in 2019 (more Medicare and higher acuity residents)
  - Benefits
    - No change in the ratio of employee benefits to salaries except for group health insurance which is assumed to grow by 3% annually
  - Supplies
    - 2% annual growth for non-clinical supplies
    - 2% annual increase in cost of nursing supplies plus add-on for additional volume and resident mix
    - 3% annual increase in cost of drugs plus add-on for additional volume and resident mix
  - Utilities
    - 2% increase for 2016-2017 – old facility
    - 1% increase for 2018-2019 – new facility (perhaps conservative as there is a chance that efficiencies will lower the overall cost)
  - Food
    - Assumed at $8.00 per resident day in 2019

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

FINANCIAL STATEMENTS,
INDEPENDENT AUDITORS' REPORT,
AND SUPPLEMENTAL INFORMATION

December 31, 2012 and 2011

J.M. ABBOTT & ASSOCIATES, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

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J.M. ABBOTT & ASSOCIATES, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

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Board of Directors
St. Clara's Manor, Inc.

We have audited the accompanying financial statements St. Clara's Manor, Inc. (a not-for-profit Corporation), which are comprised of the statements of financial position as of December 31, 2012 and 2011, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Clara's Manor, Inc. as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 14 through 15 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

J.M. Abbott & Associates, Ltd.

May 20, 2013

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF FINANCIAL POSITION
December 31, 2012 and 2011

	2012	2011
ASSETS		
Current Assets		
Cash	$ 1,459,442	$ 1,403,498
Residents' Funds in Trust (Note B)	40,355	29,234
Accounts Receivable (Notes A4 and G)	1,436,392	1,016,649
Prepaid Expenses	13,905	12,119
Inventory (Note A5)	28,404	33,226
Total Current Assets	2,978,498	2,494,726
Other Assets		
Due from Affiliate (Note J2)	118,619	0
Net Other Assets	118,619	0
TOTAL ASSETS	$ 3,097,117	$ 2,494,726

The Accompanying Notes Are an Integral Part of These Financial Statements.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF FINANCIAL POSITION - CONTINUED
December 31, 2012 and 2011

	2012	2011
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable - Vendors	$ 500,195	$ 590,601
Accrued Payroll and Payroll Taxes	252,761	229,568
Illinois Long Term Care Provider Assessment (Note H)	166,579	0
Residents' Funds in Trust (Note B)	40,355	29,234
Total Current Liabilities	959,890	849,403
Total Liabilities	959,890	849,403
Net Assets		
Unrestricted		
Undesignated	2,137,227	1,645,323
Total Unrestricted Net Assets	2,137,227	1,645,323
Total Net Assets	2,137,227	1,645,323
TOTAL LIABILITIES AND NET ASSETS	$ 3,097,117	$ 2,494,726

The Accompanying Notes Are an Integral Part of These Financial Statements.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF ACTIVITIES
For the Years Ended December 31, 2012 and 2011

	2012	2011
UNRESTRICTED ACTIVITY		
Unrestricted Revenue		
Resident Services	$ 9,975,581	$ 9,546,558
Less: Illinois Public Aid Discounts	(3,495)	(160,820)
Medicare Contra Allowance	(2,521,864)	(2,513,987)
Illinois Long Term Care Provider Assessment (Note H)	(370,743)	0
Net Resident Services Revenue (Note G)	7,079,479	6,871,751
Interest	10,648	7,034
Other Income	764	1,359
Total Unrestricted Revenue	7,090,891	6,880,144
Total Unrestricted Support and Revenue	7,090,891	6,880,144
Unrestricted Expenses		
General and Administrative	1,819,382	1,588,172
Property and Maintenance	696,102	706,581
Dietary	634,389	611,098
Housekeeping and Laundry	254,739	236,413
Nursing	2,346,970	2,422,761
Activities	70,719	65,523
Social and Physical Therapy Services	776,686	836,988
Contributions (Note J4)	0	365,337
Total Expenses (Note L)	6,598,987	6,832,873
Increase in Unrestricted Net Assets	491,904	47,271
NET ASSETS, BEGINNING OF YEAR	1,645,323	1,598,052
NET ASSETS, END OF YEAR	$ 2,137,227	$ 1,645,323

The Accompanying Notes Are an Integral Part of These Financial Statements.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF CASH FLOWS
For the Years Ended December 31, 2012 and 2011

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (Decrease) in Net Assets	$ 491,904	$ 47,271
Adjustments to Reconcile Increase (Decrease) in Net Assets to Cash Provided by Operating Activities		
(Increase) Decrease in:		
Accounts Receivable	(419,743)	(726,785)
Prepaid Expenses	(1,786)	262
Inventory	4,822	(3,608)
Increase (Decrease) in:		
Accounts Payable - Vendors	(90,406)	260,525
Accrued Payroll and Payroll Taxes	23,193	12,431
Illinois Long Term Care Provider Assessment Payable	166,579	0
Net Cash Provided by (Used in) Operating Activities	174,563	(409,904)
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash Proceeds from Affiliate	0	257,820
Cash Paid on Behalf of Affiliate	(118,619)	0
Net Cash Provided by (Used in) Investing Activities	(118,619)	257,820
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	55,944	(152,084)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,403,498	1,555,582
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 1,459,442	$ 1,403,498

The Accompanying Notes Are an Integral Part of These Financial Statements.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of St. Clara's Manor, Inc. (the Nursing Home) is presented to assist in understanding the Nursing Home's financial statements. The financial statements and notes are representations of the Nursing Home's management, who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

1. *Organization*

The Nursing Home provides long-term care to residents of Central Illinois. A significant number of these residents receive benefits from Medicare and Illinois Medicaid.

2. *Basis of Presentation*

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Permanently restricted net assets are subject to donor-imposed or other legal restrictions requiring that the principal be maintained permanently by the Nursing Home. Generally, the donors of these assets permit the Nursing Home to use all or part of the income earned on related investments for general or specific purposes.

Temporarily restricted net assets are subject to donor-imposed restrictions that may be met by actions of the Nursing Home and/or the passage of time.

Unrestricted net assets are not subject to donor-imposed restrictions.

3. *Cash and Cash Equivalents*

For purposes of the statements of cash flows, the Nursing Home considers all short-term highly liquid investments that are (a) readily convertible to known amounts of cash and (b) so near to maturity that they represent insignificant risk of changes in value because of changes in interest rates to be cash equivalents.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

4. *Accounts Receivable*

Accounts receivable represents amounts due for resident care and are stated at unpaid balances, less an allowance for doubtful accounts. The Nursing Home provides for losses on accounts receivable using the allowance method. The allowance is based on experience, third-party contracts, and other circumstances which may affect the ability of residents to meet their obligations. It is the Nursing Home's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. The allowance for doubtful accounts was $127,857 and $118,857 at December 31, 2012 and 2011, respectively.

5. *Inventory*

Inventory consists of supplies used in operations and is valued at the lower of cost or market, cost being calculated using the first-in, first-out (FIFO) method.

6. *Revenue*

Revenue is recorded at the estimated net realizable amounts from residents, third-party payers, and others for services rendered. Revenue under third-party payer agreements is subject to audit and retroactive adjustment. Provisions for estimated third-party payer settlements are provided in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement.

Contributions are recorded as unrestricted, temporarily restricted, or permanently restricted support depending upon the existence and/or nature of donor restrictions. Support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets, as applicable. Within temporarily restricted net assets, amounts are reclassified to unrestricted net assets when restrictions expire by passage of time or the fulfillment of the stipulated purpose. Restrictions on gifts of land, building, or equipment or contributions restricted for the purchase of those assets expire when the asset is placed in service unless the donor stipulated otherwise.

7. *Financial Instruments*

The following methods and assumptions were used by the Nursing Home to estimate the fair values of financial instruments as disclosed herein:

Cash and equivalents: The carrying amount approximates fair value because of the short period to maturity of the instruments.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

8. *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

9. *Concentration of Risk*

The Nursing Home's deposits are located in one financial institution and exceeded the Federal Deposit Insurance (FDIC) limit of $250,000 at December 31, 2012 by $1,235,276. The FDIC had no limit for non-interest-bearing accounts at December 31, 2011, so all of the Nursing Home's deposits were insured at December 31, 2011. The Organization has not experienced losses with this financial institution, and does not expect to experience any in the future.

NOTE B - RESIDENTS' FUNDS IN TRUST

Residents' funds in trust represents amounts held by the Nursing Home as agent for residents. These funds are expended at the direction of the resident for personal items.

NOTE C - PENSION PLAN

Beginning July 1, 2010, the Nursing Home began a 401(k) defined contribution pension plan which covers all employees. An employee who has completed one year of service and attained age 21 is eligible to participate in the plan. The Nursing Home matches 100% of employee contributions, up to 5% of salary. Required contributions under these plans for 2012 and 2011 totaled $29,523 and $28,499, respectively.

NOTE D - ACCRUED PAID TIME OFF

The Nursing Home's paid time off (PTO) policy credits employees with accrued time off each pay period, to be used for vacation, personal, or sick days. Employees have the option of being reimbursed for days not used within one year of their anniversary date. Those days not reimbursed will be lost. The liability for unused accrued PTO was $133,166 and $124,969 at December 31, 2012 and 2011, respectively.

NOTE E - TAX-EXEMPT STATUS

The Nursing Home is chartered as an Illinois not-for-profit corporation and is exempt from federal taxation under section 501(c)(3) of the Internal Revenue Code. The Nursing Home is required to file federal and state informational returns. With limited exceptions, the Nursing Home is no longer subject to income tax examination for any years earlier than 2008 for federal and state purposes. Management has performed its evaluation of all other income tax positions taken on all open informational returns and has determined that there were no positions taken that do not meet the "more likely than not" standard. Accordingly, there are no provisions for income taxes, penalties or interest receivable or payable relating to uncertain income tax provisions in the accompanying financial statements.

NOTE F - MANAGEMENT AGREEMENT

Effective July 2009, the Nursing Home entered into an agreement with Heritage Operations Group, LLC for management services for a term of 5 years. Heritage Operations Group is a single member LLC owned by Heritage Enterprises, Inc.. The current agreement has a five-year term expiring in April 2014. The agreement authorizes Heritage Operations Group to operate the Nursing Home in accordance with generally accepted management, administrative, and accounting practices. Heritage Operations Group is entitled to a monthly base management fee of 4% of net patient revenues. Heritage Operations Group receives a bonus of up to 2% of net patient revenues if certain fiscal and quality goals are met. Fees paid under this agreement were $424,815 and $412,387 for the years ended December 31, 2012 and 2011, respectively.

Heritage Operations Group hires and employs the Administrator working at the Nursing Home and bills the Nursing Home for payroll and related costs separately from the management fees described in the preceding paragraph. The Nursing Home has accounts payable of $180,625 and $172,493 to Heritage Enterprises, Inc. as of December 31, 2012 and 2011, respectively.

NOTE G - NET RESIDENT SERVICE REVENUE

The Nursing Home has arrangements with third-party payers that provide for payments to the Nursing Home at amounts different from its established rates. Revenue under third-party payer agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payer settlements are provided in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement. A summary of the payment arrangements with major third-party payers follows:

NOTE G - NET RESIDENT SERVICE REVENUE - CONTINUED

1. *Illinois Medicaid*

   Resident services rendered to Illinois Medicaid beneficiaries are reimbursed under a cost reimbursement methodology. The Nursing Home is reimbursed at a daily rate set by the Illinois Department of Healthcare and Family Services.

2. *Medicare*

   Resident care services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Revenue from the Medicare and Illinois Medicaid programs accounted for approximately 36% and 30%, respectively, of the Nursing Home's net resident services revenue for the year ended December 31, 2012, and 36% and 32%, respectively, of the Nursing Home's net resident services revenue for the year ended December 31, 2011. Laws and regulations governing the Medicare and Illinois Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that the recorded estimates will change by a material amount in the near term.

Approximately 72% and 66% of the Nursing Home's accounts receivable at December 31, 2012 and 2011, respectively, are due from the Illinois Department of Healthcare and Family Services. Approximately 11% and 30% of the Nursing Home's accounts receivable at December 31, 2012 and 2011, respectively, are due from Medicare. The State of Illinois frequently delays payments to health care providers due to temporary shortfalls in revenue and lower-than-normal available cash balances.

NOTE H - ILLINOIS LONG TERM CARE PROVIDER ASSESSMENT

In 2012, the Illinois Department of Healthcare and Family Services began assessing an amount equal to $6.07 times the number of occupied bed days, with the exception of resident days for whom Medicare Part A is the primary payer. The assessment was retroactive for bed days beginning in April of 2011. Payment of the assessment for April through August of 2011 was due in June of 2012, and the assessments for September 2011 through March of 2012 were due and paid during 2012. Assessments are not due until a month after the state has paid the Nursing Home Illinois Medicaid payments for that month. Since the State of Illinois was seven months behind in Medicaid payments as of December 31, 2012, the Nursing Home owed the State of Illinois assessments totaling $166,579 for April through December of 2012. During the year ended December 31, 2012, the nursing home recognized $370,743 in long term care provider assessments.

NOTE I - ADVERTISING

The Nursing Home uses advertising and public relations to promote its services in the Central Illinois area. The production costs of advertising are expensed as incurred. During the years ended December 31, 2012 and 2011, advertising costs totaled $43,346 and $31,747, respectively.

NOTE J - RELATED PARTY TRANSACTIONS

Prior to 2010, St. Clara's Manor, Inc. was operated as St. Clara's Senior Services, Inc. On January 1, 2010, St. Clara's Senior Services, Inc. split into three separate organizations: St. Clara's Manor, Inc., which operates the Nursing Home; Castle Manor, Inc., which operates a supportive living facility; and St. Clara's Senior Services, Inc., which is a supporting organization of both St. Clara's Manor, Inc. and Castle Manor, Inc.

1. *Property Lease*

The Nursing Home leases all property and equipment used in operations from St. Clara's Senior Services, Inc. under a five-year operating lease. The lessee has the option of renewing the lease for one or more additional 5-year terms. Payments on the lease are to equal the cost to the lessor to equal actual mortgage or other debt payments on the premises, including the cost of financing, plus a reasonable repair, maintenance and asset replacement fund. The rent is to be adjusted on an ongoing basis to reflect any increase or decrease in the lessor's mortgage or other debt payments, taxes or insurance. The portion of the rent allocated to a reasonable repair, maintenance and replacement fund may be adjusted on an annual basis. Monthly payments under this lease for 2012 and 2011 were $38,325. Future minimum rental payments required under this lease are $459,900 annually for 2013 and 2014.

2. *Due from Affiliate*

During the year ended December 31, 2012, the Nursing Home advanced $118,619 to St. Clara's Senior Services, Inc.

3. *Payroll*

St. Clara's Senior Services, Inc. is the employer of all employees of the Nursing Home. The Nursing Home reimburses St. Clara's Senior Services, Inc. for all employee costs.

4. *Contributions to Affiliates*

$365,317 of total contributions made during the year ended December 31, 2011, were paid to St. Clara's Senior Services, Inc.

NOTE J - RELATED PARTY TRANSACTIONS – CONTINUED

5. Pharmacy Purchases

Green Tree Pharmacy, Inc. is a corporation controlled by the same stockholders as Heritage Enterprises, Inc. (See note F above). Green Tree Pharmacy, Inc. is the preferred pharmaceutical and medical supply provider used by the Nursing Home. It is also the major service provider for the needs of the residents of the Nursing Home. Payments to Green Tree Pharmacy, Inc. totaled $247,368 in 2012 and $280,157 in 2011. The accounts payable account includes $12,510 and $33,777 owed to Green Tree Pharmacy, Inc. at December 31, 2012 and 2011, respectively.

NOTE K - COMMITMENTS AND CONTINGENCIES

The Nursing Home is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets, errors and omissions and natural disasters for which the Nursing Home carries commercial insurance. There have been no significant reductions in coverage from the prior year and settlements have not exceeded coverage in the past years.

NOTE L - EXPENSES BY FUNCTION

Expenses by function for the year ended December 2012 and 2011 are as follows:

	2012	2011
Program	$ 5,723,164	$ 6,029,655
Management & General	873,078	800,853
Fund-Raising	2,745	2,365
Total Expenses	$ 6,598,987	$ 6,832,873

NOTE M - SUBSEQUENT EVENTS

Management has evaluated subsequent events through May 20, 2013, the date the financial statements were available to be issued.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

SCHEDULES OF OPERATING EXPENSES
For the Years Ending December 31, 2012 and 2011

	2012	2011
General and Administrative		
Salaries	$ 233,596	$ 203,621
Management Fees (Note F)	424,815	412,387
Payroll Taxes	213,620	213,562
Employee Benefits	483,054	377,519
Contractual and Professional Services	43,313	38,819
Office Supplies	16,740	17,517
Telephone	7,592	7,693
Travel	3,266	3,413
Advertising (Note I)	32,541	22,784
Public Relations (Note I)	10,805	8,963
Licenses and Fees	81,335	79,211
Dues and Subscriptions	10,987	11,345
Management Information Systems	63,903	62,820
Liability Insurance	77,261	79,867
Workmen's Compensation Insurance	93,786	55,518
Bad Debt Expense	9,000	(16,750)
Miscellaneous Expense	13,768	9,883
Total General and Administrative	1,819,382	1,588,172
Property and Maintenance		
Salaries	50,359	49,072
Utilities	101,147	131,884
Repairs and Maintenance	74,505	55,974
Maintenance Contracts	10,191	9,751
Property Rent (Note J1)	459,900	459,900
Total Operation and Maintenance	696,102	706,581
Dietary		
Salaries	295,007	278,689
Food Purchases	315,093	293,866
Supplies	24,289	38,543
Total Dietary	634,389	611,098

The Accompanying Notes Are an Integral Part of These Financial Statements.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

SCHEDULES OF OPERATING EXPENSES - CONTINUED
For the Years Ending December 31, 2012 and 2011

	2012	2011
Housekeeping and Laundry		
Salaries	$ 213,202	$ 198,468
Supplies	41,537	37,945
Total Housekeeping and Laundry	254,739	236,413
Nursing		
Salaries	1,861,385	1,878,501
Supplies	375,111	452,234
Other	110,474	92,026
Total Nursing	2,346,970	2,422,761
Activities		
Salaries	65,557	62,400
Supplies	5,162	3,123
Total Activities	70,719	65,523
Social and Physical Therapy Services		
Salaries	41,079	39,447
Supplies	278	830
Contractual Services	735,329	796,711
Total Social and Physical Therapy Services	776,686	836,988
Contributions Made		
Contributions to Affiliates	0	365,317
Contributions to Others	0	20
Total Contributions Made	0	365,337
TOTAL OPERATING EXPENSES	$ 6,598,987	$ 6,832,873

The Accompanying Notes Are an Integral Part of These Financial Statements.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

FINANCIAL STATEMENTS,
INDEPENDENT AUDITORS' REPORT,
AND SUPPLEMENTAL INFORMATION

December 31, 2013 and 2012

J.M. ABBOTT & ASSOCIATES, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

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WADE KAESEBIER, CPA

ANDREW FITZPATRICK, CPA

INDEPENDENT AUDITORS' REPORT

Board of Directors
St. Clara's Manor, Inc.

We have audited the accompanying financial statements of St. Clara's Manor, Inc. (a not-for-profit Corporation), which comprise the statements of financial position as of December 31, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Clara's Manor, Inc. as of December 31, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of operating expenses on pages 14 through 15 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

J. M. Abbott & Associates, Ltd

April 22, 2014

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF FINANCIAL POSITION
December 31, 2013 and 2012

	2013	2012
ASSETS		
Current Assets		
Cash	$ 1,365,393	$ 1,459,442
Residents' Funds in Trust (Note B)	39,864	40,355
Accounts Receivable (Notes A4 and G)	1,219,656	1,436,388
Prepaid Expenses	10,601	13,905
Inventory (Note A5)	16,709	28,404
Total Current Assets	2,652,223	2,978,494
Other Assets		
Due from Affiliate (Note J2)	259,176	118,619
Net Other Assets	259,176	118,619
TOTAL ASSETS	$ 2,911,399	$ 3,097,113

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF FINANCIAL POSITION - CONTINUED
December 31, 2013 and 2012

	2013	2012
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable - Vendors	$ 250,673	$ 500,190
Accrued Payroll and Payroll Taxes	271,053	252,761
Illinois Long Term Care Provider Assessment (Note H)	102,862	166,579
Residents' Funds in Trust (Note B)	39,864	40,355
Total Current Liabilities	664,452	959,885
Total Liabilities	664,452	959,885
Net Assets		
Unrestricted		
Undesignated	2,246,947	2,137,228
Total Unrestricted Net Assets	2,246,947	2,137,228
Total Net Assets	2,246,947	2,137,228
TOTAL LIABILITIES AND NET ASSETS	$ 2,911,399	$ 3,097,113

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF ACTIVITIES
For the Years Ended December 31, 2013 and 2012

	2013	2012
UNRESTRICTED ACTIVITY		
Contributions	$ 70,000	$ 0
Total Unrestricted Support	70,000	0
Unrestricted Revenue		
Resident Services	8,565,802	9,975,581
Adjustments:		
Illinois Public Aid Discounts	6,764	(3,495)
Medicare Contra Allowance	(2,076,966)	(2,521,864)
Illinois Long Term Care Provider Assessment (Note H)	(205,494)	(370,743)
Net Resident Services Revenue (Note G)	6,290,106	7,079,479
Interest	36,029	10,648
Other Income	373	764
Total Unrestricted Revenue	6,326,508	7,090,891
Total Unrestricted Support and Revenue	6,396,508	7,090,891
Unrestricted Expenses		
General and Administrative	1,657,313	1,788,023
Property and Maintenance	740,261	727,461
Dietary	583,127	634,389
Housekeeping and Laundry	254,602	254,739
Nursing	2,285,378	2,346,970
Activities	69,959	70,719
Therapy Services	678,603	757,272
Beauty Shop	17,546	19,414
Total Expenses (Note L)	6,286,789	6,598,987
Increase in Unrestricted Net Assets	109,719	491,904
NET ASSETS, BEGINNING OF YEAR	2,137,228	1,645,324
NET ASSETS, END OF YEAR	$ 2,246,947	$ 2,137,228

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF CASH FLOWS - INDIRECT METHOD
For the Years Ended December 31, 2013 and 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (Decrease) in Net Assets	$ 109,719	$ 491,904
Adjustments to Reconcile Increase (Decrease) in Net Assets to Cash Provided by Operating Activities		
(Increase) Decrease in:		
Accounts Receivable	216,732	(419,743)
Prepaid Expenses	3,304	(1,786)
Inventory	11,695	4,822
Increase (Decrease) in:		
Accounts Payable - Vendors	(249,517)	(90,406)
Accrued Payroll and Payroll Taxes	18,292	23,193
Illinois Long Term Care Provider Assessment Payable	(63,717)	166,579
Net Cash Provided by (Used in) Operating Activities	46,508	174,563
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash Paid on Behalf of Affiliate	(140,557)	(118,619)
Net Cash Provided by (Used in) Investing Activities	(140,557)	(118,619)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(94,049)	55,944
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,459,442	1,403,498
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 1,365,393	$ 1,459,442

The Accompanying Notes Are an Integral Part of These Financial Statements.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of St. Clara's Manor, Inc. (the Nursing Home) is presented to assist in understanding the Nursing Home's financial statements. The financial statements and notes are representations of the Nursing Home's management, who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

1. *Organization*

The Nursing Home provides long-term care to residents of central Illinois. A significant number of these residents receive benefits from Medicare and Illinois Medicaid.

2. *Basis of Presentation*

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Nursing Home and changes therein are classified and reported as follows:

Permanently restricted net assets are subject to donor-imposed or other legal restrictions requiring that the principal be maintained permanently by the Nursing Home. Generally, the donors of these assets permit the Nursing Home to use all or part of the income earned on related investments for general or specific purposes.

Temporarily restricted net assets are subject to donor-imposed restrictions that may be met by actions of the Nursing Home and/or the passage of time.

Unrestricted net assets are not subject to donor-imposed restrictions.

3. *Cash and Cash Equivalents*

For purposes of the statements of cash flows, the Nursing Home considers all short-term highly liquid investments that are (a) readily convertible to known amounts of cash and (b) so near to maturity that they represent insignificant risk of changes in value because of changes in interest rates to be cash equivalents.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

4. *Accounts Receivable*

Accounts receivable represent amounts due for resident care and are stated at unpaid balances, less an allowance for doubtful accounts. The Nursing Home provides for losses on accounts receivable using the allowance method. The allowance is based on experience, third-party contracts, and other circumstances which may affect the ability of residents to meet their obligations. It is the Nursing Home's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. The allowance for doubtful accounts was $134,929 and $127,857 at December 31, 2013 and 2012, respectively.

5. *Inventory*

Inventory consists of supplies used in operations and is valued at the lower of cost or market, cost being calculated using the first-in, first-out (FIFO) method.

6. *Revenue*

Revenue is recorded at the estimated net realizable amounts from residents, third-party payers, and others for services rendered. Revenue under third-party payer agreements is subject to audit and retroactive adjustment. Provisions for estimated third-party payer settlements are provided in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement.

Contributions are recorded as unrestricted, temporarily restricted, or permanently restricted support depending upon the existence and/or nature of donor restrictions. Support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets, as applicable. Within temporarily restricted net assets, amounts are reclassified to unrestricted net assets when restrictions expire by passage of time or the fulfillment of the stipulated purpose. Restrictions on gifts of land, building, or equipment or contributions restricted for the purchase of those assets expire when the asset is placed in service unless the donor stipulated otherwise.

7. *Financial Instruments*

The Nursing Home's financial instruments include cash, accounts receivable, amounts due from affiliate, accounts payable, accrued expenses, Illinois long term care provider assessment, and residents' funds in trust. The carrying values of cash, accounts receivable, accounts payable, accrued expenses, and residents' funds in trust approximate their fair values due to their short-term nature.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

8. *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

9. *Concentration of Risk*

The Nursing Home's deposits are located in one financial institution and exceeded the Federal Deposit Insurance (FDIC) limit of $250,000 at December 31, 2013 and 2012 by $1,159,482 and $1,235,276, respectively. The Organization has not experienced losses with this financial institution, and does not expect to experience any in the future.

NOTE B - RESIDENTS' FUNDS IN TRUST

Residents' funds in trust represents amounts held by the Nursing Home as agent for residents. These funds are expended at the direction of the resident for personal items.

NOTE C - PENSION PLAN

The Nursing Home has a qualified deferred contribution compensation plan under Section 401(k) of the Internal Revenue Code, which covers all employees. An employee who has completed one year of service and attained age 21 is eligible to participate in the plan. The Nursing Home matches 100% of employee contributions, up to 5% of salary. Required contributions under these plans for 2013 and 2012 totaled $29,343 and $29,523, respectively.

NOTE D - ACCRUED PAID TIME OFF

The Nursing Home's paid time off (PTO) policy credits employees with accrued time off each pay period, to be used for vacation, personal, or sick days. Employees have the option of being reimbursed for days not used within one year of their anniversary date. Those days not reimbursed will be lost. The liability for unused accrued PTO was $138,986 and $133,166 at December 31, 2013 and 2012, respectively.

NOTE E - TAX-EXEMPT STATUS

The Nursing Home is chartered as an Illinois not-for-profit corporation and is exempt from federal taxation under section 501(c)(3) of the Internal Revenue Code. The Nursing Home is required to file federal and state informational returns. With limited exceptions, the Nursing Home is no longer subject to income tax examination for any years earlier than 2010 for federal and state purposes. Management has performed its evaluation of all other income tax positions taken on all open informational returns and has determined that there were no positions taken that do not meet the "more likely than not" standard. Accordingly, there are no provisions for income taxes, penalties or interest receivable or payable relating to uncertain income tax provisions in the accompanying financial statements.

NOTE F - MANAGEMENT AGREEMENT

Effective July 2009, the Nursing Home entered into an agreement with Heritage Operations Group, LLC for management services for a term of 5 years. The current agreement has a five-year term expiring in June 2014. The agreement authorizes Heritage Operations Group, LLC to operate the Nursing Home in accordance with generally accepted management, administrative, and accounting practices. Heritage Operations Group, LLC is entitled to a monthly base management fee of 4% of net patient revenues. Heritage Operations Group, LLC receives a bonus of up to 2% of net patient revenues if certain fiscal and quality goals are met. Fees paid under this agreement were $345,976 and $424,815 for the years ended December 31, 2013 and 2012, respectively.

Heritage Operations Group, LLC hires and employs the Administrator working at the Nursing Home and bills the Nursing Home for payroll and related costs separately from the management fees described in the preceding paragraph. The Nursing Home has accounts payable of $124,715 and $180,625 to Heritage Operations Group, LLC as of December 31, 2013 and 2012, respectively.

NOTE G - NET RESIDENT SERVICE REVENUE

The Nursing Home has arrangements with third-party payers that provide for payments to the Nursing Home at amounts different from its established rates. Revenue under third-party payer agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payer settlements are provided in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement. A summary of the payment arrangements with major third-party payers follows:

NOTE G - NET RESIDENT SERVICE REVENUE - CONTINUED

1. *Illinois Medicaid*

   Resident services rendered to Illinois Medicaid beneficiaries are reimbursed under a cost reimbursement methodology. The Nursing Home is reimbursed at a daily rate set by the Illinois Department of Healthcare and Family Services.

2. *Medicare*

   Resident care services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Revenue from the Medicare and Illinois Medicaid programs accounted for approximately 40% and 28%, respectively, of the Nursing Home's net resident services revenue for the year ended December 31, 2013, and 36% and 30%, respectively, of the Nursing Home's net resident services revenue for the year ended December 31, 2012. Laws and regulations governing the Medicare and Illinois Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that the recorded estimates will change by a material amount in the near term.

Approximately 52% and 72% of the Nursing Home's accounts receivable at December 31, 2013 and 2012, respectively, are due from the Illinois Department of Healthcare and Family Services. Approximately 27% and 11% of the Nursing Home's accounts receivable at December 31, 2013 and 2012, respectively, are due from Medicare. The State of Illinois frequently delays payments to health care providers due to temporary shortfalls in revenue and lower-than-normal available cash balances.

NOTE H - ILLINOIS LONG TERM CARE PROVIDER ASSESSMENT

In 2012, the Illinois Department of Healthcare and Family Services began assessing an amount equal to $6.07 times the number of occupied bed days, with the exception of resident days for whom Medicare Part A is the primary payer. Assessments are not due until at least a month after the state has paid the Nursing Home Illinois Medicaid payments for that month.

Since the State of Illinois was four months behind in Medicaid payments at December 31, 2013, the Nursing Home owed the State of Illinois assessments totaling $102,862 for July through December of 2013. Since the State of Illinois was seven months behind in Medicaid payments as of December 31, 2012, the Nursing Home owed the State of Illinois assessments totaling $166,579 for April through December of 2012. During the year ended December 31, 2013 and 2012, the nursing home recognized $205,494 and $370,743, respectively, in long term care provider assessments.

NOTE I - ADVERTISING

The Nursing Home uses advertising and public relations to promote its services in the Central Illinois area. The production costs of advertising are expensed as incurred. During the years ended December 31, 2013 and 2012, advertising costs totaled $29,523 and $43,346, respectively.

NOTE J - RELATED PARTY TRANSACTIONS

Prior to 2010, St. Clara's Manor, Inc. was operated as St. Clara's Senior Services, Inc. On January 1, 2010, St. Clara's Senior Services, Inc. split into three separate organizations: St. Clara's Manor, Inc., which operates the Nursing Home; Castle Manor, Inc., which operates a supportive living facility; and St. Clara's Senior Services, Inc., which is a supporting organization of both St. Clara's Manor, Inc. and Castle Manor, Inc.

1. *Property Lease*

The Nursing Home leases all property and equipment used in operations from St. Clara's Senior Services, Inc. under a five-year operating lease. The lessee has the option of renewing the lease for one or more additional 5-year terms. Payments on the lease are to equal the cost to the lessor to equal actual mortgage or other debt payments on the premises, including the cost of financing, plus a reasonable repair, maintenance and asset replacement fund. The rent is to be adjusted on an ongoing basis to reflect any increase or decrease in the lessor's mortgage or other debt payments, taxes or insurance. The portion of the rent allocated to a reasonable repair, maintenance and replacement fund may be adjusted on an annual basis. Monthly payments under this lease for 2013 and 2012 were $38,325. Future minimum rental payments required under this lease are $459,900 for 2014.

2. *Due from Affiliate*

At December 31, 2013 and 2012, the Nursing Home had advanced a total of $259,176 and $118,619, respectively, to St. Clara's Senior Services, Inc.

3. *Payroll*

St. Clara's Senior Services, Inc. is the employer of all employees of the Nursing Home. The Nursing Home reimburses St. Clara's Senior Services, Inc. for all employee costs.

NOTE J - RELATED PARTY TRANSACTIONS - CONTINUED

4. Pharmacy Purchases

Green Tree Pharmacy, Inc. is a corporation controlled by the same stockholders as Heritage Operations Group, LLC (see note F above). Green Tree Pharmacy, Inc. is the preferred pharmaceutical and medical supply provider used by the Nursing Home. Payments to Green Tree Pharmacy, Inc. totaled $188,937 in 2013 and $247,368 in 2012. The accounts payable account includes $13,719 and $12,510 owed to Green Tree Pharmacy, Inc. at December 31, 2013 and 2012, respectively.

NOTE K - COMMITMENTS AND CONTINGENCIES

The Nursing Home is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets, errors and omissions and natural disasters for which the Nursing Home carries commercial insurance. There have been no significant reductions in coverage from the prior year and settlements have not exceeded coverage in the past years.

NOTE L - EXPENSES BY FUNCTION

Expenses by function for the year ended December 2013 and 2012 are as follows:

	2013	2012
Program	$ 5,501,677	$ 5,723,164
Management & General	782,285	873,078
Fund-Raising	2,827	2,745
Total Expenses	$ 6,286,789	$ 6,598,987

NOTE M - SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 22, 2014, the date the financial statements were available to be issued.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

SCHEDULES OF OPERATING EXPENSES
For the Years Ending December 31, 2013 and 2012

	2013	2012
General and Administrative		
Salaries	$ 243,375	$ 233,596
Management Fees (Note F)	345,976	424,815
Payroll Taxes	217,179	213,620
Employee Benefits	457,078	483,054
Contractual and Professional Services	42,941	43,313
Office Supplies	11,657	16,740
Telephone	6,556	7,592
Travel	3,338	3,266
Advertising (Note I)	20,328	32,541
Public Relations (Note I)	9,195	10,805
Licenses and Fees	77,646	81,335
Dues and Subscriptions	9,355	10,987
Management Information Systems	34,006	32,544
Liability Insurance	76,239	77,261
Workmen's Compensation Insurance	81,049	93,786
Bad Debt Expense	8,250	9,000
Miscellaneous Expense	13,145	13,768
Total General and Administrative	1,657,313	1,788,023
Property and Maintenance		
Salaries	51,729	50,359
Utilities	115,125	101,147
Repairs and Maintenance	103,086	105,864
Maintenance Contracts	10,421	10,191
Property Rent (Note J1)	459,900	459,900
Total Operation and Maintenance	740,261	727,461
Dietary		
Salaries	285,232	295,007
Food Purchases	287,388	315,093
Supplies	10,507	24,289
Total Dietary	583,127	634,389

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

SCHEDULES OF OPERATING EXPENSES - CONTINUED
For the Years Ending December 31, 2013 and 2012

	2013	2012
Housekeeping and Laundry		
Salaries	$ 213,774	$ 213,202
Supplies	40,828	41,537
Total Housekeeping and Laundry	254,602	254,739
Nursing		
Salaries	1,846,032	1,861,385
Contracted Nurses and Aides	66,683	23,004
Supplies	320,985	375,111
Other	51,678	87,470
Total Nursing	2,285,378	2,346,970
Activities		
Salaries	64,850	65,557
Supplies	5,109	5,162
Total Activities	69,959	70,719
Therapy Services		
Salaries	41,150	41,079
Supplies	309	278
Contractual Services	637,144	715,915
Total Social and Physical Therapy Services	678,603	757,272
Beauty Shop		
Beautician Fee	17,449	19,414
Supplies	97	0
Total Beauty Shop	17,546	19,414
TOTAL OPERATING EXPENSES	$ 6,286,789	$ 6,598,987

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

FINANCIAL STATEMENTS,
INDEPENDENT AUDITORS' REPORT,
AND SUPPLEMENTAL INFORMATION

December 31, 2014 and 2013

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

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J.M. ABBOTT & ASSOCIATES, LTD
Certified Public Accountants

J. Michael Abbott, CPA
(1948 - 2006)

Debra Curry, CPA
Clayton George, CPA/PFS
Debra Last, CPA
Corrinne Wilson, CPA
Andrew Hayes, CPA
Wade Kaesebier, CPA
Andrew Fitzpatrick, CPA

INDEPENDENT AUDITORS' REPORT

Board of Directors
St. Clara's Manor, Inc.

We have audited the accompanying financial statements of St. Clara's Manor, Inc. (a not-for-profit Corporation), which comprise the statements of financial position as of December 31, 2014 and 2013, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Clara's Manor, Inc. as of December 31, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of operating expenses on pages 14 and 15 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

J. M. Abbott & Associates, Ltd

May 19, 2015

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF FINANCIAL POSITION
December 31, 2014 and 2013

	2014	2013
ASSETS		
Current Assets		
Cash	$ 915,436	$ 1,365,393
Residents' Funds in Trust (Note B)	25,259	39,864
Accounts Receivable (Notes A4 and G)	1,265,967	1,219,656
Prepaid Expenses	18,009	10,601
Inventory (Note A5)	29,280	16,709
Total Current Assets	2,253,951	2,652,223
Other Assets		
Due from Related Company (Note J2)	435,709	259,176
Net Other Assets	435,709	259,176
TOTAL ASSETS	$ 2,689,660	$ 2,911,399

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF FINANCIAL POSITION - CONTINUED
December 31, 2014 and 2013

	2014	2013
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable - Vendors	$ 198,699	$ 250,673
Accrued Payroll and Payroll Taxes	251,099	271,053
Illinois Long Term Care Provider Assessment (Note H)	84,725	102,862
Residents' Funds in Trust (Note B)	25,259	39,864
Total Current Liabilities	559,782	664,452
Total Liabilities	559,782	664,452
Net Assets		
Unrestricted		
Undesignated	2,129,878	2,246,947
Total Unrestricted Net Assets	2,129,878	2,246,947
Total Net Assets	2,129,878	2,246,947
TOTAL LIABILITIES AND NET ASSETS	$ 2,689,660	$ 2,911,399

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF ACTIVITIES
For the Years Ended December 31, 2014 and 2013

	2014	2013
UNRESTRICTED ACTIVITY		
Contributions	$ 13,697	$ 70,000
Total Unrestricted Support	13,697	70,000
Unrestricted Revenue		
Resident Services	8,018,263	8,565,802
Adjustments:		
Illinois Public Aid Discounts	9,067	6,764
Medicare Contractual Allowance	(1,602,859)	(2,076,966)
Illinois Long Term Care Provider Assessment (Note H)	(204,589)	(205,494)
Net Resident Services Revenue (Note G)	6,219,882	6,290,106
Interest	11,970	36,029
Other Income	437	373
Total Unrestricted Revenue	6,232,289	6,326,508
Total Unrestricted Support and Revenue	6,245,986	6,396,508
Unrestricted Expenses		
General and Administrative	1,693,918	1,657,313
Property and Maintenance	737,299	740,261
Dietary	591,497	583,127
Housekeeping and Laundry	257,611	254,602
Nursing	2,356,017	2,285,378
Activities	68,723	69,959
Therapy Services	642,463	678,603
Beauty Shop	15,527	17,546
Total Expenses (Note L)	6,363,055	6,286,789
Increase in Unrestricted Net Assets	(117,069)	109,719
NET ASSETS, BEGINNING OF YEAR	2,246,947	2,137,228
NET ASSETS, END OF YEAR	$ 2,129,878	$ 2,246,947

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

STATEMENTS OF CASH FLOWS - INDIRECT METHOD
For the Years Ended December 31, 2014 and 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (Decrease) in Net Assets	$ (117,069)	$ 109,719
Adjustments to Reconcile Increase (Decrease) in Net Assets to Cash Provided by Operating Activities		
(Increase) Decrease in:		
Accounts Receivable	(46,311)	216,732
Prepaid Expenses	(7,408)	3,304
Inventory	(12,571)	11,695
Increase (Decrease) in:		
Accounts Payable - Vendors	(51,974)	(249,517)
Accrued Payroll and Payroll Taxes	(19,954)	18,292
Illinois Long Term Care Provider Assessment Payable	(18,137)	(63,717)
Net Cash Provided by (Used in) Operating Activities	(273,424)	46,508
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash Paid on Behalf of Related Company	(176,533)	(140,557)
Net Cash Provided by (Used in) Investing Activities	(176,533)	(140,557)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(449,957)	(94,049)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,365,393	1,459,442
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 915,436	$ 1,365,393

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of St. Clara's Manor, Inc. (the Nursing Home) is presented to assist in understanding the Nursing Home's financial statements. The financial statements and notes are representations of the Nursing Home's management, who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

1. *Organization*

The Nursing Home provides long-term care to residents of central Illinois. A significant number of these residents receive benefits from Medicare and Illinois Medicaid.

2. *Basis of Presentation*

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Nursing Home and changes therein are classified and reported as follows:

Permanently restricted net assets are subject to donor-imposed or other legal restrictions requiring that the principal be maintained permanently by the Nursing Home. Generally, the donors of these assets permit the Nursing Home to use all or part of the income earned on related investments for general or specific purposes.

Temporarily restricted net assets are subject to donor-imposed restrictions that may be met by actions of the Nursing Home and/or the passage of time.

Unrestricted net assets are not subject to donor-imposed restrictions.

3. *Cash and Cash Equivalents*

For purposes of the statements of cash flows, the Nursing Home considers all short-term highly liquid investments that are (a) readily convertible to known amounts of cash and (b) so near to maturity that they represent insignificant risk of changes in value because of changes in interest rates to be cash equivalents.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

4. *Accounts Receivable*

Accounts receivable represent amounts due for resident care and are stated at unpaid balances, less an allowance for doubtful accounts. The Nursing Home provides for losses on accounts receivable using the allowance method. The allowance is based on experience, third-party contracts, and other circumstances which may affect the ability of residents to meet their obligations. It is the Nursing Home's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. The allowance for doubtful accounts was $184,184 and $134,929 at December 31, 2014 and 2013, respectively.

5. *Inventory*

Inventory consists of supplies used in operations and is valued at the lower of cost or market, cost being calculated using the first-in, first-out (FIFO) method.

6. *Revenue*

Revenue is recorded at the estimated net realizable amounts from residents, third-party payers, and others for services rendered. Revenue under third-party payer agreements is subject to audit and retroactive adjustment. Provisions for estimated third-party payer settlements are provided in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement.

Contributions are recorded as unrestricted, temporarily restricted, or permanently restricted support depending upon the existence and/or nature of donor restrictions. Support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets, as applicable. Within temporarily restricted net assets, amounts are reclassified to unrestricted net assets when restrictions expire by passage of time or the fulfillment of the stipulated purpose. Restrictions on gifts of land, building, or equipment or contributions restricted for the purchase of those assets expire when the asset is placed in service unless the donor stipulated otherwise.

7. *Financial Instruments*

The Nursing Home's financial instruments include cash, accounts receivable, amounts due from affiliate, accounts payable, accrued expenses, Illinois long term care provider assessment, and residents' funds in trust. The carrying values of cash, accounts receivable, accounts payable, accrued expenses, and residents' funds in trust approximate their fair values due to their short-term nature.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

8. *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

9. *Concentration of Risk*

The Nursing Home's deposits are located in one financial institution and exceeded the Federal Deposit Insurance (FDIC) limit of $250,000 at December 31, 2014 and 2013 by $722,170 and $1,159,482, respectively. The Organization has not experienced losses with this financial institution, and does not expect to experience any in the future.

NOTE B - RESIDENTS' FUNDS IN TRUST

Residents' funds in trust represents amounts held by the Nursing Home as agent for residents. These funds are expended at the direction of the resident for personal items.

NOTE C - PENSION PLAN

The Nursing Home has a qualified deferred contribution compensation plan under Section 401(k) of the Internal Revenue Code, which covers all employees. An employee who has completed one year of service and attained age 21 is eligible to participate in the plan. The Nursing Home matches 100% of employee contributions, up to 5% of salary. Required contributions under these plans for 2014 and 2013 totaled $27,959 and $29,343, respectively.

NOTE D - ACCRUED PAID TIME OFF

The Nursing Home's paid time off (PTO) policy credits employees with accrued time off each pay period, to be used for vacation, personal, or sick days. Employees have the option of being reimbursed for days not used within one year of their anniversary date. Those days not reimbursed will be lost. The liability for unused accrued PTO was $142,382 and $138,986 at December 31, 2014 and 2013, respectively.

NOTE E - TAX-EXEMPT STATUS

The Nursing Home is chartered as an Illinois not-for-profit corporation and is exempt from federal taxation under section 501(c)(3) of the Internal Revenue Code. The Nursing Home is required to file federal and state informational returns. With limited exceptions, the Nursing Home is no longer subject to income tax examination for any years earlier than 2011 for federal and state purposes. Management has performed its evaluation of all other income tax positions taken on all open informational returns and has determined that there were no positions taken that do not meet the "more likely than not" standard. Accordingly, there are no provisions for income taxes, penalties or interest receivable or payable relating to uncertain income tax provisions in the accompanying financial statements.

NOTE F - MANAGEMENT AGREEMENT

The Nursing Home participates in an agreement with Heritage Operations Group, LLC for management services. The current agreement has a five-year term expiring in June 2019. The agreement authorizes Heritage Operations Group, LLC to operate the Nursing Home in accordance with generally accepted management, administrative, and accounting practices. Heritage Operations Group, LLC is entitled to a monthly base management fee of 5% of net patient revenues. Fees paid under this agreement were $248,765 and $345,976 for the years ended December 31, 2014 and 2013, respectively.

Heritage Operations Group, LLC hires and employs the Administrator working at the Nursing Home and bills the Nursing Home for payroll and related costs separately from the management fees described in the preceding paragraph. The Nursing Home has accounts payable of $38,598 and $124,715 to Heritage Operations Group, LLC as of December 31, 2014 and 2013, respectively.

NOTE G - NET RESIDENT SERVICE REVENUE

The Nursing Home has arrangements with third-party payers that provide for payments to the Nursing Home at amounts different from its established rates. Revenue under third-party payer agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payer settlements are provided in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement. A summary of the payment arrangements with major third-party payers follows:

NOTE G - NET RESIDENT SERVICE REVENUE - CONTINUED

1. *Illinois Medicaid*

   Resident services rendered to Illinois Medicaid beneficiaries are reimbursed by cost reimbursement and a prospectively determined Research Utilization Group (RUG) basis, as determined by the State of Illinois. The Nursing Home is reimbursed at a daily rate set by the Illinois Department of Healthcare and Family Services.

2. *Medicare*

   Resident care services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Revenue from the Medicare and Illinois Medicaid programs accounted for approximately 42% and 18%, respectively, of the Nursing Home's net resident services revenue for the year ended December 31, 2014, and 40% and 28%, respectively, of the Nursing Home's net resident services revenue for the year ended December 31, 2013. Laws and regulations governing the Medicare and Illinois Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that the recorded estimates will change by a material amount in the near term.

Approximately 34% and 52% of the Nursing Home's accounts receivable at December 31, 2014 and 2013, respectively, are due from the Illinois Department of Healthcare and Family Services. Approximately 20% and 27% of the Nursing Home's accounts receivable at December 31, 2014 and 2013, respectively, are due from Medicare. The State of Illinois frequently delays payments to health care providers due to temporary shortfalls in revenue and lower-than-normal available cash balances.

NOTE H - ILLINOIS LONG TERM CARE PROVIDER ASSESSMENT

In 2012, the Illinois Department of Healthcare and Family Services began assessing an amount equal to $6.07 times the number of occupied bed days, with the exception of resident days for whom Medicare Part A is the primary payer. Assessments are not due until at least a month after the state has paid the Nursing Home Illinois Medicaid payments for that month.

Since the State of Illinois was four months behind in Medicaid payments at December 31, 2014, the Nursing Home owed the State of Illinois assessments totaling $84,725 for August through December of 2014. Since the State of Illinois was four months behind in Medicaid payments as of December 31, 2013, the Nursing Home owed the State of Illinois assessments totaling $102,862 for July through December of 2013. During the year ended December 31, 2014 and 2013, the nursing home recognized $204,589 and $205,494, respectively, in long term care provider assessments.

NOTE I - ADVERTISING

The Nursing Home uses advertising and public relations to promote its services in the Central Illinois area. The production costs of advertising are expensed as incurred. During the years ended December 31, 2014 and 2013, advertising costs totaled $37,675 and $29,523, respectively.

NOTE J - RELATED PARTY TRANSACTIONS

Prior to 2010, St. Clara's Manor, Inc. was operated as St. Clara's Senior Services, Inc. On January 1, 2010, St. Clara's Senior Services, Inc. split into three separate organizations: St. Clara's Manor, Inc., which operates the Nursing Home; Castle Manor, Inc., which operates a supportive living facility; and St. Clara's Senior Services, Inc., which is a supporting organization of both St. Clara's Manor, Inc. and Castle Manor, Inc.

1. *Property Lease*

The Nursing Home leases all property and equipment used in operations from St. Clara's Senior Services, Inc. under a five-year operating lease that expires December 31, 2019. The lessee has the option of renewing the lease for one or more additional 5-year terms. Payments on the lease are to equal the cost to the lessor to equal actual mortgage or other debt payments on the premises, including the cost of financing, plus a reasonable repair, maintenance and asset replacement fund. The rent is to be adjusted on an ongoing basis to reflect any increase or decrease in the lessor's mortgage or other debt payments, taxes or insurance. The portion of the rent allocated to a reasonable repair, maintenance and replacement fund may be adjusted on an annual basis. Monthly payments under this lease for 2014 and 2013 were $38,325. Future annual minimum rental payments required under this lease are $459,900 for 2015 through 2019.

2. *Due from Related Company*

At December 31, 2014 and 2013, the Nursing Home had advanced a total of $435,709 and $259,176, respectively, to St. Clara's Senior Services, Inc.

3. *Payroll*

St. Clara's Senior Services, Inc. is the employer of all employees of the Nursing Home. The Nursing Home reimburses St. Clara's Senior Services, Inc. for all employee costs.

NOTE J - RELATED PARTY TRANSACTIONS - CONTINUED

4. Pharmacy Purchases

Green Tree Pharmacy, Inc. is a corporation controlled by the same stockholders as Heritage Operations Group, LLC (see note F above). Green Tree Pharmacy, Inc. is the preferred pharmaceutical and medical supply provider used by the Nursing Home. Payments to Green Tree Pharmacy, Inc. totaled $166,397 in 2014 and $188,937 in 2013. The accounts payable account includes $19,787 and $13,719 owed to the pharmacy at December 31, 2014 and 2013, respectively.

NOTE K - COMMITMENTS AND CONTINGENCIES

The Nursing Home is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets, errors and omissions and natural disasters for which the Nursing Home carries commercial insurance. There have been no significant reductions in coverage from the prior year and settlements have not exceeded coverage in the past years.

NOTE L - EXPENSES BY FUNCTION

Expenses by function for the year ended December 2014 and 2013 are as follows:

	2014	2013
Program	$ 5,670,085	$ 5,501,677
Management & General	690,072	782,285
Fund-Raising	2,898	2,827
Total Expenses	$ 6,363,055	$ 6,286,789

NOTE M - SUBSEQUENT EVENTS

Management has evaluated subsequent events through May 19, 2015, the date the financial statements were available to be issued.

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

SCHEDULES OF OPERATING EXPENSES
For the Years Ending December 31, 2014 and 2013

	2014	2013
General and Administrative		
Salaries	$ 235,677	$ 243,375
Management Fees (Note F)	248,765	345,976
Payroll Taxes	224,530	217,179
Employee Benefits	533,107	457,078
Contractual and Professional Services	41,895	42,941
Office Supplies	9,418	11,657
Telephone	6,712	6,556
Travel	3,476	3,338
Advertising (Note I)	27,037	20,328
Public Relations (Note I)	10,638	9,195
Licenses and Fees	77,625	77,646
Dues and Subscriptions	12,140	9,355
Management Information Systems	39,952	34,006
Liability Insurance	76,870	76,239
Workmen's Compensation Insurance	74,675	81,049
Bad Debt Expense	59,000	8,250
Miscellaneous Expense	12,401	13,145
Total General and Administrative	1,693,918	1,657,313
Property and Maintenance		
Salaries	43,092	51,729
Utilities	105,879	115,125
Repairs and Maintenance	116,936	103,086
Maintenance Contracts	11,492	10,421
Property Rent (Note J1)	459,900	459,900
Total Operation and Maintenance	737,299	740,261
Dietary		
Salaries	287,960	285,232
Food Purchases	286,916	287,388
Supplies	16,621	10,507
Total Dietary	591,497	583,127

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

ST. CLARA'S MANOR, INC.
LINCOLN, ILLINOIS

SCHEDULES OF OPERATING EXPENSES - CONTINUED
For the Years Ending December 31, 2014 and 2013

	2014	2013
Housekeeping and Laundry		
Salaries	$ 208,986	$ 213,774
Supplies	48,625	40,828
Total Housekeeping and Laundry	257,611	254,602
Nursing		
Salaries	1,840,975	1,846,032
Contracted Nurses and Aides	147,253	66,683
Supplies	295,199	320,985
Other	72,590	51,678
Total Nursing	2,356,017	2,285,378
Activities		
Salaries	63,285	64,850
Supplies	5,438	5,109
Total Activities	68,723	69,959
Therapy Services		
Salaries	41,973	41,150
Supplies	862	309
Contractual Services	599,628	637,144
Total Social and Physical Therapy Services	642,463	678,603
Beauty Shop		
Beautician Fee	15,527	17,449
Supplies	0	97
Total Beauty Shop	15,527	17,546
TOTAL OPERATING EXPENSES	$ 6,363,055	$ 6,286,789

The Accompanying Notes Are an Integral Part of These Financial Statements.

ATTACHMENT-27A

St. Clara's Senior Services, Inc.
and
St. Clara's Manor, Inc.

St. Clara's
M·A·N·O·R

Financing Proposal

Hickory Point Bank & Trust

March 3, 2016

HICKORY
POINT BANK

This proposal contains confidential and proprietary information. This information is to be shared only on a "need-to-know" basis among the management of St. Clara's Senior Services, Inc., St. Clara's Manor, Inc. and its professional advisors. The proposal is for discussion purposes only and does not represent a commitment from Hickory Point Bank & Trust to lend under these terms, nor does it contain all terms and conditions, which would be contained in final loan documents. A formal commitment would be delivered only upon credit approval from the appropriate bank authorities. This proposal does not represent financial advice and the counsel of qualified financial professionals is encouraged.

Financing Terms

The following is an overview of Hickory Point Bank's proposed tax-exempt bond issue for St. Clara's Senior Services, Inc. and St. Clara's Manor, Inc. This proposal is a genuine expression of Hickory Point Bank's desire to provide the financing outlined herein; however, it is provided for discussion purposes only and is not a commitment to lend. Such commitment would only be delivered upon approval by the appropriate bank authorities.

General Terms:

Obligors:	St. Clara's Senior Services, Inc. and St. Clara's Manor, Inc. (the "Obligors" or "Borrowers")
Lead Bank:	Hickory Point Bank & Trust (the "Bank")
Lenders:	The Bank, as a lender and to-be-determined lender(s)
Amount:	Up to Sixteen Million U.S. Dollars ($16,000,000), but not to exceed 75% of total cost or "As Stabilized" value
Purpose:	To finance the cost to construct a 106-bed skilled nursing facility located in Lincoln, Illinois (the "Subject Property")
Loan Structure:	The Subject Property would ultimately be funded by two rounds of tax-exempt bond financing ("Facility 1" and "Facility 3"), with an interim conventional construction bridge loan ("Facility 2"), as further described below; for purposes of this proposal, the three Facilities may be collectively referred to as the "Loan"
Loan Funding:	The Loan would be funded initially through the issuance of Series 2016 bank qualified tax-exempt bonds in the amount of $9.5 million (Facility 1) and a conventional construction loan of $6.5 million (Facility 2). It is anticipated that the construction loan would not need to be drawn upon; however, if necessary the construction loan would be available to fund after the Series 2016 Bond proceeds had been exhausted and until such time as the Series 2017 Bond had been issued. In early 2017, Series 2017 bank-qualified tax-exempt bonds in the amount of $6.5 million (Facility 3) would be issued to retire Facility 2 and provide the remaining construction funds to complete the Subject Property. See Funding Diagram on page 3.

Funding Diagram:		Credit Structure at Project Inception	Issue Additional Tax-Exempt Bonds	Credit Structure January 2017
	Facility 1 (tax exempt)	$ 9,500,000		$ 9,500,000
	Facility 2 (conventional)	6,500,000	*(6,500,000)*	-
	Facility 3 (tax exempt)	-	*6,500,000*	6,500,000
	Bank Funding	$ 16,000,000		$ 16,000,000
	Borrower Equity	$ 5,000,000		$ 5,000,000
	Total Project Funding	$ 21,000,000		$ 21,000,000

Construction Period: The two (2) year period following origination of Facilities 1 and 2 during which construction advances may be made

Stabilization Period: One (1) year following the Construction period, during which interest-only payments would be required

Amortization: None during the Construction and Stabilization Periods; thereafter, twenty (20) years

Security: Perfected First Mortgage and Assignment of Rents and Leases; Assignment of general contractor's contract and other Borrower's rights and UCC's on the Property and all improvements thereon

Administrative Fee: 0.50% of the total Loan Amount

Prepayment: 2.00%; however, such premium shall be waived if repaid through internally generated funds

Specific Loan Terms:

Facility 1 – Series 2016 Bonds

Type: Direct purchase, bank qualified tax-exempt bond

Amount: Nine Million Five Hundred Thousand U.S. Dollars ($9,500,000)

Maturity: Twenty-three (23) years

Interest Rate: Initially fixed for three (3) years at 2.95%, at the expiration of the initial fixed rate period and every five (5) years thereafter, the bonds would re-price at 1.50% over the then-current Federal Home Loan Bank of Chicago ("FHLBC") Five (5) Year

Regular Advance Rate; provided, however, that in no case shall the interest rate of the bonds be less than 3.25%

Payment: Interest only monthly during the Construction and Stabilization Periods; thereafter monthly principal and interest payments

Facility 2 – Construction Bridge Loan

Type: Construction loan

Amount: Six Million Five Hundred Thousand U.S. Dollars ($6,500,000)

Maturity: The later of three (3) years from origination or the issuance of Facility 3

Interest Rate: Floating at Prime plus ½ of 1% (currently 4.00%)

Payment: Interest only, with all outstanding principal and accrued interest due at maturity

Facility 3 – Series 2017 Bonds

Type: Direct purchase, bank qualified tax-exempt bond

Amount: Six Million Five Hundred Thousand U.S. Dollars ($6,500,000)

Maturity: Approximately twenty-two and one half (22.5) years

Interest Rate: Initially fixed through the Construction and Stabilization Periods at the then-current FHLBC Three (3) Year Regular Advance Rate plus 1.50%; at the expiration of the initial fixed rate period and every five (5) years thereafter, the bonds would re-price at 1.50% over the then-current FHLBC Five (5) Year Regular Advance Rate; provided, however, that in no case shall the interest rate of the bonds be less than 3.25%

Payment: Interest only monthly during the Construction and Stabilization Periods; thereafter monthly principal and interest payments

Other Terms & Conditions:

Total Cost Budget: The total cost of the project is estimated to be $21,000,000

Covenant: Borrower will be required to maintain a minimum debt service coverage ratio ("DSCR") of 1.00:1 to be tested after the Stabilization Period and a DSCR of 1.20:1 tested annually thereafter. The Debt Service will be based on the greater of the Five Year Treasury plus 2.00%, 4.00%, or the actual borrowing rate and all on a 25 year amortization.

Financial Reporting: Obligor shall provide quarterly internally prepared financial statements and annual audited financial statements.

Expenses: Borrower shall be required to pay all reasonable expenses, which may include but not be limited to, closing cost, legal, title, appraisal, inspecting architect reports, and/or environmental reports in connection with the loan regardless of whether the loan is closed and/or disbursed.

Documents: Borrower shall execute, or cause to be executed, all notes, resolutions, security documents, applications, loan agreements, guarantees, legal opinions, and other agreements as may be required by the Bank to satisfactorily document this transaction in its sole discretion.

Operating Accounts: Borrower shall maintain its primary operating deposit accounts with Bank.

Special Conditions:

Bank shall require receipt and favorable review of the following:

1) An appraisal of the Subject Property, addressed to the Lead Bank, with financing limited 75% of the "As Stabilized" value

2) After closing, but prior to first advance under the Loan, Borrower shall provide evidence of its injection of not less than $5,000,000 of equity in the project, in form and substance satisfactory to Bank

3) Commitment for title insurance evidencing clear title to the Borrower's real estate, with all construction draws to be handled by a title company acceptable to Bank

4) Prior to loan closing, a third-party inspecting architect must provide a cost and documentation review satisfactory to Bank

5) A third-party inspecting architect, approved by Bank, must review and approve all draws

6) Evidence of "Builder's Risk" insurance coverage on Borrower's real estate in form and substance satisfactory to Bank with Bank named as First Mortgagee

7) Evidence of ingress and egress to the building site, as well as all required zoning, permitting, and other construction related requirements

8) Copies of all construction contracts, plans, and specifications

9) ALTA survey of the project site

10) Phase I environment site assessment

11) Copies of any material contractual agreements

12) Copies of all organization documents, operating agreements, by-laws, trust agreements, or other related documents for any Borrower, as applicable

13) Commitments from participating lender(s) acceptable to Bank in an aggregate amount not less than $10,000,000

PROPOSAL ACCEPTANCE CERTIFICATE

This proposal shall remain valid until 5:00 pm Central Standard Time on March 17, 2016. To accept this proposal, kindly execute as marked below and return the original to Bank. Upon receipt, this proposal will remain valid for a period of 45 days from the date of acceptance.

Obligor Certification:

The Obligor hereby certifies that:

1. The Obligor is not in default under any indenture, mortgage, lien, agreement, contract, deed, lease, loan agreement, note, order, judgment, decree or other instrument or restriction of any kind or character to which it is a party, or by which it is bound, or to which it or any of its properties or assets are subject.

2. Since the date of the most recently submitted financial statements and projections, there has not been any material adverse change in the business, properties, financial position or results of the operations of the Obligor, whether or not arising from transactions in the ordinary course of business and since such date, except in the ordinary course of business, the Obligor has not incurred any material liability, except as set forth in the most recently submitted financial statements.

3. There is no action, suit, proceeding, inquiry or investigation at law or in equity before or by any judicial or administrative court or agency or public board or body pending or, to the knowledge of the Obligor, threatened against or affecting the Obligor, its property or, to the best of the knowledge of the Obligor, any basis therefore, wherein any unfavorable decisions, ruling or finding would adversely affect the financial condition of the Obligor.

4. All parties recognize that this proposal is a sincere expression of interest from the Bank, that is non-binding, and not a formal commitment to lend.

This ____ day of March, 2016 the parties below hereby accept Hickory Point Bank's financing proposal, as outlined in the Financing Terms dated March 3, 2016.

Accepted and Agreed to by:

St. Clara's Senior Services, Inc.:	**St. Clara's Manor, Inc.:**
By: _____	By: _____
Its: _____	Its: _____

ATTACHMENT-27B

Financial Viability

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 worksheets for all viability ratios from both the ownership and operating entities as well as the entities on a combined basis are appended as **ATTACHMENT-29A**. The corresponding financial statements are previously appended as **ATTACHMENT-27A**.

The ratios do not look typical for existing nursing care facilities as there has been no debt until the proposed project is approved. As such, the historical debt to capitalization ratio is 0% and the cushion ratio is not able to be calculated for all three historical years. In 2014, **St. Clara's Senior Services** had no current liabilities so that ratio was not able to be calculated.

The only historical year negative ratios were under Net Margin Percentage in 2014 for **St. Clara's Senior Services** and **St. Clara's Manor** for 2013 and 2014. In 2014, **St. Clara's Senior Services** forgave $844,000 of debt owed by related party. That loss significantly distorted **St. Clara's Senior Services** net income for that calendar Year. The decline of net income reported by the operating entity was primarily due to the in the lack of desirability of the existing facility.

In the projected year, first full year at target occupancy (2019) the individual entities had the following ratios out of compliance. **St. Clara's Senior Services** was out of compliance for the net margin percentage ratio, projected debt service coverage and the cushion ratio. Similarly, the operator, **St. Clara's Manor**, realized non-conforming ratios for projected debt service coverage and the cushion ratio. These are the perfect example of why these ratios need to be

looked at on a consolidated basis. The combined ratio calculations were not deficient in any of the projected years. There is only one source of income, through the operations of the facility and one set f debt, held by the ownership entity. When debt or revenue is artificially divided then the overall picture gets skewed. Moreover, it is common practice for lending institutions to look at these entities together as one book of business.

St. Clara's Manor & St. Clara's Senior Services
Certificate of Need Application
Financial Viability Ratio Calculations
Last Three Audited Years - 2012-2014

Ratio	2012 SCM	2012 SCSS	2012 Total	2013 SCM	2013 SCSS	2013 Total	2014 SCM	2014 SCSS	2014 Total	2019 SCM	2019 SCSS	2019 Total
1. Current Ratio												
Current Assets	$ 2,978,498	2,874,113	5,852,611	$ 2,652,223	3,326,898	5,979,121	$ 2,253,951	4,392,792	6,646,743	2,563,036	2,757,235	5,320,271
Current Liabilites	$ 959,890	160	960,050	$ 664,452	160	664,612	$ 559,782	0	559,782	446,493	471,573	918,066
Current Ratio	3.10	17963.21	6.10	3.99	20793.11	9.00	4.03	#DIV/0!	11.87	5.74	5.85	5.80
2. Net Margin Percentage												
Net Income	$ 491,904	495,487	987,391	$ 109,719	621,133	730,852	$ (117,069)	(373,804)	(490,873)	1,020,061	(726,587)	293,474
Net Operating Revenues	$ 7,090,891	617,325	7,708,216	$ 6,396,508	749,283	7,145,791	$ 6,245,986	603,725	6,849,711	8,499,354	498,067	8,997,421
	0.0694	0.8026	0.1281	0.0172	0.8290	0.1023	-0.0187	-0.6192	-0.0717	0.1200	-1.4588	0.0326
Net Margin Percentage	6.94%	80.26%	12.81%	1.72%	82.90%	10.23%	-1.87%	-61.92%	-7.17%	12.00%	-145.88%	3.26%
3. Long Term Debt to Total Capitalization												
Long Term Debt (LTD)	$ 0	0	0	$ 0	0	0	$ 0	0	0	0	14,221,090	14,221,090
LTD Plus Net Assets	$ 2,137,227	9,577,359	11,714,586	$ 2,246,947	10,198,492	12,445,439	$ 2,129,878	9,824,687	11,954,565	2,373,250	23,697,681	26,070,931
	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.6001	0.5455
Long Term Debt to Capitalization	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	60.01%	54.55%
4. Projected Debt Service Coverage												
Net Income	$ 491,904	495,487	987,391	$ 109,719	621,133	730,852	$ (119,069)	(373,804)	(492,873)	1,020,061	(726,587)	293,474
Interest + Depreciation + Amortization	$ 0	86,092	86,092	$ 0	82,114	82,114	$ 0	83,726	83,726	0	1,189,654	1,189,654
Income Available for Debt Service	$ 491,904	581,579	1,073,483	109,719	703,247	812,966	(119,069)	(290,078)	(409,147)	1,020,061	463,067	1,483,128
Maximum Principal + Interest	$ 0	0	0	0	0	0	0	0	0	965,850	965,850	965,850
Projected Debt Service Coverage			#DIV/0!			#DIV/0!			#DIV/0!	1.06	0.48	1.54
5. Days Cash On Hand												
Cash + Investments	$ 1,459,442	4,930,902	6,390,344	$ 1,365,393	5,605,672	6,971,065	$ 915,436	6,780,638	7,696,074	1,259,465	2,635,285	3,894,750
Operating Expenses - Depreciation	$ 6,598,987	35,746	6,634,733	$ 6,286,789	46,038	6,332,827	$ 6,363,055	49,134	6,412,189	7,479,293	496,117	7,975,410
Days in Period	365	365	365	365	365	365	365	365	365	365	365	365
	18,079	98	18,177	17,224	126	17,350	17,433	135	17,568	20,491	1,359	21,850
Days Cash On Hand	80.72	50,349.11	351.56	79.27	44,443.07	401.79	52.51	50,371.08	438.08	61.46	1,938.81	178.25
6. Cushion Ratio												
Cash + Investments	$ 1,459,442	4,930,902	6,390,344	$ 1,365,393	5,605,672	6,971,065	$ 915,436	6,780,638	7,696,074	1,259,465	2,635,285	3,894,750
Maximum Principal + Interest	$ 0	0	0	0	0	0	0	0	0	965,850	965,850	965,850
Cushion Ratio			#DIV/0!			#DIV/0!			#DIV/0!	1.30	2.73	4.03

Economic Feasibility

A. Reasonableness of Financing Arrangements

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

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.

	2019	
Salaries	$2,850,150	
Benefits	$879,689	
Supplies	$663,226	
All Other	$2,171,913	
Patient Days @ 90%		35,405
Total/Operating Cost/PT Day	$6,564,978	**$185.42**

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.

	2019	
Depreciation	$718,975	
Interest Expense	$461,117	
Amortization	$9,562	
Patient Days @ 90%		35,405
Total/Operating Cost/PT Day	$1,908,629	**$53.91**

ATTACHMENT - 30

St. Clara's
M•A•N•O•R

March 14, 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 **St. Clara's Manor**; reasonableness of financing arrangements

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

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

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

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

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

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

Respectfully,

Board Member or Officer

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 14th day of March

Susan M. Boyd
Signature of Notary
Seal

OFFICIAL SEAL
SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-13-2018

Notarization:
Subscribed and sworn to before me
this 14th day of March

Susan M. Boyd
Signature of Notary
Seal

OFFICIAL SEAL
SUSAN M. BOYD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7-18-2018

200 Fifth Street, Jacksonville, Illinois 62656 217-739-1907

ATTACHMENT-30A

St. Clara's
M•A•N•O•R

March 14, 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 **St. Clara's Manor** ; 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,

Board Member or Officer

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 14th day of March

Susan M. Boyd

Signature of Notary

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