

**Roate, George**

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**From:** Christopher J. Dials [cdials@reverehc.com]  
**Sent:** Tuesday, June 01, 2010 4:58 PM  
**To:** Roate, George  
**Cc:** 'Marilyn Miller'  
**Subject:** Application #10-032 Warrior's Gateway  
**Attachments:** Attachment 03 Organizational Relationships.doc; Page 1 Revere Healthcare.doc; Page 1 TLS.doc; Page 4 Narrative Description revised.pdf; Page 8 Corrected.pdf

George,

The attached follow up items address the points 1-4 of your email dated 5-21-2010. Item #3 regarding project completion date is accurate at November 30, 2011. Please notify me if any further clarification is necessary.

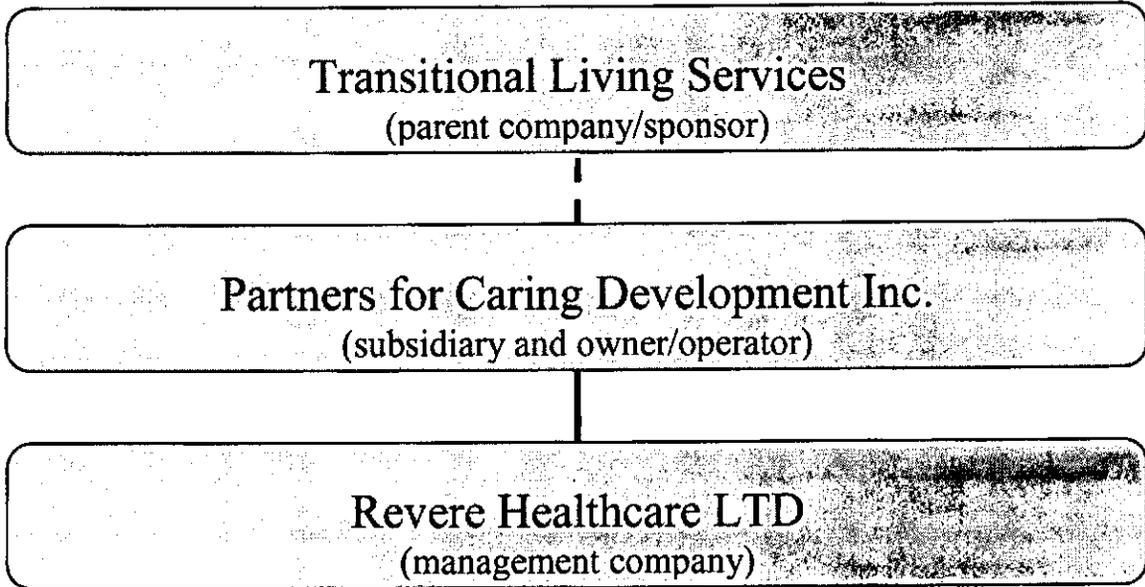
Christopher J. Dials, MS-HSA  
Revere Healthcare, Ltd.

**RECEIVED**

JUN 01 2010

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**ATTACHMENT 3:  
ORGANIZATIONAL RELATIONSHIPS**



The co-applicants of Warrior's Gateway are Transitional Living Services (sponsor) Alan Belcher, Partners for Caring Development Inc. (subsidiary and owner/operator) Pamela Shumway, John Smith, James Swarthout, and Revere Healthcare, LTD Grant Shumway (management company).

Owner/operator Partners for Caring Development Inc. has engaged Revere Healthcare LTD via management contract to operate the proposed project. Per the definition of "related person" as defined in Part 1130.140 there are no related persons to either co-applicant.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Warrior's Gateway		
Street Address: 254 Elm Street		
City and Zip Code: Rockford 61104		
County: Winnebago	Health Service Area: 1	Health Planning Area: Winnebago

**Applicant Identification**

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

Exact Legal Name: Transitional Living Services
Address: 645 McHenry Avenue, Woodstock, IL 60098
Name of Registered Agent: Grant C. Shumway
Name of Chief Executive Officer: Alan Belcher
CEO Address: 645 McHenry Avenue, Woodstock, IL 60098
Telephone Number: 815-334-0413

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

**Type of Ownership**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

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

**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]

Name: Alan Belcher
Title: Executive Director
Company Name: Transitional Living Services
Address: 645 McHenry Avenue Woodstock Illinois 60098
Telephone Number: 815-334-0540
E-mail Address: abelcher@tlsveterans.org
Fax Number: 815-648-2212

**Additional Contact**

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

<b>FACILITY NAME: Warrior's Gateway</b>			<b>CITY: Rockford, IL 61104</b>		
<b>REPORTING PERIOD DATES: From: 1/1/2008 to: 12/31/2008</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	2,338*	5,130	673,028		120
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>					120

\*As of the 4/26/2010 Update to the LTC Inventory

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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**Facility/Project Identification**

Facility Name: Warrior's Gateway		
Street Address: 254 Elm Street		
City and Zip Code: Rockford 61104		
County: Winnebago	Health Service Area: 1	Health Planning Area: Winnebago

**Applicant Identification**

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

Exact Legal Name: Revere Healthcare LTD
Address: 112 Cary Street, Cary, IL 60013
Name of Registered Agent: Grant C. Shumway
Name of Chief Executive Officer: Grant C. Shumway
CEO Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900

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

**Type of Ownership**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

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

**Primary Contact**

**[Person to receive all correspondence or inquiries during the review period]**

Name: Christopher J. Dials
Title: Director
Company Name: Revere Healthcare LTD
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260

**Additional Contact**

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

Name: Marilyn Miller
Title: Consultant
Company Name: Revere Healthcare LTD
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x307
E-mail Address: mkmiller@reverehc.com
Fax Number: 847-516-2260

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

### 3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **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.

#### Project Outline

Partners for Caring Development Inc. along with Transitional Living Services, proposes to construct and operate Warrior's Gateway, a long-term care, residential and vocational training center for individuals requiring continuing long term rehabilitation from traumatic brain injury and/or from severe multiple injuries known as polytraumas. This facility will consist of 120 skilled nursing beds, 85 assisted living apartments and a vocational training center, to be located in Rockford, Winnebago County, Illinois.

Warrior's Gateway will be located in the 254 Elm Street, located in the City of Rockford, Winnebago County, Illinois

Warrior's Gateway will be Medicare and Medicaid certified along with VA contracts and will offer specialized nursing care, intensive rehabilitative therapies, community outreach services, assisted living services, and vocational training.

The modern, fully equipped nursing facility will conform with all federal, state and local regulations relating to construction, staffing, sanitation and environmental protection.

By offering state-of-the-art design, operations and resident care, Warrior's Gateway will provide residents with the appropriate physical environment and programs to improve their quality of life. The services to be offered will be enhanced by a design that incorporates residential features that support the physical, social and psychological needs of the residents. This will be done in partnership with area medical professionals and acute care treatment centers. The building design will meet functional needs of the staff, without sacrificing quality of life features.

The proposed skilled nursing and assisted living facilities will be both one and two-story buildings containing 122,360 gross square feet, of which 75,442 will be Skilled Nursing (aka general long term care). The facility will contain all private one bed skilled nursing rooms, and 36 private one bedroom and 6 semi-private two bedroom assisted living rooms.

In addition, it will contain 2 dining rooms, nurse stations, physical and occupational therapy room, recreational therapy, family rooms, beauty/barber shop, a kitchen, administrative offices, and support areas.

Construction is projected to commence November 2010, and the facility is projected to open 12 months thereafter.

A review of this project is classified as 'substantive' as it involves the development of new long-term care beds with a capital expenditure in excess of the threshold amount. There are to be no promised beds for assisted living residents, hence this project is not a CCRC.