

Constantino, Mike

From: John Kniery [JKniery@foleyandassociates.com]
Sent: Wednesday, June 09, 2010 4:49 PM
To: Constantino, Mike
Cc: James Fitch; Charles Sheets
Subject: Modification of Project # 10-005 Smith Crossing
Attachments: Constantino Letter 6.9.10.pdf

Mike: I will hand deliver the hard copy of this modification tomorrow. Please note that we attempted to follow the protocol outlined for us in our technical assistance meeting. Please review the material and should you need any further documentation or clarification, do not hesitate to contact me. Thank you.

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HAND DELIVERED

June 9, 2010

Mr. Michael Constantino,
Project Review Supervisor
Illinois Health Facilities and
Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Project Number 10-005, Smith Crossing

Dear Mr. Constantino:

Please accept this letter on behalf of Applicant to the above referenced project in response to your May 5, 2010 email request for additional information. Additionally, this correspondence provides the information as further set-forth in our technical assistance meeting with you and your staff on June 3, 2010. Specifically, in accordance with your request, this submittal serves to modify the proposed project through the increase in project cost which now includes the fair market value of the existing structures. Since the fair market value of the proposed 46-beds equates to \$5,606,587 it exceeds the 10 percent requirement that deems this change a "Type A" modification. The following will outline the required items for this change.

1. Appended as **EXHIBIT I**, are our notes to our June 3rd meeting. Additionally, in response to the meeting you have forwarded a methodology to determine fair market value.
2. Appended as **EXHIBIT II** is a revised Project Cost and Sources of Funds page (page 6 in the CON application as originally submitted). Additionally, appended as **EXHIBIT IIA**, is the justification for the fair market value.
3. Appended **EXHIBIT III** is a revised Cost Space Requirements page (page 8 in the CON application as originally submitted).
4. Appended as **EXHIBIT IV**, is a revised Criterion 1120.210(b) Availability of Funds page (page 22 in the CON application as originally submitted).



Mr. Michael Constantino

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5. In accordance with our technical assistance discussions, it was stated that Criterion 1120.310(c1) would be applicable and need to be revised. However, after altering the Project Cost and Sources of Funds chart it was apparent that the construction, modernization and contingency line items do not change and therefore, revising this item does not appear to be germane.
6. To expedite the public hearing process afforded by a "Type A" project modification, the Applicant respectfully request a public hearing for this proposed modification of this Certification of Need application. In response to your request to assist with this process, the Applicant has come up with three alternative locations to hold the public hearing. The locations and contacts for each are:

St. Xavier University
18230 Orland Parkway
Orland Park, IL 60467

Leslie Petty, Ed.D., Dean
(708) 802-6213
petty@sxu.edu

Orland Park Civic Center
Ravinia Avenue (next to village hall)
Orland Park, Illinois 60462

Cathy Flynn
(708) 403-6200

Mokena Fire Protection District
19853 South Wolf Road
Mokena, Illinois 60448

Assistant Chief Howard Stephens
(708) 479-5371 – office
(708) 479-2970
hstephens@mokenafire.org

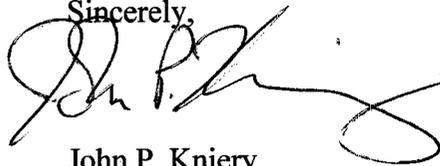
As over three months have passed since the filing of this Certificate of Need application and even more time since the facility data was collected, the Applicant has taken the opportunity to update the State and the application with current utilization data. Appended as **EXHIBIT V**, is a monthly census summary report for the Applicant's existing nursing unit. Unlike while the application was being prepared, the facility is now optimally utilized averaging 90% for the past nine months and 29 out of 30 residents over the past four months. Additionally, for the past twelve months, the Applicant has been tracking all of the outside skilled care inquiries. Since June of 2009, the Applicant has fielded and turned away 195 potential referrals as admissions to the nursing unit are only open to only those within the campus (please refer to **EXHIBIT VI** for the listing of skilled care inquiries. The now high resident census and the vast resident inquiries further support the need for this project.

Mr. Michael Constantino
June 9, 2010
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Finally, due to the delays this modification has caused, enclosed as **EXHIBIT VII** is a revised Project Status and Completion Schedules. The Applicant is requesting to extend the completion date from December 2010 to June 30, 2011.

Thank you in advance for your consideration on this project. We have submitted documentation as indicated in the technical assistance conference, however, should you have any questions or concerns, do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "John P. Kniery", with a large, stylized flourish extending to the right.

John P. Kniery
Health Care Consultant

ENCLOSURES

C: James Fitch
Charles Sheets, Attorney at Law

June 3, 2010

11:am

Meeting @ the Illinois Health Facilities Services Review Board

Attendees: Mike Mills, Mike Constantino, George Roate, Jim Fitch, Frank Guajardo, Charles Foley and John Kniery *JK*

Re: Smith Crossing

Mr. Foley introduced the Applicant's representatives and that the purpose of this meeting is to get technical assistance regarding why the staff views the FMV issue is relevant to the project cost of project number 10-005.

Mr. Constantino explained that in his view the application represents an establishment (not a modernization with addition) therefore need fair market value of existing 30 beds + 16 beds to be added. The State has no rules in place for an Applicant to remove a variance. Therefore, to do so an Applicant must discontinue and establish a new service.

Mr. Kniery explained that the Applicant believes the intent of the regulations regarding the variance and the history of the Board when this issue first was considered was to ensure an Applicant would have to address criteria to remove the variance that it did not have to address to receive the Variance in the first place. The Discontinuation is now a by-product of that and not necessarily the intent as initially set-forth.

Mr. Constantino explained that this is the only process in place today and that when the variance rules were created, it was not contemplated that an Applicant would want to remove the variance.

Applicant expressed the following Goals:

1. The possibility of this project being considered Next Tuesday; Mr. Constantino thought this was not possible.
2. It is imperative for the Applicant to have this project considered at the July meeting. Mr. Constantino indicated that this could be tight to make. There will be a public hearing opportunity offered which needs to be left open for 15 days. Should a PH be requested, it has to be scheduled with three considerations: location availability; Schedule of PH officer; and schedule of a court reporter. By Contract, court reporter has ten days to provide the PH transcript. The State Agency Report needs to be mailed out three weeks prior to the Board date to include the PH transcripts.

Mr. Foley explained that in order to expedite the 15 day PH allowance, perhaps the Applicant should request a public hearing.

Mr. Constantino stated that he does not recommend requesting a public hearing as one was not called originally, if one is held we would not meet in July.

Mr. Constantino reiterated the scheduling issues and the notice requirements:

Mr. Foley then inquired as to what is required to address this FMV issue?

Mike Constantino indicated the following:

1. Rules require appraisal.
2. Staff would accept final realized project cost from 2005 with an "inflation" factor (+/-).
3. Staff will consider any calculation that is reasonable.
4. Calculation must use total project cost.

Mr. Fitch indicated that the applicant has estimated an inflation factor by comparing construction cost from completed project (2005) to new construction estimates for a proposed addition. But is there something that is more widely accepted?

Mr. Constantino replied that the Bureau of Labor Statistics – "Construction Cost" is mostly used.

Mr Roate indicated that a Public Hearing must be held before June 22nd in order to possible be considered on the July HFSRB agenda.

Mr. Kniery inquired at what point does the 6 month rule, i.e., an application must be considered by the Board within 6 months, apply?

Mr. Constantino indicated that in his opinion additional information requested by the State prolongs 6 months date.

Mr. Constantino reiterated the Public Hearing issues and stated that any public hearing would be held in Orland Park and potential locations include:

1. City Hall
2. Public Library
3. Chamber of Commerce
4. Community Centers
5. Schools – St. Xavier –

Mr. Constantino also indicated that names and contact information can be provided to Bonnie Hills at the State by the Applicant.

Mr. Foley inquired what in the CON application needs to be changed to address the FMV.

Mr. Constantino indicated that the following sections would need to be modified:

- New Project Cost & Sources of Funds Page
- New Cost Space chart
- Part 1120 – cost space chart in financials
- (pages 22, 23, 8, and 6)
- Would be considered a (Type A) modification and that should be explained in attachment to cost space page

Project Costs and Sources of Funds**REVISED June 9, 2010**

Complete the following table listing all costs (refer to Part 1120.110) 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-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$ 126,400	\$ 33,600	\$ 160,000
Contingencies			
Architectural/Engineering Fees	15,800	4,200	20,000
Consulting and Other Fees	39,500	10,500	50,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	7,900	2,100	10,000
Fair Market Value of Leased Space or Equipment	4,429,204	1,177,383	5,606,587
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)	189,600	50,400	240,000
TOTAL USES OF FUNDS	\$ 4,618,814	\$ 1,227,783	\$ 5,846,587
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$ 189,600	\$ 50,400	\$ 240,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	4,429,204	1,177,383	5,606,587
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 4,618,814	\$ 1,227,783	\$ 5,846,587
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

EXHIBIT II

Smith Crossing
Phase 2
Fair Market Value Analysis
June 8, 2010

Project 02-036 Final Costs for 30 Skilled Beds in service 9/30/05	\$3,539,661
5 years depreciation based on 40 year life for 30 skilled beds	<u>(\$442,458)</u>
Cost value less depreciation for 30 skilled beds	\$3,097,203
ADD: inflation per Saylor Subcontractor Cost Index	
9/30/05 to 12/31/05 @9.2%	\$81,412
2006 @ 6.50%	\$230,078
2007 @ 5.30%	\$187,602
2008 @ 1.80%	\$63,714
2009 @ 1.9%	\$67,254
1/1/10 to 3/31/2010 @ -2.0%	<u>(\$70,793)</u>
Accumulated inflation	\$559,266
 Fair Market Value adjusted for 30 beds	 \$3,656,470
 Fair Market Value per bed for 30 beds	 \$121,882
 Fair Market Value for 46 beds - Project 10-005	 \$5,606,587
 Fair Market Value per bed for 46 beds	 \$121,882
 Projected fee due	 \$12,334
Less: Application fee paid	\$2,500
Net fee due	\$9,834

Cost Space Requirements**REVISED June 9, 2010**

Provide in the following format, the department/area GSF and cost. 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.**

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing	\$3,066,723	10,941	17,629	0	100	17,529	0
Living/Dining/Activity	\$858,835	2,759	4,937	0	32	4,905	0
Kitchen/Food Service	\$103,506	332	595	0	0	595	0
P.T./O.T.	\$371,054	826	2,133	0	0	2,133	0
Laundry	\$11,655	0	67	0	0	67	0
Janitor Closets	\$26,442	104	152	0	0	152	0
Clean/Soiled Utility	\$140,211	365	806	0	0	806	0
Beauty/Barber	\$38,793	223	223	0	0	223	0
Total Clinical	\$4,617,219	15,550	26,542		132	26,410	0
NON CLINICAL			0			0	
Office/Administration	\$86,806	375	499	0	0	499	0
Employee Lounge/ Locker/Training	\$0		0	0	0	0	0
Mechanical/Electrical	\$32,704	112	188	0	0	188	0
Lobby	\$9,742	0	56	0	0	56	0
Storage/Maintenance Corridor/Public	\$163,869	554	942	0	0	942	0
Toilets	\$936,247	2,829	5,382	0	0	5,382	0
Stair/Elevators	\$0	0	0	0	0	0	0
Total Non-clinical	\$1,229,368	3,870	7,067	0	0	7,067	0
TOTAL	\$5,846,587	19,420	33,609	0	132	33,477	0

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)
(continued)

B. Criterion 1120.210(b), Availability of Funds

REVISED June 9, 2010

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

\$240,000 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

_____ Debt Financing (indicate type(s) _____)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

_____ Governmental Appropriations

Provide 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, provide a resolution or other action of the governmental unit attesting to such future funding.

_____ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

\$5,606,587 Other Funds and Sources **Fair Market Value**

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

\$5,846,587 TOTAL FUNDS AVAILABLE**C. Criterion 1120.210(c), Operating Start-up Costs**

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes No X. If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

APPEND DOCUMENTATION AS ATTACHMENT 75, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

EXHIBIT IV

Smith Crossing
Census Summary Report October 2009-May 2010

View: Census Data
Date: 6/9/2010
Campus: Smith Crossing

Date Calendar Dates	Skilled/Regular				Billable		Total	
	Private	Medicare	Medicald	Hospice	Leaves			
Oct-10	439	122	77	44	0	22		
Nov-10	870	280	146	104	6	24		
Dec-10	1,362	421	258	164	6	27		
Jan-10	515	151	124	62	0	27		
Feb-10	1,099	281	237	122	0	29		
Mar-10	618	134	113	46	0	29		
Apr-10	1,270	211	221	76	5	29		
May-10	620	120	119	31	0	29		
Total for 9 months	10,473	2,621	2,000	1,005	28	16,127		89.8%
Average	42.23	10.57	8.06	4.05	1.56	66.47		

SKILLED CARE INQUIRIES

DATE	NAME	TELEPHONE #	SOURCE OF CALL	FOR WHOM	OTHER INFORMATION
6/2/2009	J	815-46	daughter	mother	
6/2/2009	S	unkn			
6/2/2009	S	unkn			
6/2/2009	S	unkn			
6/2/2009	F	773-86	referral/Seasons Hospice	client	
6/2/2009	L	708-94	daughter	mother	
6/5/2009	C	815-80	referral/Home in Stead	client	
6/5/2009	L	unkn	daughter	father	
6/5/2009	C	815-83	wife	husband	needs Medicaid
6/6/2009	L	708-44	children	father	referred to SV
6/6/2009	L	708-42	daughter	mother	referred to SV
6/16/2009	Y	773-70	referral/Un of Chicago	client	
6/17/2009	J	unkn	son	mother/104yrs old	now at Tinley Courts/ref to SV
6/17/2009	E	708-47	daughter	mother/needsSK/MIL	now lives w Elizabeth/ref to SV
6/18/2009	L	708-26	son	mother	needs sub-acute rehab/ref to SV
6/18/2009	H	815-83	son	father	now at The Tillers Rehab/Oswego
6/18/2009	H	708-42	spouse	wife	husband needs IL/wifeSK/ref to SV
6/22/2009	C	708-50	son	mother	needs sub-acute rehab/ref to SV
6/22/2009	N	309-53	daughter	mother	now at Mercy Hospital
6/24/2009	N	unkn	daughter	mother	recommended by Rush/ref to SV
6/26/2009	V	219-54	daughter	mother	now at Nwstern/ref to SV
6/26/2009	S	708-36	referral/Manor Care Palos	client	needs public aid bed/ref to SV
6/26/2009	F	812-21	referral/Loyola	client Judy Lana	
7/1/2009	H	708-47	daughter	mother	now at Brentwood Rehab
7/2/2009	N	630-73	niece	uncle	
7/9/2009	L	773-31	granddaughter	grandfather	care for at home/paralyzed
7/6/2009	L	815-60	social worker	client	
7/7/2009	F	815-25	granddaughter	grandmother	has Providence Home Care
7/8/2009	E	unkn	son	mother	now at Christ Hospital
7/10/2009	L	312-23	ref from Rehab Inst Chgo	client	
7/10/2009	L	708-47	daughter	mother	
7/13/2009	F	708-80	ref/Comm Hosp Munster	client	
7/17/2009	N	708-80	wife	husband	referred to SV
7/20/2009	L	708-36	niece	aunt	now in hospital
7/22/2009	H	708-74	daughter	mother	needs 24 hr care
7/22/2009	N	708-53	daughter-in-law	mother-in-law	at Alden Rehab/Medicaid/ref to SV
7/22/2009	F	708-81	daughter	father	has dementia&4stagecan/ref to SV
7/22/2009	F	unkn	daughter	mother	needs skilled care & rehab
7/24/2009	F	708-71	daughter	mother	has stage 4 cancer/55yrs/ref to SV
7/26/2009	F	815-83	daughter	father	in Lemont rehab/ref to SV
7/29/2009	S	708-88	son	father	now living at home & is bed bound
7/29/2009	L	708-68	wife	husband	decided to go to Manor Care
7/29/2009	L	815-88	daughter-in-law	mother-in-law	needs SNF
7/31/2009	N	575-64	sister	sister	at Manor Care
8/3/2009	L	708-34	daughter	father	currently at home
8/5/2009	F	708-47	sister	sister	at Breakers/ref to SV
8/14/2009	F	815-71	son	father	
8/18/2009	L	unkn	ref/Silver Cross Hosp	patient	
8/19/2009	N	815-35	son	father	
8/19/2009	N	708-22	daughter	mother	
8/21/2009	N	815-72	daughter	mother	

SKILLED CARE INQUIRIES

Admission Date	Admission Reason	Room #	Referral	Relationship	Notes
8/21/2009	El	630-2	wife	husband	husband is in AL
8/24/2009	Ar	708-2	ref/Hines Hosp	client	A Vet
8/24/2009	Pa	708-3			
8/24/2009	Ir	815-4	daughter	mother, Beth	
8/27/2009	Be	815-3			
8/31/2009	Be	708-3			
9/2/2009	Ch	715-3	ref/Howard Young Hosp	patient	at Christ Hosp needs mem/subacute
9/2/2009	Ch	unknd	daughter	father	
9/2/2009	Rd	708-5	niece	aunt	87 yrs old/needs rehab
9/3/2009	Mt	720-9	nephew	uncle	
9/8/2009	Ke	708-4	son	mother	broke hip/needs rehab 6 wks
9/9/2009	un	708-5	wife	husband	
9/10/2009	El	630-2			
9/11/2009	Ch	708-2			
9/11/2009	Jr	708-3			
9/11/2009	Jr	773-6	daughter	mother	
9/16/2009	Er	312-2	ref/Loyola	mother	mother now in SNF in Wis
9/16/2009	Er	715-3	daughter	mother	
9/16/2009	Mt	708-3	daughter-in-law	father-in-law	male patient needs rehab
9/21/2009	Mt	708-3	referral		wants skilled & rehab
9/25/2009	St	630-7	ref/Elmhurst Memorial		
9/28/2009	Lc	630-8			
10/5/2009	Lt	708-6	daughter	father	
10/6/2009	Jc	708-8			
10/9/2009	Ke	708-3	niece	aunt	97 yrs old
10/12/2009	Ke	773-2	brother	brother	has MS 82 years old
10/15/2009	Rd	815-8	daughter	dad	
10/16/2009	Mt	708-2	granddaughter	grandmother	at Providence now
10/27/2009	Ar	630-5	8wk daughter	mother	
10/29/2009	Lt	219-8	5 daughter	mother	93 yrs old
10/30/2009	Ev	312-7	sister-in-law	sister-in-law	90 yrs old
10/30/2009	Te	708-4	daughter	mother	at Proventia now
11/4/2009	Pa	815-9	34 daughter	father	adv planner/bladder/bowel control
11/5/2009	Ch	708-3			
11/8/2009	Jr	708-8			
11/10/2009	Jr	708-3			
11/10/2009	Of	773-7	daughter	father	in rehab at St. Joseph lady with CDIF
11/12/2009	La	630-7	ref/Lexington		needs sub-acute rehab
11/16/2009	Ke	708-4	son	father	
11/16/2009	St	708-7	daughter	mother	
11/17/2009	Le	815-4			
11/18/2009	Rd	708-7			
11/20/2009	Dj	630-3			
11/20/2009	Ja	708-4	daughter	mother	SNF Rehab/ref to SV
11/25/2009	Ch	815-4			
11/25/2009	Rd	312-3	son	mother	92 yrs old
11/28/2009	Ti	763-4	daughter	mother	living w son in Oak Forest
12/1/2009	Be	815-6	granddaughter	grandmother	had hip surgery needs rehab
12/9/2009	Rd	708-3	son	mother	wheel chair bound
12/14/2009	Je	708-3	granddaughter	grandmother	after fall needs SNF/rehab
12/16/2009	St	708-6	niece	grandmother	needs skilled & rehab
12/21/2009	Df	847-4	wife	aunt, Margaret Onion	fell, needs rehab ref to SV
12/28/2009	Y	773-4		husband	in Manor Care needs Medicaid
1/12/2010	Y	708-2			

SKILLED CARE INQUIRIES

Date	Case #	Referral	Relationship	Notes
1/12/2010 J	708-4	daughter	father	had stroke/at Rush
1/18/2010 M	630-5	ref/Loyla	client	needs SNF and has Medicaid
1/20/2010 L	708-2	daughter	father	broke elbow needs rehab ref SV
1/20/2010 D	708-4	ref/Loyla	client	had stroke has feed tube ref SV
1/22/2010 S	708-3	granddaughter	grandmother	broke hip needs rehab
1/25/2010 K	708-6	fiance of granddaughter	wife	wife 63 needs Medicaid car acc.
1/26/2010 K	708-7	husband	client	spoke w Shana at PH/ref SV
1/27/2010 D	708-8	ref/Rush Hospital	client	left msg/rw/SV
1/27/2010 K	708-9	ref/Rush Medical Center	client	had stroke needs rehab
1/27/2010 K	312-9	daughter	mother	ref SV
1/28/2010 B	708-7	daughter	brother	59yrs old/diabetic/crohn's dis
1/28/2010 D	book	sister	brother	had stroke at Christ has feeding tube & trach/ref SV
1/29/2010 J	815-4	daughter	father	wants rehab for a short time.
2/3/2010 K	708-4	daughter	mother	had stroke needs rehab
2/3/2010 S	?	ref/Palos Hospital	client	ref SV
2/3/2010 T	815-4	son	mother	mother on Medicaid
2/8/2010 P	708-2	daughter	mother	ref to SV
2/12/2010 U	708-3	ref/Un of Chgo	client	wants only rehab
2/12/2010 J	773-8	wife	husband	needs sub acute/SNF
2/15/2010 M	708-4	granddaughter	grandfather	needs rehab
2/16/2010 U	708-4	ref/Palos Hospital	client	needs SNF/suggested SV
2/17/2010 U	708-3	referral	client	wants sub acute
2/17/2010 P	312-2	daughter	mother	at Franciscan/needs SNF
2/17/2010 S	815-9	granddaughter	grandfather	had stroke in Hawaii/needs acute rehab/ref SV
2/18/2010 D	708-2	daughter	father	needs limited placement/ref to SV
2/18/2010 R	219-6	ref/Rush Medical Center	client	needs subacute/ref to SV
2/18/2010 A	312-9	son	father	needs SNF/ref to SV
2/18/2010 G	708-3	daughter	mother	at St. James/needs SNF/ref to SV
2/19/2010 P	708-7	wife	husband	at Rush/needs SNF/ref to SV
2/10/2010 S	773-2	ref/Northwestern Mem	client	needs SNF/ref to SV
2/22/2010 K	312-7	daughter	father	found SC in Yellow Pgs/ref to SV
2/23/2010 U	312-4	son	mother	has Parkinson&stage4 ML/ref to SV
2/24/2010 B	708-8	daughter	mother	needs nursing home/ref to SV
2/24/2010 M	773-2	son	father	31 yrs old/brain injury
2/24/2010 C	312-2	son-in-law	father-in-law	at Rush/needs SNF/ref to SV
2/25/2010 K	708-6	ref/Un of Chgo	client	has serious seizure disorder
2/25/2010 K	773-7	ref	client	needs SNF/ref to SV
2/27/2010 J	708-3	daughter	mother	needs SNF/ref to SV
3/1/2010 M	708-3	wife	husband	knee rep then HA then stroke at MsAlister/SV
3/1/2010 D	815-4	nephew	uncle	81 yrs old/needs SNF/ref to SV
3/4/2010 P	708-8	ref/Un of Chicago	client	needs SNF/ref to SV
3/5/2010 S	866-7	father	daughter	needs sub/acute/SNF
3/5/2010 E	708-4	husband	wife	needs SNF for 49 yr old
3/6/2010 H	708-4	daughter	mother	at Palos/SNF needs dialysis
3/15/2010 P	708-2	son	mother	needs rehab
3/16/2010 K	708-4	ref	client	91 yrs old/needs skilled
3/16/2010 M	as)708-7	son	dad	needs SNF
3/16/2010 R	815-6	daughter-in-law	mother-in-law	Hospice/needs SNF/ref to SV
3/16/2010 D	815-9	daughter	dad, Virgil	89wheelinbound/legally blind/needs SNF
3/22/2010 C	815-2	granddaughter	grandmother	needs SNF/ref to SV
3/29/2010 K	312-5	son-in-law	mother-in-law	needs SNF/ref to SV
3/30/2010 C	630-7			87 has dementia/needs SNF

SKILLED CARE INQUIRIES

Date	Name	Referral	Client	Relationship	Notes
3/31/2010	M [REDACTED]	ref/Little Co. of Mary	client	father-in-law	needs SNF/ref to SV
3/31/2010	u [REDACTED]	daughter-in-law	client	father-in-law	had stroke/at Mercy/has trach
4/2/2010	s [REDACTED]	referral	client	client	had stroke needs SNF & rehab
4/6/2010	C [REDACTED]	daughter	mother	mother	at SV but brother lives in Homer Glen
4/9/2010	M [REDACTED]	self	self	self	being released from St. James;needs SNF/ref/SV
4/9/2010	u [REDACTED]	daughter	mom	mom	at Peace/broke hip/needs rehab & SNF
4/12/2010	J [REDACTED]	daughter	mom	mom	had stroke 6 wks ago@St. James Rehab needs SNF
4/13/2010	u [REDACTED]	daughter	mom	mom	needs SNF/ref SV
4/13/2010	E [REDACTED]	son	mom	mom	90 yrs old/needs SNF/ref to SV
4/14/2010	u [REDACTED]	friend	friend	friend	had stroke/needs SNF/ref SV
4/14/2010	J [REDACTED]	daughter	mom	mom	94 yrs old/needs Medicaid
4/14/2010	J [REDACTED]	ref/Provona St. Joseph	client	client	in Joliet says she can ref a lot this way/call her
4/16/2010	D [REDACTED]	grandson	mother	grandfather	needs SNF/ref to SV
4/16/2010	D [REDACTED]	daughter	mother	mother	needs SNF/ref to SV
4/18/2010	D [REDACTED]	daughter	mother	mother	in hospital now
4/22/2010	J [REDACTED]	daughter	dad, Tom Cromec	dad, Tom Cromec	needs skilled/ref to SV
4/23/2010	E [REDACTED]	daughter	mother	mother	needs skilled/ref to SV
4/26/2010	J [REDACTED]	daughter	dad, Tom Cromec	dad, Tom Cromec	had hrt attack/at Palos needs rehab
4/27/2010	M [REDACTED]	daughter	mother	mother	ref by Advanced Professionals/at Christ
4/27/2010	M [REDACTED]	ref/Northwestern Mem	client	client	needs skilled/ref to SV
4/28/2010	G [REDACTED]	wife	husband	husband	at Crestwood Terr/needs Medicaid
4/29/2010	S [REDACTED]	ref/Evergreen Health Care	client	client	ref/by dr/needs skilled
5/10/2010	P [REDACTED]	son	mother	mother	needs rehab/short time/OP resident
5/11/2010	sc [REDACTED]	referral	client	client	mom fell/needs short stay
5/12/2010	S [REDACTED]	daughter-in-law	father-in-law	father-in-law	needs skilled
5/15/2010	S [REDACTED]	husband	wife	wife	at Loyola wants rehab
5/17/2010	K [REDACTED]	friend	friend	friend	at Lloyd needs rehab sounded young
5/18/2010	J [REDACTED]	granddaughter	grandfather	grandfather	needs skilled
5/19/2010	L [REDACTED]	granddaughter	grandfather	grandfather	needs skilled/ref SV
5/20/2010	J [REDACTED]	daughter	mother	mother	at Rush/needs SNF
5/24/2010	L [REDACTED]	daughter	mother	mother	at St. Joe's needs SNF then MC
5/24/2010	L [REDACTED]	daughter	mother	mother	needs skilled/ref to SV
5/24/2010	J [REDACTED]	daughter	mother	mother	at Ingalls needs skilled/ref SV

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____.		

Project Status and Completion Schedules

REVISED June 9, 2010

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>June 30, 2011</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	

State Agency Submittals

Are the following submittals up to date as applicable:	
<input type="checkbox"/> Cancer Registry	
<input type="checkbox"/> APORS	
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted	
<input checked="" type="checkbox"/> All reports regarding outstanding permits	

EXHIBIT VII