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HEALTH FACILITIES &
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**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

PUBLIC HEARING

FEBRUARY 3, 2011

ORIGINAL

NATIONWIDE SCHEDULING

OFFICES: MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau ■ KANSAS Overland Park ■ ILLINOIS Springfield

HEADQUARTERS: 711 NORTH ELEVENTH STREET, ST. LOUIS, MISSOURI 63101

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1 STATE OF ILLINOIS
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 525 West Jefferson Street, 2nd Floor
4 Springfield, Illinois 62761
5 217-782-3516
6
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9 The public hearing of the State of
10 Illinois Health Facilities and Services
11 Review Board was held on February 3, 2011,
12 beginning at the hour of 10:30 a.m., at
13 Arlington Heights Road, 33 South Arlington
14 Heights Road, Beuchner Meeting Room,
15 Arlington Heights, Illinois.
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20

21 Reported by Daphne G. Killam, CSR
22
23
24

1 (Wherein, the public hearing
2 commenced at 10:30 a.m.)

3

4 MS. AVERY: Good morning,
5 everyone.

6 I'm Courtney Avery. I'm the
7 administrator for the Health Facilities and
8 Services Review Board. And I'm here today
9 just to provide a facilitation. I can't
10 answer any questions on behalf of the Board.
11 We have the court reporter that will take
12 everything into account, and it will be in
13 the record. So I can't answer any questions
14 about the project or give any information
15 outside of what's published on our website
16 for the application. So today is strictly to
17 give testimony in support of, opposition of
18 the project that we're going to discuss
19 today.

20 This is a Project
21 No. 11-006, Transitional Care Center of
22 Arlington Heights, Arlington Heights,
23 Illinois which is proposing to establish a
24 120-bed short-term skilled rehabilitation

1 facility in 71,600 gross square footage of
2 space located at 1200 North Arlington Heights
3 Road, Arlington Heights, Illinois.

4 As per the rules of the
5 Illinois Health Facilities and Services
6 Review Board, I would like to read the
7 previously posted legal notice into the
8 record. So you will hear dates that we've
9 already passed. But this is just reading
10 what was legally posted.

11 In accordance with the
12 requirements of the Illinois Health
13 Facilities Planning Act, notice is given of
14 receipt to establish a skilled nursing
15 facility, Project No. 11-006, Transitional
16 Care of Arlington Heights, Illinois.
17 Applicants are Transitional Care Center of
18 Arlington Heights, LLC and Transitional Care
19 Management. The applicants propose to
20 establish a 120-bed short-term skilled
21 rehabilitation facility in 71,600 gross
22 square foot of space located at 1200 North
23 Arlington Heights Road, Arlington Heights,
24 Illinois. The cost of this project is

1 \$22,275,837.

2 A public hearing is to be held
3 by the Illinois Department of Public Health
4 pursuant to the Illinois Health Facilities
5 Planning Act. The hearing is open to the
6 public and will afford the opportunity for
7 parties interested to present oral and/or
8 verbal comment relevant to the project. All
9 allegations or assertions should be relevant
10 to the need of the proposed project and be
11 supported with two copies of documentation or
12 materials that are printed or typed on paper
13 size 8-1/2x11.

14 Consideration by the State
15 Board has tentatively been scheduled for
16 May 10th, 2011 at the state board meeting.
17 The public hearing will take place pursuant
18 to Part 1130.910. The hearing is scheduled
19 for 10:00 a.m., February 3rd, 2011, located
20 at Arlington Heights Village Hall, 33 South
21 Arlington Heights Road, Arlington Heights,
22 Illinois, 60005.

23 Any person wanting to submit
24 written comment on this project must submit

1 these comments by 9:00 a.m., April 20th,
2 2011. The project for this application can
3 be viewed on the website at
4 www.hfsrb.illinois.gov, by telephone, which
5 is (217)782-3516 and (800)547-0466 for the
6 hearing impaired only, or by letter no later
7 than Monday, January 31st. And there's a
8 sheet that's going around with the
9 signatures. Just sign in on the appropriate
10 one.

11 In order to assure that the
12 State Board's public hearings protect the
13 privacy and maintain the confidentiality of
14 an individual's health information and
15 covered entities as defined by the Health
16 Insurance Portability Act of 1996, such as
17 facilities, hospital providers, health plans
18 and health care clearinghouses, submitting
19 oral or written testimony that discloses
20 protected health information of individuals
21 shall have a valid written authorized form
22 from that individual. The authorization
23 shall allow the covered entity to share the
24 individual's protected health information at

1 this hearing.

2 For those of you who have come
3 with prepared text for your presentation may
4 choose to submit the text without giving
5 testimony. However, if you are giving oral
6 testimony, please be as brief as possible.
7 In order to give everyone an opportunity at
8 least to participate, each oral presentation
9 will be limited to five minutes. Should
10 anyone want to speak for more than five
11 minutes, you may do so after everyone has had
12 an opportunity to do so.

13 Per the legal notice, please
14 provide two copies of your testimony. And
15 while making your presentation, please give
16 the court reporter the spelling of your
17 complete name. And if there's a lead
18 spokesman for the applicant, we would like
19 that individual to make the first
20 presentation. The remaining testimony will
21 be taken in order of the names on the
22 registration forms. And please hold any
23 questions until all testimony is presented.

24 If there is someone here from

1 the applicants that would like to speak
2 first, we will take that.

3 MR. CLOCH: Good morning. I can't
4 believe everyone made it here today. It's
5 kind of ugly outside.

6 My name is Brian Cloch. I'm
7 the CEO of Transitional Care Management.

8 I would like to thank everyone
9 for shoveling their way out of their
10 driveways to come to this public hearing
11 today. I know that my kids and I worked for
12 over five hours yesterday and got about half
13 of our driveway done. The other half is
14 going to be done this morning while they're
15 there now.

16 I'm excited to bring an
17 innovative positive care and services to
18 Arlington Heights. We are proposing to
19 construct a state-of-the-art facility
20 licensed by the Illinois Department of Public
21 Health as a skilled nursing facility.

22 This newly constructed
23 facility will have a look and feel of an
24 high-end hotel. There will be 100 private

1 suites with private bathrooms and showers and
2 ten units of allowing enough space for two.
3 While it may seem like a hotel or a wellness
4 spa, it will function as a medical facility
5 that specializes in providing short-term
6 rehab services to the people that are coming
7 directly out of the hospital that are just
8 not ready to go home.

9 When you look at the
10 demographics of this market, you can clearly
11 see why the State of Illinois determined that
12 an additional 800 beds, skilled nursing beds
13 were needed in this market. While there are
14 other fine facilities in the market, there
15 are none that were built and designed
16 specifically for the short-term state
17 population. There's no question that the
18 opening of this facility will provide much
19 needed access for a certain segment of our
20 population.

21 Transitional Care Center of
22 Arlington Heights will provide medically
23 supported care in a comfortable and
24 therapeutic environment. We've bridged the

1 gap between hospital and home with a healthy
2 balance of the finest in facilities,
3 treatment protocols and highly skilled care,
4 along with the comfort and convenience of a
5 non-institutional alternative setting. Think
6 of it as a rehabilitation with a holistic spa
7 of light flavor versus an institutional feel.

8 I'm also very excited about
9 bringing approximately 250 construction jobs,
10 as well as 185 new permanent jobs once the
11 building is completed. In this economy, no
12 one can disagree that we need this.

13 Thank you for the opportunity
14 to present this exciting project, and I look
15 forward to being a member of the community.
16 Thank you.

17 MS. AVERY: I'm going to just take
18 the first person on this sheet for testimony
19 which is David Zinn, Z-I-N-N.

20 MR. ZINN: Good morning.

21 My name is David Zinn,
22 Z-I-N-N. I come this morning as a private
23 Arlington Heights resident who a
24 year-and-a-half ago faced the need to find a

1 facility when I had to undergo cervical spine
2 surgery. Going into it, the surgeons
3 informed me that there was a 50/50 chance I
4 might have to wear a cast for up to 90 days.
5 As a divorced single father, my only option
6 for care coming out of the hospital would
7 have been a nursing facility. When I started
8 checking into them, I found out that they're
9 the type of nursing facilities typically
10 associated with nursing home, elderly
11 population.

12 As I searched around the
13 general area, I wanted to remain close
14 because I have a young son. And I was unable
15 to find anything of this nature, where you
16 could just go and there would be people -- I
17 was 49 at the time -- and you could go, get
18 your rehabilitative services and not be in a
19 nursing home environment. It's my
20 understanding that this project would offer
21 this sort of alternative. As I stand here
22 today, there is still a 50/50 chance that I
23 may need that surgery in the future. This
24 facility would allow me the opportunity to

1 actually have that type of facility in our
2 area, an alternative to the traditional
3 nursing home facility.

4 I'm not employed by any health
5 care facility. I'm actually a print
6 salesman. But when I saw the article, I
7 heard what was going on, I wanted to come in
8 and speak in favor of it. That's all.

9 MS. AVERY: Sara Glumm.

10 MS. GLUMM: Hi.

11 My name is Sara Glumm. It's
12 spelled G-L-U-M-M. I have been in the health
13 care business for over 35 years, and I have
14 worked mostly in hospitals and hospital based
15 skilled nursing facilities. I currently am
16 employed at a hospital that has a skilled and
17 an acute rehab unit.

18 I am here in my support for
19 Brian for this facility because working in a
20 hospital setting, we do find that there is a
21 need for this type of service that's out
22 there. We are seeing more and more baby
23 boomers who refuse to go to nursing homes,
24 therefore increasing willingness to stay on

1 the hospital side. And we're having
2 difficulty getting these people placed in
3 appropriate facilities. On the other side of
4 it, as a consumer, I, myself, would be
5 looking for this type of facility as we move
6 forward into our aging years.

7 So I am here to support the
8 project. And I've seen how these types of
9 facilities have benefited people in the
10 community. And I look forward to seeing this
11 in the local community, even though I do not
12 live in Arlington Heights. I do live in
13 Palatine. And so this will be my community
14 of choice for my health care services.

15 MS. AVERY: Michael Vick.

16 MR. VICK: Good morning.

17 My name is Michael Vick,
18 V-I-C-K. I am an Arlington Heights resident.
19 I have been an Arlington Heights resident for
20 12 years. My parents are Arlington Heights
21 residents and have been here for over 20. My
22 parents live not too far from the proposed
23 site. And I would have brought them here
24 today, but given the weather, I thought it

1 would be a better idea to leave them at home.

2 They're still shoveling.

3 I am in support of this
4 facility. The reason I'm in support of this
5 facility is it's a reason of choice, choice,
6 not competition. It is the consumer that
7 should be making a decision here, not
8 companies. And if my parents would have to
9 go to a facility like this, I would want it
10 to be in a transitional care where I know
11 that they weren't going to stay there a long
12 time, long term. And that's all I had to
13 say.

14 MS. AVERY: Thank you. Liana
15 Allison.

16 MS. ALLISON: My name is Liana
17 Allison, and I am a member of the Arlington
18 Heights Community. I do support this
19 project. I support it on behalf of myself.
20 These are the types of services I would want
21 should I ever need rehabilitation. At my
22 younger age, I would prefer not to be in a
23 nursing home. I also speak for my neighbors,
24 one of whom is having a double knee

1 recovering right now in a nursing home
2 setting, and he's not pleased with it. I
3 speak on behalf of my father who could have
4 chosen to stay in Arlington Heights for his
5 care but rather went to Chicago for services
6 so he could find a way to his liking. And I
7 speak on behalf of my friends with whom I've
8 shared this notion and who have told me that
9 they very much like the concept and could see
10 themselves using these types of services.

11 I think a transitional care
12 and this type of service would round out a
13 very fine compliment to medical services that
14 we offer in Arlington Heights, and that's why
15 I'm in favor it.

16 MS. AVERY: Thank you. Pat
17 O'Connor.

18 MS. O'CONNOR: Hi. My name is Pat
19 O'Connor, and I am a resident of the
20 northwest suburbs. I also oversee some of
21 the supportive living community, two of which
22 are in this area. And so I speak both
23 professionally and personally in support of
24 this project.

1 We're very excited for our
2 residents to have a choice of rehabbing in a
3 facility like this. Oftentimes our residents
4 go out, and nothing against the current rehab
5 situation, but it's sometimes very hard to
6 get them back home, back living with us. And
7 oftentimes, when they come back, they come
8 back and their health status has really
9 declined.

10 So we're really excited about
11 this opportunity. And I think, as Michael
12 said earlier, it gives people a choice to
13 rehab. And to transition is what we're all
14 about here. And that's what we believe in
15 the senior housing industry, as well, that,
16 you know, the more choices that people have,
17 the better the health care system. So we're
18 very much excited about this opportunity to
19 have this choice.

20 MS. AVERY: Thank you. Next we
21 have Dale Zaletel.

22 MR. ZALETEL: We're starting with
23 opposition?

24 MS. AVERY: Yes.

1 MR. ZALETEL: Good morning.

2 My name is Dale Zaletel,
3 Z-A-L-E-T-E-L. I'm the CEO for Lexington
4 Health Network, and I'm here today to oppose
5 this CON application for several reasons.

6 The first is it's apparent
7 that the intent of this CON application is to
8 operate a subacute or postacute skilled rehab
9 facility. They have indicated unequivocally
10 that they are not going to be providing
11 long-term care. They're going to have very
12 limited Medicaid access, if any. And there's
13 no doubt in our minds that they are looking
14 to leverage the reimbursement system, both
15 the Medicare and managed care.

16 This, for all intents and
17 purposes, is a rehab hospital. I think
18 they're circumventing the CON system under
19 the skilled nursing license to create a rehab
20 hospital in each market, and it needs to be
21 taken under CON advisement in the form of a
22 possible denial.

23 The second note is the
24 application states that there are clinical

1 services going to be offered by this facility
2 that are not being offered in our community
3 today, and that is totally inaccurate.
4 There's 19 nursing home facilities in that
5 market, many of which offer post acute care.
6 It's true that they're not new buildings and
7 they're not necessarily pretty, but many of
8 them are. The fact of the matter is the
9 services are being provided, just using my
10 own three facilities that are in this primary
11 market of Schaumburg, Streamwood and
12 Wheeling.

13 We provide post acute care.
14 We have all the rehab programs that they have
15 identified and then some. We have
16 specifically designed our programs for
17 whatever age that presents at our door, and
18 we've done that under the auspices of a
19 skilled nursing license while we have
20 maintained in service 65 percent of our
21 population that is Medicaid. So there's no
22 question that post acute care services in our
23 minds can be provided in a skilled nursing
24 setting.

1 The third point is that
2 they're using the 65-and-over population to
3 demonstrate bed need. Now, perhaps, by 2015,
4 the population will grow. But if you
5 understand post acute care today, the average
6 age in our facilities in this market is 79
7 years of age. It's not because we're out
8 looking for the elderly. The average age of
9 post acute patients tend to run from 80 to 90
10 year of age.

11 So, in order to make this CON
12 effective, they will have to take substantial
13 market share from the existing providers
14 already in the market. The financial
15 implications of that is significant. Just in
16 our three buildings alone, if I lose 10
17 average daily census to this facility, which
18 in all probability we would, that is 1.5
19 million dollars in lost revenue per year, all
20 of which is designed to help support and care
21 for the Medicaid population, which over 25
22 years of service, our company has never
23 denied Medicaid recipients the quality of
24 care that they deserve. So this is a

1 significant access issue.

2 My final point is this; if
3 you're going to run a hundred beds -- and
4 this is an operational reality. This is not
5 a hypothetical situation. I've been at this
6 business for 36 years. If you're going to
7 run a hundred beds post acute with an average
8 length of stay somewhere between 9 and 30
9 days, if I just use 30 days as an average,
10 that means that, for sure, they are going to
11 turn those beds, all hundred beds every
12 month, which means, to get that kind of
13 population in those beds, would require them
14 to expand their market share at least 20 to
15 30 miles wide.

16 When you do that, you start
17 bringing in patients and families from other
18 communities. And when you discharge them,
19 they're going to be discharged into the
20 community in which this facility resides,
21 because if you know post acute care, if you
22 have to go back to the hospital, you have to
23 go back to the 911 in which that facility's
24 hospital resides, which is Northwest.

1 They're not going to go back to their primary
2 care physician. They're not going to go back
3 to their hospital, and they're not going to
4 go back to their community.

5 And this is after they have
6 already depleted the services that are being
7 offered by the 19 competitors. And that
8 doesn't include the two active CONS.
9 Claremont, 150 beds, also pretty private,
10 all-the-amenities facility designed to do
11 nothing but post acute care, just opened.
12 Ashbury, 85 beds, is yet to open. There
13 isn't a bed need in this area. If there was
14 a bed need in this area, all 19 existing
15 nursing homes would not be running at 82
16 percent occupancy.

17 So, from our perspective,
18 there's a serious concern regarding Medicaid
19 access. When you talk about transferring out
20 prematurely, moving patients from their
21 communities and their physicians, there's a
22 real issue of continuity of care, and there's
23 a big issue with respect to the cost of
24 providing like services in nursing homes that

1 exist today. Thank you.

2 MS. AVERY: Terri Bowen.

3 MS. BOWEN: My name is Terri

4 Bowen. I'm the administrator of Lexington of

5 Schaumburg. We are a 214-bed licensed

6 facility which offers subacute rehab,

7 long-term care, hospice and tied-in services.

8 We offer unique programs in cardiac rehab,

9 orthopedics, wound care and pulmonary rehab.

10 Each of these programs are overseen by

11 specialty doctors from the area hospitals.

12 Cardiologists, pulmonologists,

13 wound care doctors all come out and round on

14 their patients to make sure that they provide

15 quality services. All elective and staff

16 undergo specific training on how to care for

17 these patients with their specialized needs.

18 In addition to the physicians, we have a

19 respiratory therapist, we have a physiatrist,

20 a nurse practitioner who meet with the

21 families regularly to address the patients'

22 needs.

23 Although an ultimate goal for

24 our subacute patients to return home, on

1 occasion, someone may require extended care.
2 In such cases, because we provide, not just
3 one level, but a continuum of care in one
4 facility, we can easily transition these
5 patients to an available long-term care bed.
6 For an elderly patient who has moved from the
7 home to the hospital to an extended care
8 facility, making another transition is very
9 difficult. It's unnecessary disruption of
10 their lives.

11 Lexington Health Care is able
12 to avoid such disruption by providing a
13 complete continuum of post acute care in one
14 location. In addition, we welcome all
15 categories of pay source. We're able to
16 serve a large number of the elderly in the
17 community, not just those who can pay
18 privately. Due to the aforementioned point,
19 I strongly believe there's no need for the
20 transitional care center.

21 The project is duplicative and
22 disruptive of continuity of care and
23 restrictive in terms of accepting payable
24 payor sources. From the short-term subacute

1 to extended care to hospice, Lexington's
2 facility has already provided services that
3 are being proposed by this new facility and
4 provide them in a high quality cost effective
5 and successful manner.

6 I respectfully request the
7 Board deny the application for permit. Thank
8 you.

9 MS. AVERY: Thank you. Roger
10 Paulsberg.

11 MR. PAULSBERG: Good morning.

12 My name is Roger Paulsberg,
13 P-A-U-L-S-B-E-R-G, and I am the chairman of
14 the Lutheran Home located at 800 West Oakton
15 Street in Arlington Heights. I'm also the
16 president and chief executive officer of
17 Lutheran Life Communities, an affiliate of
18 the Lutheran home. I have been deeply
19 involved in the management of the Lutheran
20 Home for over 20 years. In 1989, I became
21 the administrator of the Lutheran Home and
22 continued to serve in that capacity until
23 1990 when I became president.

24 And I'm here today to urge the

1 Illinois Health Facilities and Services
2 Review Board to deny the pending application
3 submitted by Transitional Care Center of
4 Arlington Height for a permit to construct a
5 new 120-bed skilled nursing facility in
6 Arlington Heights, Illinois.

7 The application for permit
8 submitted by Transitional Care Center states
9 that there is an absence of a facility
10 providing transitional care to residents of
11 Arlington Heights and surrounding
12 communities. This is simply not true. The
13 location for the facility Transitional Care
14 Center proposes to build is less than one
15 mile from the Lutheran Home which provides
16 transitional care services to hundreds and
17 hundreds of patients each year.

18 The Lutheran home was
19 established 1892 and has been providing
20 quality health care services to residents of
21 Arlington Heights for over one hundred years.

22 I also look forward to the
23 opportunity to show our Arlington Heights
24 residents that we are not just a nursing

1 home, that we do provide all different levels
2 of care. And I truly do invite you to come
3 to our facility and see exactly, again, that
4 we are not just a senior care nursing home.

5 Further, Transitional Care is
6 not a licensed level of care in Illinois.

7 Any facility that has Medicare certified beds
8 is licensed to provide transitional care.

9 Lutheran Home is licensed for 392 beds, 252
10 of which are Medicare certified beds. For
11 years, the Lutheran Home has been providing
12 transitional care to our residents of
13 Arlington Heights and the surrounding
14 communities.

15 Further, of the existing
16 facilities in the planning area defined by
17 the State of Illinois, there are eight
18 facilities, including the Lutheran Home, in
19 Wheeling township alone with a total of more
20 than 1100 Medicare certified beds available
21 to those in need of service. Based on the
22 most recently published cost reports made
23 available by the Illinois Department of
24 Public Health in 2009, there was an average

1 occupancy rate across all facilities in the
2 planning area of only 75 percent. The data
3 from these safe cost reports indicate that
4 there is in excess of 800 unoccupied beds in
5 the planning area.

6 With over 1100 Medicare
7 certified beds in the area and the average
8 census of only 75 percent and over 800
9 unoccupied beds, there is a surplus of
10 facilities and available beds in the planning
11 area to provide transitional care for area
12 residents. In fact, Transitional Care
13 Center's permit application projects that
14 within its first year of operations, the
15 proposed facility will only have an occupancy
16 rate of 75 percent which falls well below the
17 State of Illinois's standards for occupancy.

18 Further, Transitional Care
19 Center relies on a letter written by the
20 physician group which states that the
21 physician group could refer 650 patients to
22 Transitional Care Center for its skilled
23 nursing or rehab services. This is
24 problematic for three reasons. First, there

1 was no firm commitment on behalf of that
2 physician group to make such referrals to
3 Transitional Care Center. And second, the
4 Illinois Health Facilities and Services
5 Review Board's rules require that the
6 applicant be provided referral letters from a
7 hospital, not a physician group.

8 And lastly, the Illinois
9 Health Facilities and Services Review Board's
10 rules require that the referral letter attest
11 to the number of patients by zip code who
12 have received care at existing facilities
13 located in the area during the 12-month
14 period prior to submission of the
15 application. The letter from the physician
16 group merely states that the group has served
17 1145 patients but fails to include the zip
18 codes of such residents.

19 Based on these facts and the
20 deficiencies in Transitional Care Center's
21 application for permit, I respectfully ask
22 the Illinois Health Facilities and Services
23 Review Board to deny Transitional Care
24 Center's application for permit to construct

1 a new 120-bed skilled nursing facility in
2 Arlington Heights, Illinois. Thank you.

3 MS. AVERY: Laura Markley.

4 MS. MARKLEY: Good morning.

5 My name is Laura Markley, and
6 I represent Lexington Health Care Centers. I
7 would like to speak to you today about
8 quantity and quality of subacute and
9 rehabilitative care services being provided
10 to patients within our facilities.

11 The application for
12 Transitional Care Center states the proposed
13 services are not currently available in the
14 service area. This is false. Lexington
15 Health Care Centers, as well as numerous
16 other nursing homes in the area provide
17 high-end, skilled and subacute care for
18 patients with complex needs, multiple
19 diagnoses, chronic and acute, and patients
20 with high acuity and comorbidity levels of 3+
21 on the scale of low one to high four.

22 Lexington Health Care Centers
23 are meeting the needs of these patients at
24 the level above national industry standards

1 of care. Lexington Health Network has been
2 compiling, tracking and trending patient
3 clinical outcomes for the past two years. We
4 have been partnering and collaborating with
5 our referral sources, hospitals and
6 physicians to share these data which are
7 relative to their own outcome criteria. This
8 effort ensures the highest achievable level
9 of patient outcome, as well as working toward
10 new health care reform standards. We are
11 able to compile this information for general
12 skilled subacute population of patients.

13 In addition, we have specialty
14 programs, such as cardiac, pulmonary, wound
15 and stroke, and specific diagnosis care
16 programs, such as congestive heart failure,
17 pneumonia and sepsis.

18 The following indicators have
19 been compiled for the Lexington Health Care
20 Centers in Schaumburg, Streamwood and
21 Wheeling which are the three facilities
22 closest to the proposed project:

23 The average age of our skilled
24 subacute patient is 78.9 years of age. This

1 is in direct contrast to the age projection
2 of the applicant which includes all residents
3 age 65 and older. The average skilled
4 subacute stay ranges from 26 to 35 days
5 depending upon the diagnosis. The American
6 Health Care Association quality report
7 indicates an average length of stay of 33
8 days, not 10 to 14, for skilled subacute
9 cases. The return to hospital within 30 days
10 of admission rate for the three Lexington
11 facilities range from 6 to 19.5 percent.

12 There are no published
13 standards in the skilled subacute industry at
14 this present time. We, Lexington, utilize
15 the hospital industry standard that is
16 declared on hospital compare websites of 18
17 percent as a benchmark. So it can be seen
18 that our facilities are performing very well
19 under this indicator.

20 The three Lexington Health
21 Care Centers average an impressive 88 percent
22 community discharge rate. This rate measures
23 how many patients return to their prior place
24 of residency, home, assisted living and

1 independent living after the skilled subacute
2 stay. Again, the American Health Care
3 Association quality report indicates the
4 industry standards for this indicator is 39.5
5 percent.

6 Lexington Health Care, in
7 collaboration with our therapy provider, also
8 tracks FIM scores and ADLs. FIM scores are
9 the functional independent measurements and
10 activities of daily living. We have
11 demonstrated increases in all DRG groups from
12 point of admission to point of discharge.

13 In summary, then, Lexington
14 Health Care Centers are currently providing
15 high quality care to high acuity patients and
16 doing so without feeling the need to restrict
17 admissions to only the financially lucrative
18 segment of the population in need.

19 We respectfully request the
20 Board to acknowledge the more than adequate
21 existence of these services in the community
22 by denying the Transitional Care application
23 for permit.

24 And on a personal note, I

1 would absolutely prefer quality of care over
2 esthetics. Thank you.

3 MS. AVERY: Thank you. Bill
4 Hemmer.

5 MR. HEMMER: Good morning,
6 everyone.

7 My name is Bill Hemmer. I'm
8 the administrator of the Lutheran Home in
9 Arlington Heights. I'm here today to voice
10 my opposition of the application for permit
11 submitted to the Illinois Health Facilities
12 and Services Review Board by Transitional
13 Care Center of Arlington Heights to construct
14 a new 120-bed skilled nursing facility in
15 Arlington Heights, Illinois.

16 Transitional Care Center's
17 application states that it will not require
18 payers, Medicare, managed care or private
19 insurance, to subsidize long-term care
20 patients in a facility who are reimbursed by
21 lesser payers. My primary reason for
22 opposing the application submitted by
23 Transitional Care Center is that Transitional
24 Care Center's business model considers

1 Medicaid as a lesser payer by not including
2 it on a list of payers which apparently hopes
3 will be filling most of its beds.

4 While the applicant claims
5 elsewhere in its application to aspire from
6 the average daily census of 22 Medicaid
7 patients, such an aspiration is completely
8 inconsistent with the statement that
9 Medicare, managed care and private insurance
10 will not be required to subsidize long-term
11 care patients in a facility who are
12 reimbursed by lesser payers. It is not good
13 for the community to have a facility which
14 tends to exclude those patients who rely on
15 Medicaid or who have exhausted their
16 resources for receiving much needed care. It
17 is important that all facilities service all
18 constituents in their communities and not
19 look at Medicaid as a lesser payer.

20 Further, the Transitional Care
21 Center application states that it is a
22 superior facility, such as the Lutheran Home
23 and other existing facilities which combine a
24 mix of high acuity patients with long-term

1 indigent patients. The Lutheran Home is
2 proud that it has an average daily census of
3 approximately 80 Medicaid patients and treats
4 these Medicaid patients with the same level
5 of care and dignity as all other patients.

6 Additionally, the Lutheran
7 Home is proud of the charity care that it
8 provides to the residents of the area in
9 need. The Lutheran Home provides over 12.2
10 million dollars of charity care each year.
11 The residents at the Lutheran Home that
12 receive charity care are in no way
13 discernable from those who have the ability
14 to pay. They occupy the same private rooms
15 as all other residents and are treated with
16 dignity, grace and service like those who
17 have the financial capacity to pay. It is
18 not a good precedent for a community like
19 Arlington Heights to promote a facility which
20 tends to shun those patients who exhausted
21 their financial resources.

22 Transitional Care Center has
23 stated that it will focus on the high paying
24 patients and not retain them for the

1 long-term which they claim will give them a
2 competitive advantage. This means
3 Transitional Care Center will siphon the most
4 profitable patients away from the Lutheran
5 Home and other similar facilities. While
6 such an action might be beneficial to
7 Transitional Care Center, it does nothing for
8 the health of the community, and to the
9 contrary, it will weaken the Lutheran Home
10 and other providers in the area.

11 While Transitional Care Center
12 claims that it intends to have an average
13 daily census of 22 Medicaid patients, its
14 business model and other statements in its
15 pending application are completely contrary
16 to the stated intention. A typical patient
17 being discharged from the hospital for
18 transitional care is on Medicare and should,
19 in most cases, be discharged before
20 exhausting their Medicare days of skilled
21 nursing facility reimbursement, because most
22 patients being discharged from hospitals for
23 transitional care will be on Medicare.

24 And the proposed facility

1 projected 90 percent plus occupancy during
2 its second year of operation, most of its
3 Medicaid certified beds would be filled with
4 Medicare patients. There will be few beds
5 available for Medicaid patients, even if such
6 patients were to seek admission.

7 I urge the Illinois Health
8 Facilities and Services Review Board to deny
9 the application submitted by Transitional
10 Care Center as Transitional Care Center is
11 focused on only the high paying patients such
12 that it sets the dangerous precedent of
13 viewing Medicaid patients as undesirable and
14 also jeopardizes the Lutheran Home and other
15 facilities ability to continue to provide
16 generous amounts of charity care to patients
17 in need. Thank you very much.

18 MS. AVERY: Dr. Ted Homa.

19 DR. HOMA: My name is Ted Homa.
20 I'm a physician from Arlington Heights. I
21 started practicing in Arlington Heights in
22 1977. I'm board certified in internal
23 medicine. I have been practicing geriatrics,
24 and I'm a certified medical director. And I

1 have more than 40 years of experience, man
2 years experience as a medical director in
3 skilled nursing facilities.

4 I'm a member of a group that
5 has multiple primary care physicians. The
6 roots of the group go back at least 40 years
7 in our community. And I'm here today to urge
8 the Illinois Health Facilities and Services
9 Review Board to deny the application for a
10 permit submitted by Transitional Care Center
11 of Arlington Heights to construct the new
12 120-bed skilled facility in Arlington
13 Heights, Illinois.

14 The physicians in my group,
15 including myself of the Northwest Suburban
16 Physicians, are on staff at Northwest
17 Community Hospital. Some of us are on staff
18 at St. Alexius, and some of us are on staff
19 at Alexian Brothers Hospital. As part of
20 providing top quality care to our patients,
21 we regularly admit patients who are in need
22 of transitional care. We admit them to
23 skilled facilities throughout the area,
24 particularly the Lutheran Home, the Lexington

1 facilities and Manor Care in my personal
2 experience, but others, as well.

3 As a group, we have never had
4 an issue with availability of beds in these
5 facilities. These facilities have always
6 been able to accommodate our patients and
7 provide them with the quality of care they
8 deserve. I have personally witnessed over
9 the past decade the evolution of the care in
10 these facilities which were once long-term
11 care facilities and have evolved into clearly
12 subacute rehabilitation facilities for a
13 number of their certified beds.

14 In addition, given Northwest
15 Suburban Physicians' longstanding presence in
16 the community, we have been able to develop a
17 business model utilizing existing skilled
18 care facilities in which we are able to
19 provide our patients with critical continuity
20 of care. We make great efforts to safeguard
21 the information that comes from the hospital
22 and continue it in the subacute facility.
23 And then, when a patient is ready to leave,
24 we make great efforts to return that patient

1 to their primary care physician if it's not
2 us. And we make great efforts to be sure
3 that their primary care physicians understand
4 that we're not in the business of taking
5 their patients from them.

6 Our physicians and nurses
7 accomplish this continuity of care by
8 continuously making rounds at skilled care
9 facilities. I personally make rounds at one
10 of the facilities, the Lutheran Home, five
11 days a week. I have scheduled among my
12 partners to be at a Lexington facility one
13 out of five days of the week. And weekends
14 are devoted to rounds at additional
15 facilities.

16 Several of my partners have
17 similar schedules at other facilities. But I
18 am currently aware of the intensity of
19 medical service available both at the
20 Lexington facility in Wheeling and the
21 Lutheran Home in Arlington Heights by
22 personal experience and by sharing the
23 patient load there with my colleagues and my
24 group.

1 One of the benefits of using
2 existing skilled care facilities in the area
3 for transitional care is that if a patient
4 cannot fully recover, instead of having to
5 transfer the patient out for a second time,
6 they are able to stay in a separate section
7 or in a different level of care in a
8 long-term care facility who has skilled and
9 subacute beds. Multiple transfers can be
10 very disruptive to a patient and can affect
11 their recovery greatly.

12 Northwest Suburban Physicians
13 and I are concerned about business model
14 proposed by Transitional Health Care Center.
15 As a preliminary matter, Transitional
16 Center's assertion that there are no
17 facilities in the area that provide
18 transitional care is false, as mentioned by
19 multiple speakers today and has been my
20 experience in personal observation of the
21 Lutheran Home and the Lexington facilities
22 which I am very closely familiar.

23 As I mentioned, we have been
24 sending our patients for at least four

1 decades -- the group and their ancestors of
2 the group have been using skilled facilities
3 in the area for at least four decades. And
4 these facilities provide superb transitional
5 care, and they get the patients home to their
6 residence or to an appropriate destination
7 based on their condition when they're ready
8 to leave the transitional part of our
9 facilities.

10 For these reasons, I
11 respectfully ask the Illinois Health
12 Facilities and Services Review Board to deny
13 the application for a permit submitted by
14 Transitional Care Center.

15 MS. AVERY: James Holbrook.

16 MR. HOLBROOK: I'm James Holbrook,
17 H-O-L-B-R-O-O-K. I'm senior vice president
18 of corporate operations at Lutheran Life
19 Communities. I'm an affiliate of Lutheran
20 Home. And prior to my position with Lutheran
21 Life, I was the administrator for Lutheran
22 Home.

23 Good morning. Thank you for
24 the opportunity to testify today in

1 opposition for the pending application
2 submitted by Transitional Care Center of
3 Arlington Heights for a permit to construct a
4 new 120-bed skilled facility. I urge the
5 Illinois Health Facilities and Services
6 Review Board to denial Transitional Care
7 Center's application for permit because of
8 the negative impact such a new facility will
9 have on the jobs of employees at existing
10 facilities within the service area.

11 As many of you know, there's
12 an extreme shortage of health care
13 professionals all across the country.
14 Because of this shortage, any new positions
15 of Transitional Care Center will be likely
16 filled by existing health care professionals
17 in the area who are currently employed at the
18 Lutheran Home or other facilities within the
19 area and local hospitals.

20 Additionally, to the extent
21 that Transitional Care Center simply takes
22 patients away from the Lutheran Home and
23 other facilities in the area, there will not
24 be a net gain in jobs. Instead, jobs that

1 are created at Transitional Care Center will
2 be offset by a loss of jobs at Lutheran Home
3 and other facilities in the area.

4 In addition, Transitional Care
5 Center's proposed project will not have a
6 significant impact on the overall economy of
7 Arlington Heights. As a preliminary matter,
8 the real estate to be purchased by
9 Transitional Care Center is currently owned
10 by AT&T. Accordingly, the real estate
11 proposed to be purchased is already subject
12 to real estate taxes.

13 Additionally, while
14 Transitional Care Center claims its project
15 will create construction jobs when the
16 14-million-dollar facility is built, the
17 Lutheran Home is planning to renovate its
18 390-bed skilled nursing facility. Lutheran
19 Home's construction project cost will be more
20 than 40 million dollars. Since Transitional
21 Care Center opens and reduces the census, at
22 Lutheran Home, the ability of Lutheran Home
23 to finance such a project will be put at
24 risk, as well as construction jobs involved.

1 For these reasons, I
2 respectfully ask the Illinois Health
3 Facilities and Services Review Board to deny
4 Transitional Care Center's application for
5 permit. Thank you.

6 MS. AVERY: Thank you. Marie
7 Carlson.

8 MS. CARLSON: Good morning.

9 My name is Marie Carlson,
10 C-A-R-L-S-O-N, and I am the senior vice
11 president of corporate strategic development
12 at Lutheran Life Communities, an affiliate of
13 the Lutheran Home.

14 I'm here today to urge the
15 Illinois Health Facilities and Services
16 Review Board to deny the pending application
17 submitted by Transitional Care Center of
18 Arlington Heights for a permit to construct a
19 new 120-bed skilled nursing facility.

20 I've heard much talk today
21 about choice. And as an American consumer, I
22 want choice, too. But as we all know, choice
23 always comes with a cost. In this day and
24 age with escalating health care costs and a

1 national initiative to curve such costs, this
2 is something that, as a general public, we
3 cannot afford if we are not already using
4 what has been made available to us as
5 consumers. This will result in the plucking
6 of dollars out of an existing providing pool
7 to give to a new entrance.

8 Unlike the Transitional Care
9 Center, the Lutheran Home is organized as a
10 not-for-profit charitable organization. In
11 keeping with the Lutheran Home's charitable
12 mission, the Lutheran Home provides over 12
13 million dollars of support in charity care
14 each year to patients in need. A weakening
15 of our financial resources could negatively
16 impact its ability to continue to provide
17 charity care to patients who exhaust their
18 resources. Who will take care of these
19 people?

20 A weakening of its financial
21 resources will threaten the ability of the
22 Lutheran Home to continue to provide much
23 needed social services in the community, as
24 well. One community program that the

1 Lutheran Home currently provides is the very
2 essential Meals On Wheels which is jointly
3 funded by Wheeling Township. Over the past
4 six months alone, this program has delivered
5 over 7,000 meals to seniors, very frail
6 seniors in this area who may not otherwise
7 have had ready and affordable access to
8 healthy nutrition.

9 The recipients of the Meals On
10 Wheels program deserve to continue to receive
11 this valuable source of nutrition. In
12 addition to the benefits of the seniors in
13 the area, the Meals On Wheels program also
14 creates employment opportunity for area
15 residents.

16 So, in summary, a decline in
17 the occupancy rate of the Lutheran Home and
18 other existing communities in this area as a
19 result of additional beds to be constructed
20 by Transitional Care Center will weaken the
21 Lutheran Home's financial resources and
22 negatively impact the ability to participate
23 and provide the charity care to residents who
24 exhaust their resources and to continue the

1 Meals On Wheels program and other similar
2 community based programs in the area.

3 Due to the foregoing concerns
4 and potential negative impact on our
5 community, I respectfully request that the
6 Illinois Health Facilities and Services
7 Review Board deny the pending application for
8 permit submitted by Transitional Care Center.
9 Thank you.

10 MS. AVERY: Patricia Larson.

11 MS. LARSON: My name is
12 Dr. Patricia Larson. I'm an independent
13 infectious disease and wound consultant. I
14 have no real affiliation with any facility.
15 I have practiced in this area since 1979.
16 While I'm here maybe as a physician, I'm also
17 here as an independent citizen and the way
18 that I see some of these trends affecting me
19 as a 63-year-old physician and as a potential
20 patient in the future.

21 Recently, I've had
22 opportunities to work in the nursing home as
23 a physician that takes care of the sickest of
24 the sick as an infectious disease consultant.

1 I just found that my patients can
2 successfully go to our current existing
3 facilities and transition successfully
4 outward as patients. I can even testify to
5 that personally, as I've had a 91-year-old
6 mother just have open heart surgery. She was
7 among the sickest, and within two months, she
8 was returned to the community thanks to the
9 health care facilities here and the nursing
10 homes.

11 I have never found a problem
12 obtaining a bed for my patients. I am
13 shocked, as I now practice within the nursing
14 home setting, the quality of care and the
15 access that is available to my patients. But
16 I think I must express my greatest concern
17 when I see that one entity will own all
18 aspects of health care. The hospital, the
19 physicians, the nursing homes and the home
20 health setting, as a patient, that scares me
21 because I see one entity totally in control
22 of my destiny. And that's why I'm here
23 today. Thank you.

24 MS. AVERY: Thank you.

1 Everyone that signed the
2 yellow form, there's a couple that did not
3 write "in support" or "oppose" or "neutral".
4 So I'm going to make the assumption that if
5 you did not write "for" or "opposed", that
6 you're neutral on the project. Thank you.

7 Has everyone had an
8 opportunity to speak that would like to or
9 would anyone else like to address the public
10 hearing today? (No response.)

11 Okay. Well, I want to give
12 you some additional information regarding
13 your written comments. So, if you're
14 prepared to take this down, I'd greatly
15 appreciate it, or you can look on the
16 website.

17 This project is being
18 considered by the State Board at the May
19 10th, 2001, meeting. But that site has not
20 been determined. We're making some revisions
21 to the schedule. It will be that date, but
22 the site has not been determined at this
23 time. So check the website or call our
24 Springfield office, and you will get that

1 information.

2 You have until April 20th,
3 2011, to submit any additional written
4 comments. And those comments can be
5 submitted to my attention, Courtney Avery,
6 the Illinois Department of Public Health, 525
7 West Jefferson Street, 2nd Floor, Springfield
8 Illinois, 62761-0001. Or if you prefer to
9 fax your comments, they can be faxed to
10 (217)785-4111.

11 If there aren't any additional
12 comments or questions about where to submit
13 comments for the meeting date -- hearing
14 none -- we can adjourn. Thank you for coming
15 today.

16
17 (Wherein, the public hearing
18 concluded at 11:25 a.m.)

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CERTIFICATE OF REPORTER

I, Daphne G. Killam, Certified
Shorthand Reporter for the State of Illinois
do hereby certify that the public hearing was
taken down by stenographic means to the best
of my ability and thereafter reduced to
typewritten form under my direction.

Daphne Killam

DAPHNE G. KILLAM, CSR
License No. 084.004413

<p style="text-align: center;">A</p> <p>ability 34:13 36:15 43:22 45:16,21 46:22 51:8</p> <p>able 22:11,15 29:11 38:6,16,18 40:6</p> <p>about 2:14 7:12 9:8 15:10,14,18 20:19 28:7 40:13 44:21 50:12</p> <p>above 28:24</p> <p>absence 24:9</p> <p>absolutely 32:1</p> <p>accepting 22:23</p> <p>access 8:19 16:12 19:1 20:19 46:7 48:15</p> <p>accommodate 38:6</p> <p>accomplish 39:7</p> <p>accordance 3:11</p> <p>Accordingly 43:10</p> <p>account 2:12</p> <p>achievable 29:8</p> <p>acknowledge 31:20</p> <p>across 26:1 42:13</p> <p>Act 3:13 4:5 5:16</p> <p>action 35:6</p> <p>active 20:8</p> <p>activities 31:10</p> <p>actually 11:1,5</p> <p>acuity 28:20 31:15 33:24</p> <p>acute 11:17 17:5,13 17:22 18:5,9 19:7 19:21 20:11 22:13 28:19</p> <p>addition 21:18 22:14 29:13 38:14 43:4 46:12</p> <p>additional 8:12 39:14 46:19 49:12 50:3,11</p> <p>Additionally 34:6 42:20 43:13</p> <p>address 21:21 49:9</p> <p>adequate 31:20</p> <p>adjourn 50:14</p> <p>ADLs 31:8</p> <p>administrator 2:7 21:4 23:21 32:8 41:21</p> <p>admission 30:10 31:12 36:6</p> <p>admissions 31:17</p> <p>admit 37:21,22</p> <p>advantage 35:2</p> <p>advisement 16:21</p>	<p>affect 40:10</p> <p>affecting 47:18</p> <p>affiliate 23:17 41:19 44:12</p> <p>affiliation 47:14</p> <p>afford 4:6 45:3</p> <p>affordable 46:7</p> <p>mentioned 22:18</p> <p>after 6:11 20:5 31:1</p> <p>again 25:3 31:2</p> <p>against 15:4</p> <p>age 13:22 17:17 18:6,7,8,10 29:23 29:24 30:1,3 44:24</p> <p>aging 12:6</p> <p>ago 9:24</p> <p>Alexian 37:19</p> <p>Alexius 37:18</p> <p>allegations 4:9</p> <p>Allison 13:15,16,17</p> <p>allow 5:23 10:24</p> <p>allowing 8:2</p> <p>all-the-amenities 20:10</p> <p>alone 18:16 25:19 46:4</p> <p>along 9:4</p> <p>already 3:9 18:14 20:6 23:2 43:11 45:3</p> <p>alternative 9:5 10:21 11:2</p> <p>Although 21:23</p> <p>always 38:5 44:23</p> <p>American 30:5 31:2 44:21</p> <p>among 39:11 48:7</p> <p>amounts 36:16</p> <p>ancestors 41:1</p> <p>and/or 4:7</p> <p>another 22:8</p> <p>answer 2:10,13</p> <p>anyone 6:10 49:9</p> <p>anything 10:15</p> <p>apparent 16:6</p> <p>apparently 33:2</p> <p>applicant 6:18 27:6 30:2 33:4</p> <p>applicants 3:17,19 7:1</p> <p>application 2:16 5:2 16:5,7,24 23:7 24:2,7 26:13 27:15,21,24 28:11 31:22 32:10,17,22</p>	<p>33:5,21 35:15 36:9 37:9 41:13 42:1,7 44:4,16 47:7</p> <p>appreciate 49:15</p> <p>appropriate 5:9 12:3 41:6</p> <p>approximately 9:9 34:3</p> <p>April 5:1 50:2</p> <p>area 10:13 11:2 14:22 20:13,14 21:11 25:16 26:2 26:5,7,11,11 27:13 28:14,16 34:8 35:10 37:23 40:2,17 41:3 42:10,17,19,23 43:3 46:6,13,14 46:18 47:2,15</p> <p>Arlington 1:13,13 1:15 2:22,22 3:2,3 3:16,18,23,23 4:20,21,21 7:18 8:22 9:23 12:12 12:18,19,20 13:17 14:4,14 23:15 24:4,6,11,21,23 25:13 28:2 32:9 32:13,15 34:19 36:20,21 37:11,12 39:21 42:3 43:7 44:18</p> <p>around 5:8 10:12</p> <p>article 11:6</p> <p>Ashbury 20:12</p> <p>aspects 48:18</p> <p>aspiration 33:7</p> <p>aspire 33:5</p> <p>assertion 40:16</p> <p>assertions 4:9</p> <p>assisted 30:24</p> <p>associated 10:10</p> <p>Association 30:6 31:3</p> <p>assumption 49:4</p> <p>assure 5:11</p> <p>attention 50:5</p> <p>attest 27:10</p> <p>AT&T 43:10</p> <p>auspices 17:18</p> <p>authorization 5:22</p> <p>authorized 5:21</p> <p>availability 38:4</p> <p>available 22:5 25:20,23 26:10 28:13 36:5 39:19</p>	<p>45:4 48:15</p> <p>average 18:5,8,17 19:7,9 25:24 26:7 29:23 30:3,7,21 33:6 34:2 35:12</p> <p>Avery 2:4,6 9:17 11:9 12:15 13:14 14:16 15:20,24 21:2 23:9 28:3 32:3 36:18 41:15 44:6 47:10 48:24 50:5</p> <p>avoid 22:12</p> <p>aware 39:18</p> <p>away 35:4 42:22</p> <p>a.m 1:12 2:2 4:19 5:1 50:18</p> <hr/> <p style="text-align: center;">B</p> <p>baby 11:22</p> <p>back 15:6,6,7,8 19:22,23 20:1,2,4 37:6</p> <p>balance 9:2</p> <p>based 11:14 25:21 27:19 41:7 47:2</p> <p>bathrooms 8:1</p> <p>became 23:20,23</p> <p>bed 18:3 20:13,14 22:5 48:12</p> <p>beds 8:12,12 19:3,7 19:11,11,13 20:9 20:12 25:7,9,10 25:20 26:4,7,9,10 33:3 36:3,4 38:4 38:13 40:9 46:19</p> <p>before 35:19</p> <p>beginning 1:12</p> <p>behalf 2:10 13:19 14:3,7 27:1</p> <p>being 9:15 17:2,9 20:6 23:3 28:9 35:17,22 49:17</p> <p>believe 7:4 15:14 22:19</p> <p>below 26:16</p> <p>benchmark 30:17</p> <p>beneficial 35:6</p> <p>benefited 12:9</p> <p>benefits 40:1 46:12</p> <p>best 51:7</p> <p>better 13:1 15:17</p> <p>between 9:1 19:8</p> <p>Beuchner 1:14</p> <p>big 20:23</p> <p>Bill 32:3,7</p> <p>board 1:2,11 2:8,10</p>	<p>3:6 4:15,16 23:7 24:2 27:23 31:20 32:12 36:8,22 37:9 41:12 42:6 44:3,16 47:7 49:18</p> <p>Board's 5:12 27:5,9</p> <p>boomers 11:23</p> <p>both 14:22 16:14 39:19</p> <p>bought 29:15</p> <p>Bowen 21:2,3,4</p> <p>Brian 7:6 11:19</p> <p>bridged 8:24</p> <p>brief 6:6</p> <p>bring 7:16</p> <p>bringing 9:9 19:17</p> <p>Brothers 37:19</p> <p>brought 12:23</p> <p>build 24:14</p> <p>building 9:11</p> <p>buildings 17:6 18:16</p> <p>built 8:15 43:16</p> <p>business 11:13 19:6 32:24 35:14 38:17 39:4 40:13</p> <hr/> <p style="text-align: center;">C</p> <p>call 49:23</p> <p>capacity 23:22 34:17</p> <p>car 29:15</p> <p>cardiac 21:8 29:14</p> 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