12-049

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

RECEIVED
MAY 11 2012
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: **Manor Court of Carbondale**
Street Address:**2940 Westridge Place**
City and Zip Code: **Carbondale 62901**
County: **Jackson** Health Service Area: **V** Health Planning Area: **Jackson County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Jackson County Board**
Address: **1001 Walnut Street, Room 1, Murphysboro, Illinois 62966**
Name of Registered Agent:
Name of Chief Executive Officer: **John D. Evans**
CEO Address: **1001 Walnut Street, Room 1, Murphysboro, Illinois 62966**
Telephone Number: **(618) 687-7240**

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Charles H. Foley & Associates, Inc.**
Address: **1638 South MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **217-544-1551**
E-mail Address: jkniery@foleyandassociates.com
Fax Number: **217-544-3615**

Additional Contact

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

Name: **Ronald J. Wilson**
Title: **Chief Financial Officer**
Company Name: **RFMS, Inc.**
Address: **285 South Farnham Street**
Telephone Number: **309-343-1550**
E-mail Address: **rjwilson@rfmsinc.com**
Fax Number:

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: **Manor Court of Carbondale**		
Street Address:**2940 Westridge Place**		
City and Zip Code: **Carbondale 62901**		
County: **Jackson**	Health Service Area: **V**	Health Planning Area: **Jackson County**

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

Exact Legal Name: **Edwin Enterprises, LLC**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Name of Registered Agent: **Ronald J. Wilson**
Name of Chief Executive Officer: **Donald E. Fike**
CEO Address: **285 South Farnham Street, Galesburg, Illinois**
Telephone Number: **309-343-1550**

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Charles H. Foley & Associates, Inc.**
Address: **1638 South MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **217-544-1551**
E-mail Address: jkniery@foleyandassociates.com
Fax Number: **217-544-3615**

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

Name: **Ronald J. Wilson**
Title: **Chief Financial Officer**
Company Name: **RFMS, Inc.**
Address: **285 South Farnham Street**
Telephone Number: **309-343-1550**
E-mail Address: **rjwilson@rfmsinc.com**
Fax Number:

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: **Manor Court of Carbondale**
Street Address:**2940 Westridge Place**
City and Zip Code: **Carbondale 62901**
County: **Jackson** Health Service Area: **V** Health Planning Area: **Jackson County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **UDI #5, LLC**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Name of Registered Agent: **Michael Bibo**
Name of Chief Executive Officer: **Robert H. Wagner**
CEO Address: **285 South Farnham Street, Galesburg, Illinois**
Telephone Number: **309-343-1550**

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Charles H. Foley & Associates, Inc.**
Address: **1638 South MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **217-544-1551**
E-mail Address: jkniery@foleyandassociates.com
Fax Number: **217-544-3615**

Additional Contact

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

Name: **Ronald J. Wilson**
Title: **Chief Financial Officer**
Company Name: **RFMS, Inc.**
Address: **285 South Farnham Street**
Telephone Number: **309-343-1550**
E-mail Address: **rjwilson@rfmsinc.com**
Fax Number:

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: **Manor Court of Carbondale**
Street Address:**2940 Westridge Place**
City and Zip Code: **Carbondale 62901**
County: **Jackson** Health Service Area: **V** Health Planning Area: **Jackson County**

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

Exact Legal Name: **Unlimited Development, Inc.**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Name of Registered Agent: **Michael Bibo**
Name of Chief Executive Officer: **Robert H. Wagner**
CEO Address: **285 South Farnham Street, Galesburg, Illinois**
Telephone Number: **309-343-1550**

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Charles H. Foley & Associates, Inc.**
Address: **1638 South MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **217-544-1551**
E-mail Address: jkniery@foleyandassociates.com
Fax Number: **217-544-3615**

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

Name: **Ronald J. Wilson**
Title: **Chief Financial Officer**
Company Name: **RFMS, Inc.**
Address: **285 South Farnham Street**
Telephone Number: **309-343-1550**
E-mail Address: **rjwilson@rfmsinc.com**
Fax Number:

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: **Manor Court of Carbondale**
Street Address:**2940 Westridge Place**
City and Zip Code: **Carbondale 62901**
County: **Jackson** Health Service Area: **V** Health Planning Area: **Jackson County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Community Living Options, Inc.**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Name of Registered Agent: **Michael Bibo**
Name of Chief Executive Officer: **John M. Crock**
CEO Address: **285 South Farnham Street, Galesburg, Illinois**
Telephone Number: **309-343-1550**

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Charles H. Foley & Associates, Inc.**
Address: **1638 South MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **217-544-1551**
E-mail Address: jkniery@foleyandassociates.com
Fax Number: **217-544-3615**

Additional Contact

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

Name: **Ronald J. Wilson**
Title: **Chief Financial Officer**
Company Name: **RFMS, Inc.**
Address: **285 South Farnham Street**
Telephone Number: **309-343-1550**
E-mail Address: **rjwilson@rfmsinc.com**
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: **Barbie Moore, RN-BC**
Title: **Nursing Consultant**
Company Name: **RFMS, Inc.**
Address: : **285 South Farnham Street**
Telephone Number:
E-mail Address: **bmoore@ltcsupport.com**
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Edwin Enterprises, LLC**
Address of Site Owner: **285 South Farnham Street, Galesburg, Illinois 61401**
Street Address or Legal Description of Site: **2940 Westridge Place, Carbondale, IL 62901** **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: **UDI #5, LLC**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
☒ Substantive	☐ Part 1120 Not Applicable
☐ Non-substantive	☒ Category A Project
	☐ Category B Project
	☐ DHS or DVA Project

2. 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.

The Applicant's to this project are twofold. The Applicant of the existing facility, Rehab and Care Center – Jackson County, is the **Jackson County Board.** The Applicants to the proposed facility, Manor Court of Carbondale, will be **Edwin Enterprises, LLC** (ownership entity), **UDI #5, LLC** (operating/licensee entity), UDI #5's parent is **Unlimited Development, Inc.** (UDI) and UDI's parent is **Community Living Options, Inc.** (CLO). The operator's parental entities have control and as such are included as co-Applicants to the proposed project. It should be noted that **Jackson County Board** only is considered an Applicant for its existing facility and will have no control over Manor Court of Carbondale. When the replacement facility is completed and the last resident is transferred, that facility will be entirely discontinued and the County Board will cease to be a co-Applicant to the project leaving **Edwin Enterprises, LLC** and **UDI #5, LLC** and its related entities as the only co-Applicants to the project. It should also be noted that **Edwin Enterprises, LLC** and **UDI #5, LLC** and its related entities have no control over the existing Rehab and Care Center - Jackson County.

The **Jackson County Board,** through a proposal process, chose **Community Living Options, Inc.** (CLO) proposal as the best alternative for the County to exist as a long-term care provider and to continue to have all residents and staff cared for or accommodated. **CLO** put forth a proposal for the County facility to be discontinued once it had replaced the existing 178 bed facility with a 120 bed facility away from the existing Murphysboro site to the continuing care retirement campus site of Liberty Village of Carbondale, approximately 7 miles apart. Although the replacement facility for Rehab and Care Center – Jackson County, Manor Court of Carbondale will be considered as an establishment of a new facility as it is an off-site replacement. As such, the Applicant is proposing to establish 120 nursing care beds on its existing campus site which currently is home to a 58-unit independent living facility and 32 residential lots for independent living duplexes or villas, all which have been sold and built.

The proposed 120-bed Manor Court of Carbondale facility will have 65,345 gross square feet all on one floor. There will be 22 private rooms and 49 semi-private room accommodations available. Each room will have its own bath and shower.

This project is considered Substantive in accordance with the rules of 77 Illinois Administrative Code, Part 1110 of Subpart A, Section 1110.40. In addition, Sections I and II pertain to Jackson County Board's proposed discontinuation while Sections I, III, IV, VII, and VIII (Part 1120) address the proposed establishment of the replacement facility.

Project Costs and Sources of Funds

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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ 63,750	$ 11,250	$75,000
Site Survey and Soil Investigation	$ 8,500	$ 1,500	$10,000
Site Preparation	$ 21,250	$ 3,750	$25,000
Off Site Work			
New Construction Contracts	$ 9,301,338	$ 1,641,413	$10,942,750
Modernization Contracts			
Contingencies	$ 650,250	$ 114,750	$765,000
Architectural/Engineering Fees	$ 403,750	$ 71,250	$475,000
Consulting and Other Fees	$ 21,250	$ 3,750	$25,000
Movable or Other Equipment (not in construction contracts)	$ 612,000	$ 108,000	$720,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	$ 612,000	$ 108,000	$720,000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$ 11,694,088	$ 2,063,663	$13,757,750
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$ 11,694,088	$ 2,063,663	$13,757,750
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$ 11,694,088	$ 2,063,663	$13,757,750

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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:

The land was acquired in 1998.

Land acquisition is related to project ☐ Yes ☒ No

Purchase Price: $_____

Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service

☒ Yes ☐ No

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

Estimated start-up costs and operating deficit cost is $ 0.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **January , 2014**

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.

☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

☐ Cancer Registry

☐ APORS

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

☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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	$8,810,673	0	40,898	40,898	N/A	N/A	N/A
Living/Dining/Activity	$1,429,147	0	6,788	6,788	N/A	N/A	N/A
Kitchen/Food Service	$616,462	0	2,928	2,928	N/A	N/A	N/A
P.T./O.T.	$652,675	0	3,100	3,100	N/A	N/A	N/A
Laundry	$83,374	0	396	396	N/A	N/A	N/A
Janitor Closets	$37,055	0	176	176	N/A	N/A	N/A
Beauty/Barber Shop	$85,890	0	407	407	N/A	N/A	N/A
Baths/Toilets	$176,012	0	836	836	N/A	N/A	N/A
Total Clincal	$11,691,087	0	55,529	55,529	N/A	N/A	N/A
NON CLINICAL					N/A	N/A	N/A
Office/Administration	$271,176	0	1,288	1,288	N/A	N/A	N/A
Employee Lounge/ Locker/Training	$79,374	0	377	377	N/A	N/A	N/A
					N/A	N/A	N/A
Mechanical/Electrical	$36,423	0	173	173	N/A	N/A	N/A
Lobby	$67,794	0	322	322	N/A	N/A	N/A
Storage/Maintenance	$163,379	0	776	776	N/A	N/A	N/A
Corridor/Public Toilets	$1,448,517	0	6,880	6,880	N/A	N/A	N/A
Total Non-clinical	$2,066,663	0	9,816	9,816	N/A	N/A	N/A
TOTAL	$13,757,750	0	65,345	65,345	N/A	N/A	N/A

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. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **Incomplete**.

FACILITY NAME: Rehab & Care Ctr. – Jackson County			**CITY: Murphysboro**		
REPORTING PERIOD DATES:		**From: April 2011 to: March 2012**			
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	**178**	**87**	**44,487**	**-178**	**0**
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	**178**	**87**	**44,487**	**-178**	**0**

FACILITY NAME: Manor Care of Carbondale			**CITY: Carbondale**		
REPORTING PERIOD DATES:		**From: Not Established**			
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	**0**	**0**	**0**	**+120**	**120**
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	**0**	**0**	**0**	**+120**	**120**

CERTIFICATION

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

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

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

SIGNATURE

John D. Evans
PRINTED NAME

Jackson County Board Chair
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of April 2012

Michelle L. Tweedy
Signature of Notary

Seal
"OFFICIAL SEAL"
Michelle L. Tweedy
Notary Public, State of Illinois
My Commission Expires 08/05/2012

SIGNATURE

Frank Puttman
PRINTED NAME

Jackson County Rehab/Care Chair
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of April 2012

Michelle L. Tweedy
Signature of Notary

Seal
"OFFICIAL SEAL"
Michelle L. Tweedy
Notary Public, State of Illinois
My Commission Expires 08/05/2012

*Insert ~~EXACT legal name of the applicant~~

CERTIFICATION

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

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

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

Donald E. Fike	
SIGNATURE	SIGNATURE
Donald E. Fike	
PRINTED NAME	PRINTED NAME
Sole Manager	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 11th day of April, 2012	Notarization: Subscribed and sworn to before me this _____ day of _____
Verna J. Cox	
Signature of Notary	Signature of Notary
Seal: OFFICIAL SEAL VERNA J COX NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES AUGUST 19, 2015	Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of UDI #5, LLC* **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Robert H. Wagner
PRINTED NAME

President of Unlimited Development, Inc., its sole member/manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of April 2012

Signature of Notary

Seal

VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

SIGNATURE

Gordon Aulgur
PRINTED NAME

Secretary of Unlimited Development, Inc., its sole member/manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of April, 2012

Signature of Notary

Seal

VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

Robert H. Wagner
SIGNATURE

Robert H. Wagner
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2012

Verna J. Cox
Signature of Notary

Seal

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

Gordon L Aulgur
SIGNATURE

Gordon Aulgur
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2012

Verna J. Cox
Signature of Notary

Seal

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

SIGNATURE

John M. Crock
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2012

Signature of Notary

Seal

VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

SIGNATURE

John Thompson
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2012

Signature of Notary

Seal

VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION (This is only applicable to Jackson County Board)

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS (This section is only applicable Edwin Enterprises, LLC, UDI #5, LLC, UDI and CLO)

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

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

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

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

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

D) Provide the reasons why the chosen alternative was selected.

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

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

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

(This section is only applicable Edwin Enterprises, LLC, UDI #5, LLC, UDI and CLO)

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Nursing	65,345 (545 GSF/Bd)	435-713 GSF/Bd	>168 GSF/Bd	Yes

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

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	Nursing	40,150	91.7%	90%	Yes
YEAR 2	Nursing	39,420	90.0%	90%	Yes

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;

2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

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

I. Criterion 1110.1730 - General Long Term Care (This item has been repealed and replaced by Criterion 1125 – General Long Term Care)

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

Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ General Long Term Care		

2. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X				
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X			
1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X				
1110.1730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X			
1110.1730(b)(5) - Planning Area Need - Service Accessibility	X				
1110.1730(c)(1) - Description of Continuum of Care				X	
1110.1730(c)(2) - Components				X	
1110.1730(c)(3) - Documentation				X	
1110.1730(d)(1) - Description of Defined Population to be Served					X
1110.1730(d)(2) - Documentation of Need					X
1110.1730(d)(3) - Documentation Related to Cited Problems			X		
1110.1730(e)(1) - Unnecessary Duplication of Services	X				
1110.1730(e)(2) - Maldistribution	X				
1110.1730(e)(3) - Impact of Project on Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		

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

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

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

13,757,750	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
13,757,750	**TOTAL FUNDS AVAILABLE**	

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability – NOT APPLICABLE

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

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

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

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

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

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

B. Conditions of Debt Financing (ALL CASH PROJECT, NO DEBT FINANCING – Not Germane)

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. $ (A x C)	Mod. $ (B x E)	
	New	Mod.	New	Circ.*	Mod.	Circ.*			
Nursing	167.46		65,345				10,942,750		10,942,750
Contingency	11.70		65,345				765,000		765,000
TOTALS	179.16		65,345				11,707,750		11,707,750

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS: (LONG TERM CARE PROJECT – Not Germane)

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	30-34
2	Site Ownership	35-37
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	38-41
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	42-45
5	Flood Plain Requirements	46-47
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	55-111
11	Background of the Applicant	112-178
12	Purpose of the Project	179-233
13	Alternatives to the Project	234-241
14	Size of the Project	242
15	Project Service Utilization	243-249
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	250-384
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	385-443
40	Financial Waiver	444-446
41	Financial Viability	
42	Economic Feasibility	447-454
43	Safety Net Impact Statement	
44	Charity Care Information	455-458

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Applicant Identification

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

There are two sets of Applicants to this Certificate of Need. First, Jackson County Board is the owner and operator of the EXISTING, Rehab and Care Center – Jackson County. The second set will be **Edwin Enterprises, LLC** (ownership entity), **UDI #5, LLC** (operating/licensee entity), UDI #5's parent is **Unlimited Development, Inc.** (UDI) and UDI's parent is **Community Living Options, Inc.** (CLO). The operator's parental entities have control and as such are included as co-Applicants to the proposed project. It should be noted that **Jackson County Board** only has control of Rehab and Care Center – Jackson County. Manor Court of Carbondale's, control lies with **Edwin Enterprises, LLC** and **UDI #5, LLC** and its parental entities. When the replacement facility is completed and the last resident is transferred, the existing facility will be entirely discontinued and the County Board will cease to be a co-Applicant to the project leaving **Edwin Enterprises, LLC** and **UDI #5, LLC** and its related entities as the only co-Applicants to the project.

The Jackson County Board is a governmental entity and as such it does not have a Certificate of Good Standing. Edwin Enterprises, LLC , UDI #5, LLC, UDI, and CLO all have Illinois Certificates of Good Standing and each is appended in **ATTACHMENT-1A.**

ATTACHMENT-1

File Number 0014129-1

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

EDWIN ENTERPRISES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 14, 1997, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* APRIL *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1211002626

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

ATTACHMENT-1A

File Number 0123703-9

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

UDI #5, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 12, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1211002644

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* APRIL *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 5887-542-2

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

UNLIMITED DEVELOPMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 17, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1212101544

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* APRIL *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 5190-872-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COMMUNITY LIVING OPTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 19, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* APRIL *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1211002674

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

ATTACHMENT-1A

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED II)

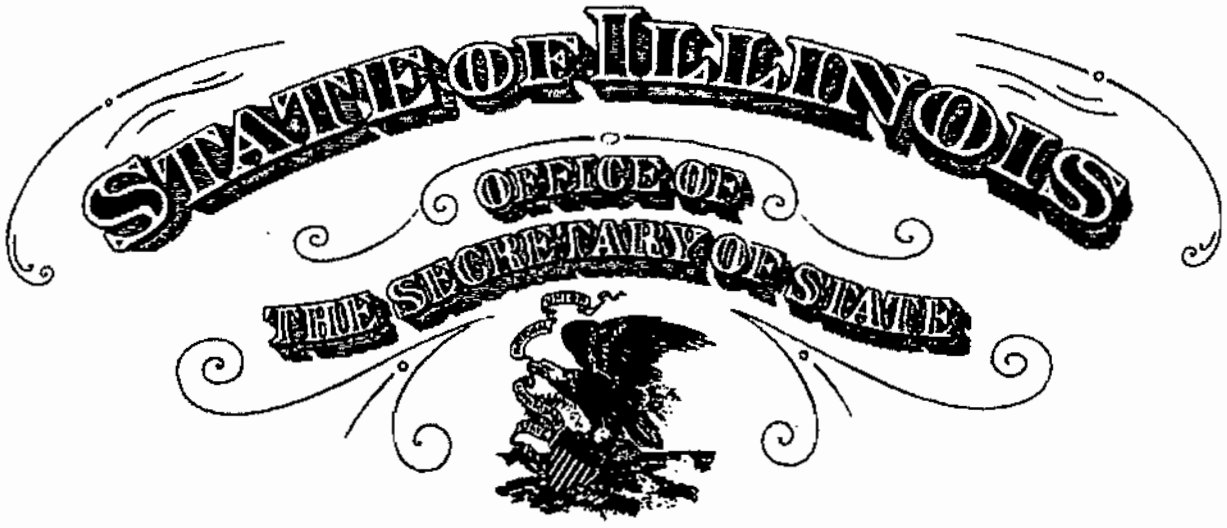
Site Ownership

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

Edwin Enterprises, LLC is the owner of the site. The Certificate of Good Standing is appended as **ATTACHMENT-2A**. A copy of the property tax statement showing ownership is appended as **ATTACHMENT-2B**.

ATTACHMENT-2

File Number 0014129-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

EDWIN ENTERPRISES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 14, 1997, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1211002626

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* APRIL *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT - 2A

MONDAY - FRIDAY PHONE: 618-687-7350

INDEX NUMBER	PARCEL NUMBER	CLASS CODE	2010 PAYABLE 2011	TAX CODE
15-18-376-028		0062		1002

Taxing Body	Prior Year Rate	Prior Year Amount	Current Rate	Current Amount	Pension Amount
ackson County	1.30888	$154.95	1.36811	$165.49	$26.05
arbondale Township	0.22748	$26.93	0.23583	$28.11	$2.67
arbondale City	0.00000	$0.00	0.26436	$31.51	$31.51
arbondale Park Dst	0.45558	$53.93	0.48678	$58.03	$7.94
outhern Illinois Airport	0.09207	$10.90	0.20716	$24.70	$1.90
chool #95	3.08072	$364.70	3.23691	$385.87	$10.56
chool #165	1.90722	$225.78	2.03205	$242.24	$11.36
ogan College	0.54132	$64.08	0.55289	$65.92	$1.64
arbondale Rd & Bridge	0.08789	$10.40	0.09113	$10.86	$0.00
arbondale Library	0.26892	$31.83	0.27824	$33.17	$0.00

Lot 17

TAX DISTRICT PENSION AND SOCIAL SECURITY TAX AMOUNTS ARE INCLUDED IN ABOVE CURRENT TAX.

Totals	7.97008	$943.50	8.77356	$1,045.90	$93.63

PAYMENT INSTRUCTIONS

X BILLS MAY BE PAID BY MAIL, AT THE COUNTY TREASURER'S OFFICE IN THE COUNTY URTHOUSE, OR AT ANY COUNTY BANK. PLEASE BRING OR SEND, THE APPROPRIATE COUPON, R 2. YOUR CHECK IS YOUR RECEIPT.

MAKE CHECKS PAYABLE TO: JACKSON COUNTY TREASURER
COURTHOUSE - 1ST FLOOR
P.O. BOX 430
MURPHYSBORO, IL 62966-0430

1ST DUE DATE	09/06/2011	2ND DUE DATE	10/06/2011
1ST INSTALLMENT		2ND INSTALLMENT	
INTEREST	COSTS	INTEREST	COSTS
FIRST INSTALLMENT PAID		SECOND INSTALLMENT PAID	
AMOUNT COLLECTED		AMOUNT COLLECTED	

to Address

wner's Name
DWIN ENTERPRISES LLC

gal Description
ROM 15-18-376-002
OT 17 LIBERTY VILLAGE SECTION ONE
83 AC 18-8-1
C 2 SL 89

ue Dates: Taxes may be paid in 2 installments or they may be paid in full If paid by the first due date.

TIF BASE	N/A
1977 EQUALIZED	
SAF BASE	
TOWNSHIP FACTOR	1.0070
FAIR CASH VALUE	35,763
TOTAL ACRES	2.63
LAND VALUE	11,921
+ BUILDING VALUE	0
HOME IMPROVEMENT	0
= ASSESSED VALUE	11,921
x STATE MULTIPLIER	1.0000
= EQUALIZED VALUE	11,921
- OWNER OCCUPIED	0
- SR HOMESTEAD XMPT	0
- SAF/VET/FRAT	0
- DISABLED EXEMPTION	0
- RETURN VET XMPT	0
+ FARM LAND	0
+ FARM BUILDING	0
=NET TAXABLE VAL	11,921
x TAX RATE	8.77356
= CURRENT TAX	$1,045.90
+ DRAINAGE	$0.00
+ BACK TAX	$0.00
- ENTERPRISE ZONE	$0.00
= TOTAL TAX DUE	$1,045.90
- TOTAL TAX PAID	$0.00
= TOTAL TAX DUE	$1,045.90

TOTAL

6625

MAKE CHECKS PAYABLE TO: JACKSON COUNTY TREASURER
COURTHOUSE - 1ST FLOOR
P.O. BOX 430
MURPHYSBORO, IL 62966-0430

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR	BACK TAXES	PARCEL NUMBER
2010	$0.00	15-18-376-028
E DATE	FIRST INSTALLMENT	AMOUNT PAID
09/06/2011	$522.95	

1

EDWIN ENTERPRISES LLC
285 S FARNHAM ST
GALESBURG IL 61401-0000

☐ CHECK ☐ CASH

MAKE CHECKS PAYABLE TO: JACKSON COUNTY TREASURER
COURTHOUSE - 1ST FLOOR
P.O. BOX 430
MURPHYSBORO, IL 62966-0430

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR	BACK TAXES	PARCEL NUMBER
2010		15-18-376-028
DUE DATE	SECOND INSTALLMENT	AMOUNT PAID
10/06/2011	$522.95	

2

EDWIN ENTERPRISES LLC
285 S FARNHAM ST
GALESBURG IL 61401-0000

☐ CHECK ☐ CASH 1,045.90

ATTACHMENT-2B

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED III)

Operating Identity/Licensee

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

Jackson County Board is the also the operator of Rehab and Care Center – Jackson County. Upon completion of this project this facility will be discontinued and **Jackson County** will no longer be an operating entity or a co-Applicant. **UDI #5, LLC** is the operating entity of the proposed establishment of Manor Court of Carbondale, which is the replacement facility for Rehab and Care Center – Jackson County. Its Certificate of Good Standing is appended as **ATTACHMENT-3A**. It should be known that this entity is solely owned by **Unlimited Development, Inc,** (hereafter referred to as **UDI**) an Illinois Not-for-Profit who is solely owned by **Community Living Options, Inc.** (hereafter referred to as **CLO**) an Illinois Not-for-Profit. Illinois Certificates of Good Standing for UDI and CLO are also appended in **ATTACHMENT-3A**.

File Number 0123703-9

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

UDI #5, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 12, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1211002644

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* APRIL *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

File Number 5887-542-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

UNLIMITED DEVELOPMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 17, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* APRIL *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1212101544

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

ATTACHMENT - 3A

File Number 5190-872-4

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COMMUNITY LIVING OPTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 19, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1211002674

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* APRIL *A.D.* 2012

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED IV)

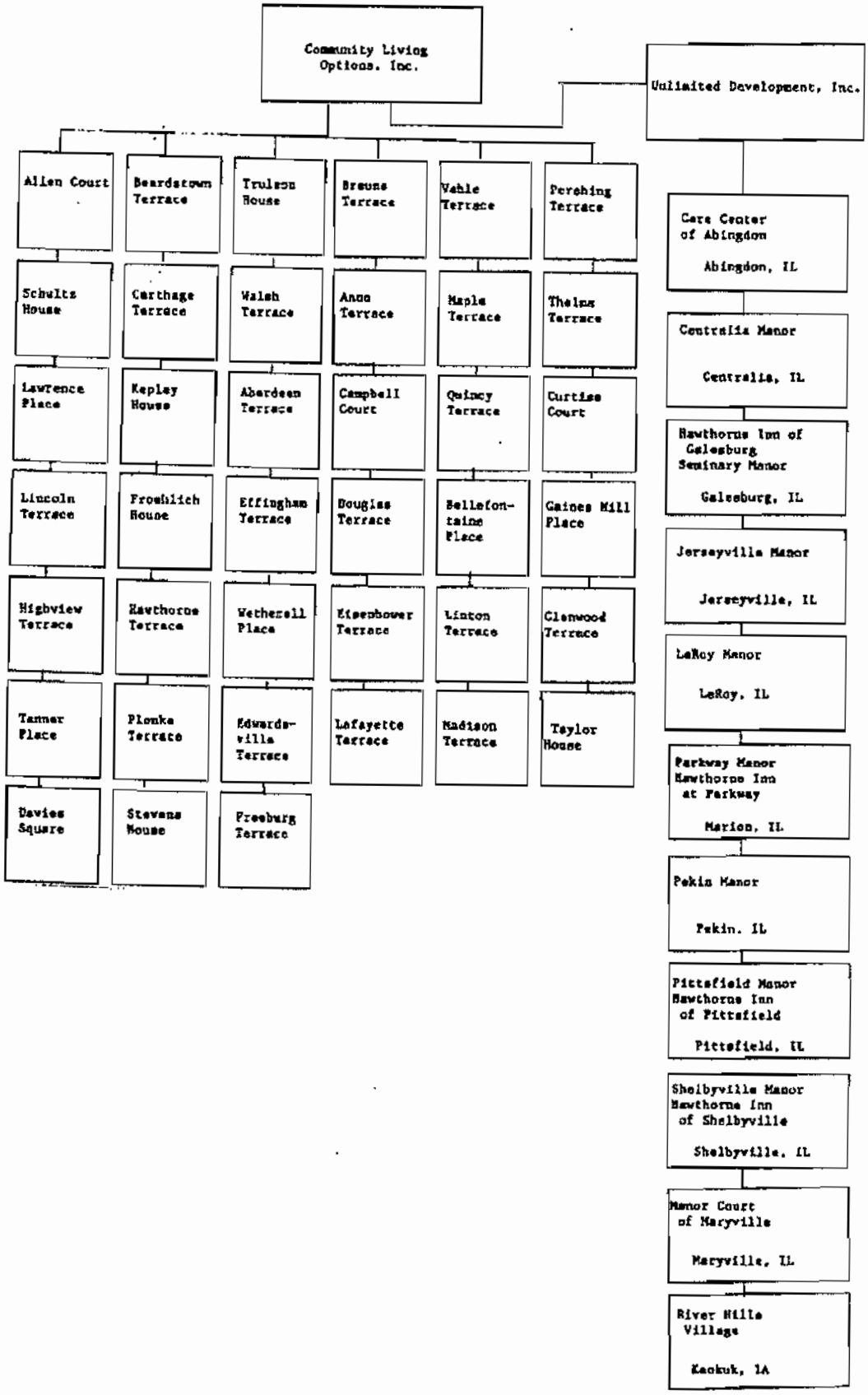
Organizational Relationships

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

For Rehab and Care Center – Jackson County, the only related entity is the **Jackson County Board**. The **Jackson County Board** does not own or operate any other licensed long-term care facilities.

The proposed facility, Manor Court of Carbondale, is owned by **Edwin Enterprises, LLC** and operated by **UDI #5**. Appended as **ATTACHMENT-4A,** are the organizational charts for each, **UDI #5** and **Edwin Enterprises, LLC**. Additionally, there are related facilities that are disclosed in the appended organizational charts.

ATTACHMENT-4



ATTACHMENT-4A

Community Living Options, Inc.

Community Living Options, Inc., and its subsidiary – Unlimited Development, Inc. – are governed by a separate Board of Directors. Two distinct operating divisions are used to segregate the operations of group homes for the adult Developmentally Disabled and campuses developed for the geriatric populations, to include Independent Living, Assisted Living, and Skilled Nursing services.

DD Subsidiary Division

Community Living Options, Inc.

Geriatric Subsidiary Division

Unlimited Development, Inc.

- UDI #1, LLC
- UDI #2, LLC
- UDI #3, LLC
- UDI #4, LLC
- UDI #5, LLC
- UDI #6, LLC
- UDI #7, LLC
- UDI #8, LLC
- UDI #9, LLC
- UDI #10, LLC
- UDI #11, LLC

Geriatric Facility Real Estate Subsidiaries

Elko Ruby Vista, LLC
Ocala 33rd Avenue, LLC
Centralia East McCord, LLC
Galesburg North Seminary, LLC
Jerseyville North State, LLC
LeRoy South Buck, LLC
2245 Seminary Street, LLC
Shelbyville Route 128, LLC
Marion Williamson County Parkway, LLC
Pittsfield Lowry, LLC
Pekin El Camino, LLC

ATTACHMENT-4A

Note 1. Nature of Business

Edwin Enterprises, LLC (hereafter the Company or Edwin), located in Galesburg, Illinois, leases long-term care, retirement and assisted living facilities to unrelated nonprofit organizations for operation of its facilities. The Company also develops lots and constructs retirement villas to be sold upon completion to individuals.

The Company's wholly-owned subsidiary, Hawthorne Inn of Lakeland, LLC (hereafter Lakeland), leases an assisted living facility to an unrelated nonprofit company for the operation of its facility in Lakeland, Florida.

The Company's wholly-owned subsidiary, The Highlands of Fallon, LLC (hereafter Fallon), leases a skilled nursing facility to an unrelated nonprofit company.

The Company's subsidiary, Hawthorne Healthcare of Greenville, LLC (hereafter Greenville), holds property for future development in Utica, Illinois.

During the year ended December 31, 2009, the Company became the sole member of two new limited liability companies, Surrey Place Ocala Independent Living Center, LLC (hereafter Ocala) and Sarasota Senior Living, LLC (hereafter Sarasota). These entities were formed for the purpose of owning and eventually leasing an independent living facility and a skilled nursing facility, that are currently being developed as described in Note 6.

The Company and its subsidiaries are organized as Limited Liability Companies under respective operating agreements. The following schedule reflects the latest date each limited liability company is to dissolve:

Entity	Date of Operating Agreement	Date of Dissolution
Edwin Enterprises, LLC	February 10, 1998	September 30, 2020
Hawthorne Healthcare of Greenville, LLC	February 17, 1998	February 1, 2025
Hawthorne Inn of Lakeland, LLC	June 9, 2000	September 30, 2020
The Highlands of Fallon, LLC	October 13, 2003	Perpetual
Surrey Place Ocala Independent Living Center, LLC	March 9, 2009	Perpetual
Sarasota Senior Living, LLC	August 12, 2009	Perpetual

Members may be required to make additional capital contributions, determined by members holding a majority of voting rights, to meet reasonably necessary expenses and obligations of the Company. Members may also be required to personally guarantee loan obligations of the companies in proportion to the members' respective equity interests in the companies.

Note 2. Significant Accounting Policies

Principles of consolidation: The consolidated financial statements include the accounts of the Company and its subsidiaries. The subsidiaries include Surrey Place Ocala Independent Living Center, LLC; Sarasota Senior Living, LLC; Hawthorne Inn of Lakeland, LLC and The Highlands of Fallon, LLC; all wholly-owned subsidiaries, and Hawthorne Healthcare of Greenville, LLC, which the Company is a 90% equity member and therefore has a controlling interest in this entity. The subsidiaries allocate profit or loss in accordance with each member's ownership percentage. All material intercompany balances and transactions have been eliminated in consolidation.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED V)

Flood Plain Requirements

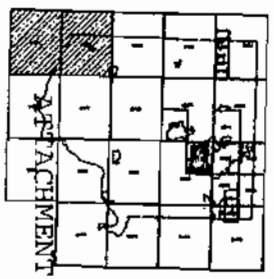
Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain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

The proposed project is an addition of skilled beds by new construction on the existing Liberty Village's retirement campus. A map identifying that the area is not within a special flood zone area is appended as **ATTACHMENT-5A**.

ATTACHMENT-5

NOTES TO USERS

PANEL INDEX



ATTACHMENT - 5A

Subject site

LEGEND

NFIP NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE M

JACKSON COUNTY, ILLINOIS

AND INCORPORATED AREA

PANEL 335 OF 475

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED VI)

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A** is a letter from the Applicant to Ms. Anne E. Haaker, Deputy State Historic Preservation Officer from the Illinois Historic Preservation Agency requesting a determination that no historic, architectural or archaeological sites exist within the project area. Upon receipt of this determination, it will be forwarded immediately.

ATTACHMENT-6

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

SENT VIA U.S. MAIL

May 3, 2012

Anne E. Haaker
Deputy State Historic Preservation Officer
Illinois Historic Preservation Agency
Preservation Service Division
Old State Capitol
Springfield, Illinois 62701

Re: Manor Court of Carbondale

Dear Ms. Haaker:

The Applicants are proposing to replace Rehab & Care Center-Jackson County (a 178 bed licensed nursing care facility) located at 1441 North 14th Street, Murphysboro, Illinois 62966 with a 127 skilled nursing bed facility to be located on the campus of Liberty Village of Carbondale at 2940 Westridge Place, Carbondale, Illinois 62901.

The required information is as follows:

a. General project address: 2940 Westridge Place, Carbondale, Illinois 62901

b. Map indicating project location: See attached.

c. Photographs of any standing building/structures within the project area: See attached.

d. Addresses for buildings/structures if present;

Liberty Village – 2950 Westridge Place
Villas – Each individual Villa has its own address

e. Total acres of project: 2.84 acres

f. Other State Agencies involved: Illinois Department of Public Health.

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

Sincerely,

Gina M. Kniery

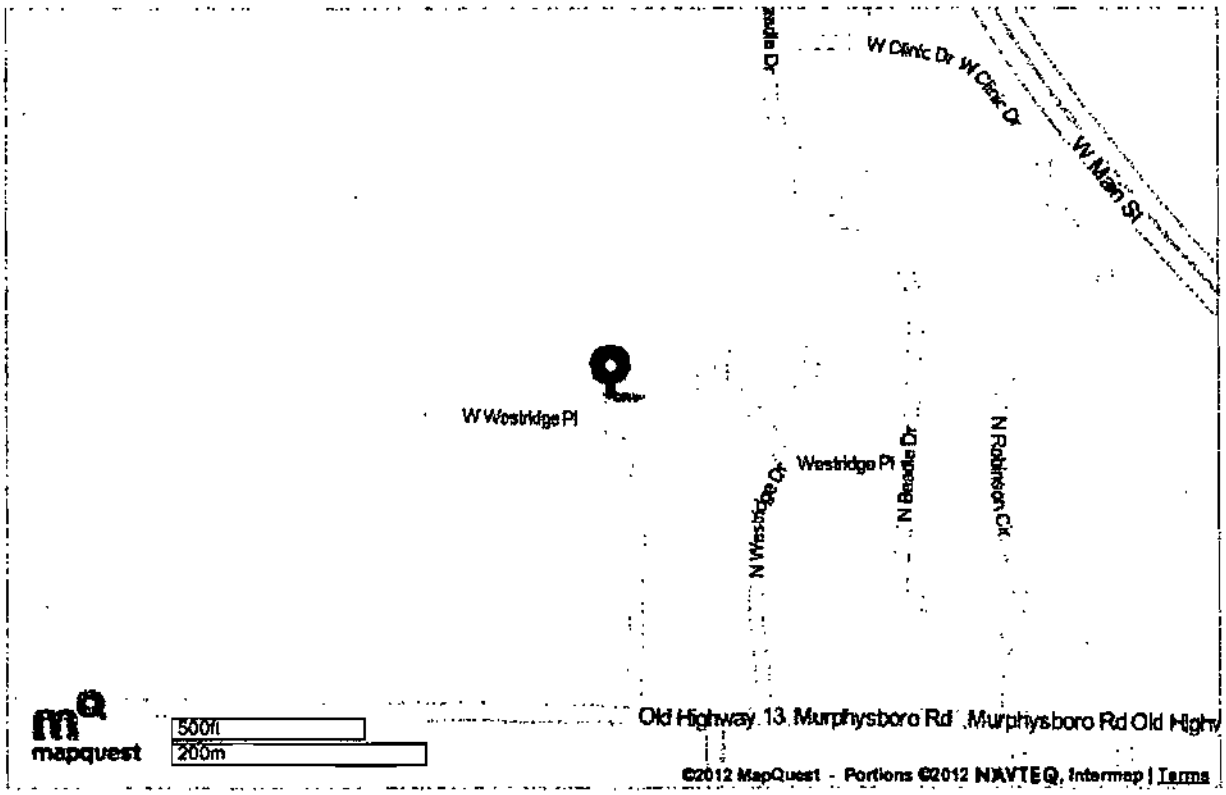
Enclosures

ATTACHMENT - 6A

mapquest

Map of:
2940 Westridge Pl
Carbondale, IL 62901-1082

Notes



©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

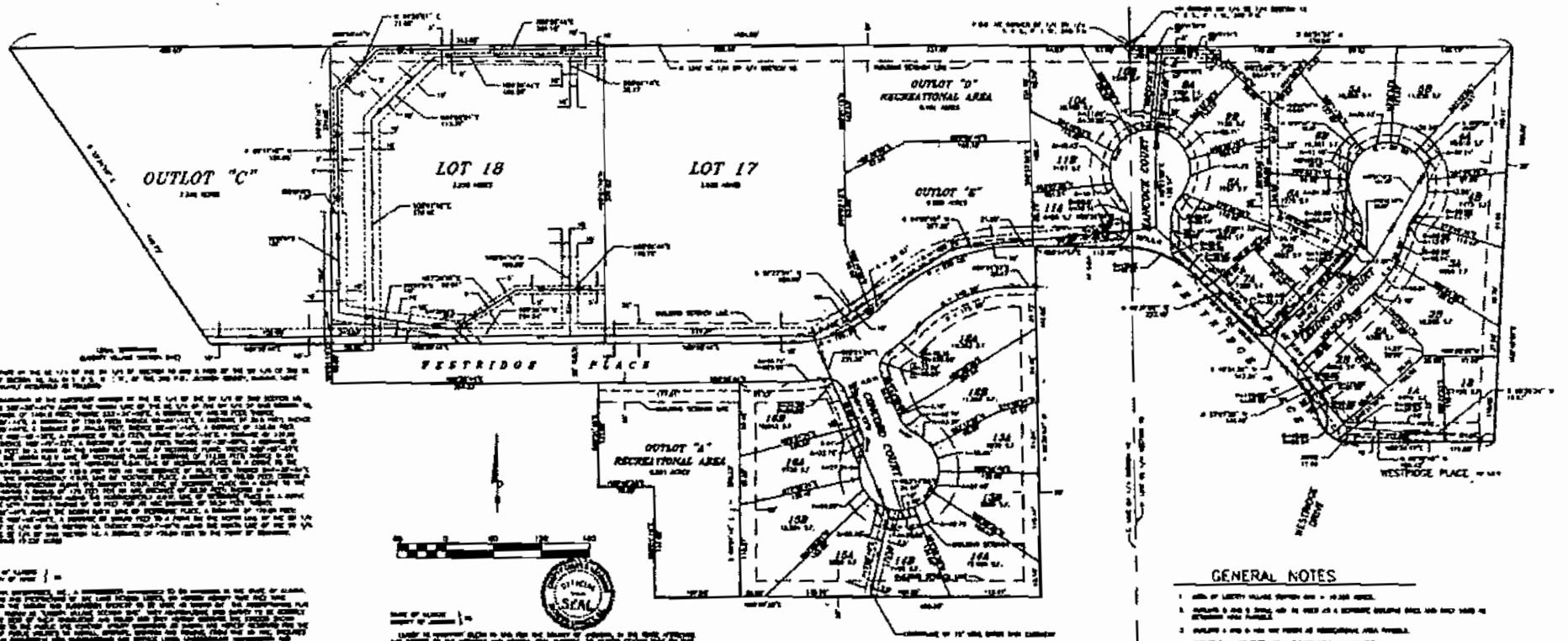
ATTACMENT-6A

FINAL PLAT

FOR

LIBERTY VILLAGE SECTION ONE

A SUBDIVISION PART OF THE SE 1/4 AND THE SW 1/4 OF SECTION 18 AND A PART OF THE SW 1/4 OF THE SE 1/4 OF SECTION 18, ALL IN TOWNSHIP 9 SOUTH, RANGE 1 WEST OF THE THIRD PRINCIPAL MERIDIAN, JACKSON COUNTY, ILLINOIS



GENERAL NOTES

LEGEND

RECORDED PLAT RECORD 2 PAGE 81

52

ATTACHMENT - 6A

The Villas: Independent Living

Experience an active lifestyle at The Villas. Enjoy time for a leisurely pace of life without the constant worry of maintaining your home.

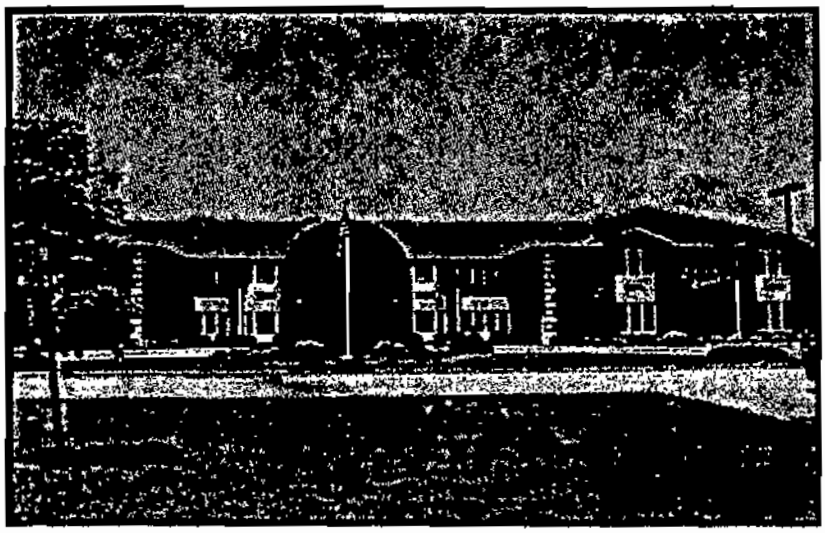
Enjoy more time to travel: Visit with friends and relatives anytime, anywhere, without having to worry about your home.

- ***The unique features of The Villas include:***
- The benefits of single-family home ownership
- Spacious floor plans
- Full-size kitchens
- Walk-in closets
- First priority status for admission to Retirement Apartments
- 2 car attached garage
- Maintenance free exterior
- Social events
- Lawn care
- Snow removal

Liberty Village of Carbondale

2950 Westridge Place
Carbondale, IL
618-351-6557
www.simplythefinest.net

ATTACHMENT-6A



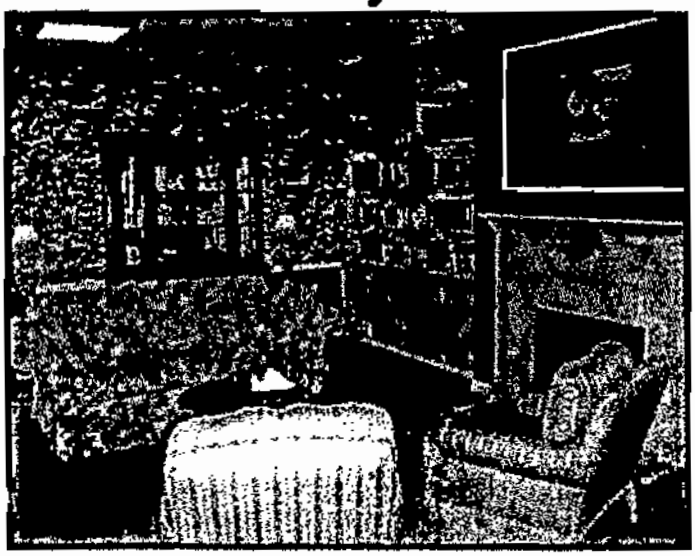
Liberty Village of Carbondale

Experience Independent Living in our spacious apartments.

A representative of the Estates will be happy to answer any questions that you may have and give you a personal tour to assist in your selection of an apartment.

For More Information ...

Call Today!



Included in the month-to-month rent are:

- **two meals a day**
- **Weekly housekeeping**
- **complete building and grounds maintenance**

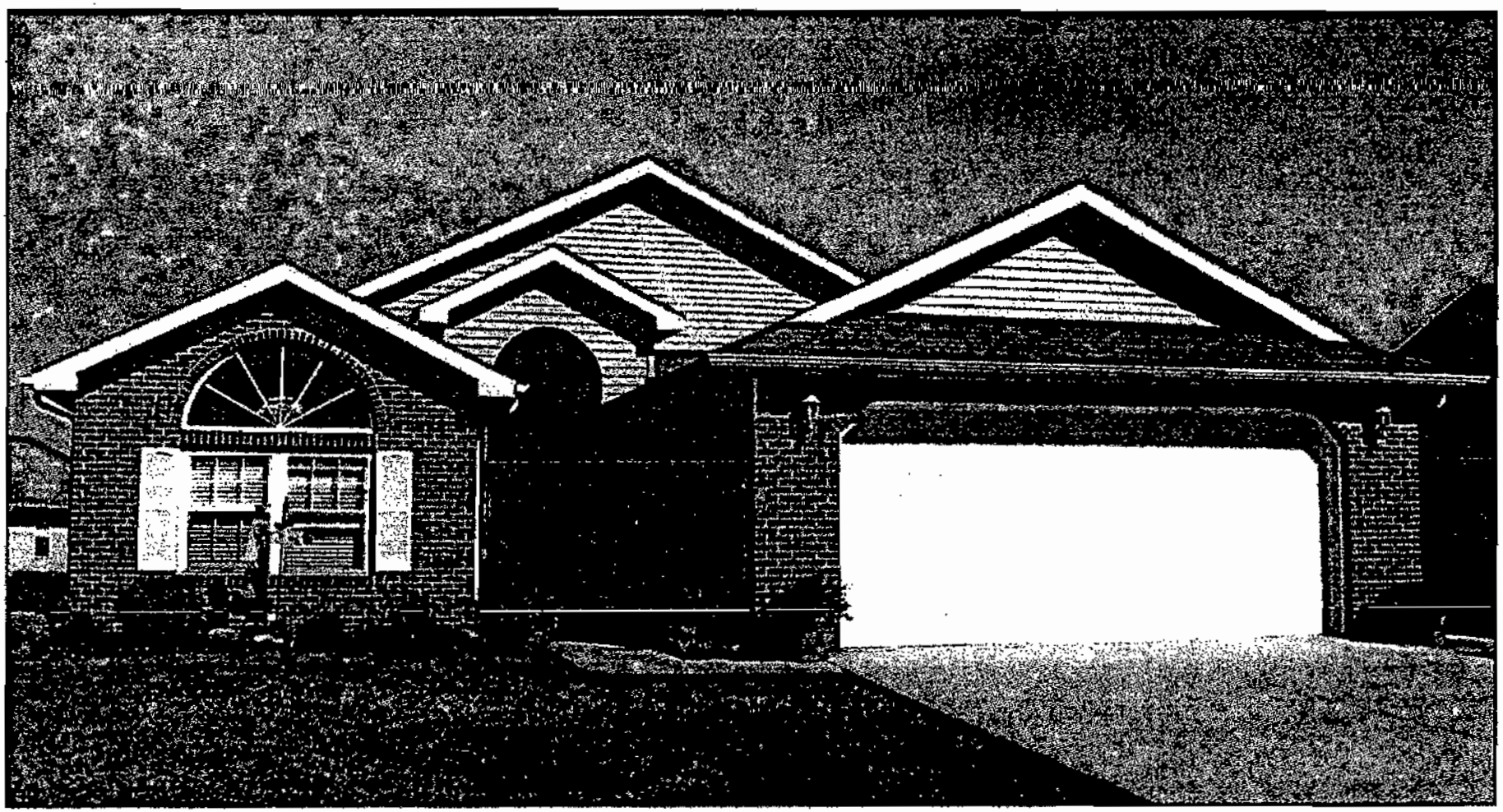
618-351-6557

2950 W. Westridge Place
Carbondale, IL 62901

ATTACHMENT-6A

The V'llas

Single Family and Duplex Homes



Elegant Retirement Homes For Those 55 or Better

ATTACHMENT - 6A

SECTION II. DISCONTINUATION

Criterion 1110.130 - Discontinuation

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.

The **Jackson County Board** is proposing the total discontinuation of Rehab and Care Center – Jackson County, a 187 bed long-term care nursing facility.

2. Identify all of the other clinical services that are to be discontinued.

The **Jackson County Board** is proposing the total discontinuation of Rehab and Care Center – Jackson County, a 187 bed long-term care nursing facility. There are no other clinical service areas to be discontinued.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The anticipated date of discontinuation for the entire facility, Rehab and Care Center-Jackson County is upon the transfer of the last resident of this facility to the replacement facility, Manor Court of Carbondale. It is anticipated that this will be complete on or before January 2014.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

At this time it is unclear what anticipated use of the physical plant will be. The Jackson County Board is considering several alternatives which may include the sale of the property. This entity is also taking under advisement alternatives to divest itself of the remaining equipment after the discontinuation occurs. The one constant for the County Board is that the physical plant will not be used for nursing care services in the future. Please refer to County Chairman John D. Evans letter describing alternatives and anticipated use of building and equipment appended as **ATTACHMENT-10A.**

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued ii)

Criterion 1110.130 – Discontinuation (Continued ii)

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

Jackson County will retain all medical record pertaining to the long-term care services being discontinued in accordance with IDPH requirements. The Jackson County Clerk will supervise location, retention and ultimate destruction of said documents in accordance with Licensure and Medicare and Medicaid requirements. The existing retention policy from the facility's policy and procedure manual is appended as **ATTACHMENT-10B**.

6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

Through the signing of this Application by the authorized representatives of the **Jackson County Board**, Jackson County hereby certifies that within 60 days following the date of discontinuation, all required information (annual survey and cost reports) will be submitted.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

Rehab and Care Center – Jackson County and the **Jackson County Board** have periodically explored the option of leaving the long-term care business for more than 10 years. As early as 1997, it was clear to the County Board that the existing business of providing nursing services was not sustainable on its own. However, although providing this service was not a mandated service for the County, it was and is clearly an invaluable one that the County felt was and is still needed in addition to the existing providers within Jackson County. In December of 2010, the County hired a management firm to attempt to turn around the financial situation that

SECTION II. DISCONTINUATION (Continued iii)

Criterion 1110.130 – REASONS FOR DISCONTINUATION (Continued iii)

Rehab and Care Center – Jackson County had found themselves in. This was a situation created by higher personnel costs, updated life safety code requirements, and the decreased and slowed payments that were received. Ultimately, the nursing home had to borrow funds from the County to meet its financial obligations. Yet, Jackson County was not ready to turn its back on its residents and employees of Rehab and Care Center – Jackson County. In the fall of 2011, **Jackson County Board** decided that the only way to exit the long-term care industry was to find the best alternative to continue providing the said services and to accommodate the existing employees.

To that end, **Jackson County Board** began accepting proposals from providers and then reviewed the Illinois Department of Health Care and Family Services Cost Report data from the selective groups that were filed with the Department of Health and Human Services to see which organization could best fit the resident to staffing ratios and average wage and benefits for staff. Through this discernment process, UDI #5, LLC (UDI) was chosen. Contributing to the decision was UDI's proposal that would place the newly constructed replacement facility within an existing continuum of care campus that would allow for the residents being able to freely move between levels of care in accordance with their medical and social needs. One of the constant deliberations of the Jackson County Board, since 1997, was to potentially exit the long-term care industry because of the need for competition. The Jackson County Planning Area has not had a new facility constructed since before this time period and the same existing providers have had capacity issues for a long-time. Yet, from the earliest consideration, the Board never decided that it was best to utilize those particular facilities but rather it seems important to maintain competition for residents and the existing staff.

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued iv)

Criterion 1110.130 – REASONS FOR DISCONTINUATION (Continued iv)

As the County Board reached the decision to exit the long-term care business and not just closing the doors and turning out the lights, the choice then turned into whether it was more beneficial to sell and allow the building to continue to be utilized just with a new owner and operator or would the establishment of a new nursing care facility for the replacement of Rehab and Care Center – Jackson County's patient and staff? The reasons for a discontinuation instead of just a change of ownership are: 1) the original nursing building was constructed in 1960 (52 years old); 2) the entire facility is comprised of three separate buildings which is not efficient; 3) meeting life safety code capital requirements are more and more expensive and must be rectified with a change of ownership; and 4) due to the age of the structure, it is simply harder to market the facility even with the quality service offered. It has been estimated that with new building construction methods additional energy efficiencies will be achieved. Based on the utilities cost of the existing building and the proposed model, cost savings of $47,000 could be realized. The existing building incurs ongoing maintenance, improvements, and upkeep costs of $28,000 per month ($336,000 annually). With a new building the savings would be significant with no need for immediate improvements and limited upkeep costs. Appended as **ATTACHMENT-10C** is a memorandum from the existing Rehab and Care Center – Jackson County administrator, Ms. Merle K. Taylor citing immediate facility capital improvement needs. These are items that will only add to the financial burden borne by the County or any operator who would take control of this facility. Appended as **ATTACHMENT-10D** is a copy of Rehab and Care Center – Jackson County's latest Department of Health and Human Services Centers Annual Life Safety Code Certification Survey. This 2010 survey indicates non-compliance with several areas to include, the sprinkler system, the emergency back-up generator, the air handling system, and the doors'

SECTION II. DISCONTINUATION (Continued v)

Criterion 1110.130 – REASONS FOR DISCONTINUATION (Continued v)

function as related to their two hour fire rating. While some of these issues have been addressed, with the exception of the issue of the doors, this is a typical survey in which this aging building is constantly in need of updating and extensive maintenance. For these aforementioned reasons, Jackson County Board has decided to discontinue its use as a nursing care facility.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.

Enclosed herein is a chart providing the total historical patient days for Rehab and Care Center – Jackson County. From this data it is apparent that the facility has been experiencing an average daily census ranging from 115 to over 127 residents over the most recent 12 month period ending March 2012. Thus, if the subject facility was to close without any contingency plan, it most definitely could have an adverse impact on access to care for residents within the market area. Although Jackson County is not mandated to provide nursing services to the residents of the County, it feels a great responsibility to ensure accessibility is maintained and the best care will continue to be provided. Hence, the County has been exploring this project since as early as 1997 and only now has found an alternative that it believes makes the best fit for residents, employees and to maintain the high standard of care as the County had provided. Therefore, after careful consideration, Jackson County chose the proposed establishment as a replacement project for the Rehab and Care Center – Jackson County. The facility has maintained an average daily census of 121.5 residents.

TABLE 1

RCCJC
Total Patient Days
April - March 2012

Month	Patient Days	ADC
April	3,674	122.5
May	3,818	123.2
June	3,745	124.8
July	3,943	127.2
August	3,860	124.5
September	3,738	124.6
October	3,749	120.9
November	3,566	118.9
December	3,706	119.5
January	3,757	121.2
February	3,367	116.1
March	3,564	115.0
Total	**44,487**	**121.5**

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued vi)

Criterion 1110.130 – IMPACT ON ACCESS (Continued ii)

Furthermore, the State's April 18, 2012 Update to its Inventory of Beds and Services and Need Determinations shows an excess of 51 beds (Update to Inventory is appended in **ATTACHMENT-10E**). Finally, appended as **ATTACHMENT-10F** is a chart identifying all existing providers within 30-minutes travel time. These providers do not appear to be optimally utilized. Therefore, even though the subject facility had an average daily census of 121.5 over the most recent twelve month period ending March 2012, it was decided to only replace to a size of 120 beds that is projected to have an average daily census of 108. This is the best overall alternative of caring for the existing residents and employees while potentially improving the overall utilization and having the least impact on area providers.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

Appended as **ATTACHMENT-10G**, are copies of the request of impact statements sent out to all existing providers of nursing services within 30-minutes. Although this item states 45 minute travel time, this is not your typical discontinuation application as only 120 of the 178 beds will be replaced. There appears to be available capacity in the other existing facilities within 30-minutes travel time, and the project in totality will reduce the number of excess beds in the Planning Area. Furthermore, in accordance with these rules, it would appear that this request is not appropriate as it states that the entire facility will be discontinued when in actuality the discontinuation is contingent on the 120 bed establishment to replace and accommodate the existing residents and staff of Rehab and Care Center – Jackson County. As such, impact on the existing nursing home providers will be minimal if not actually slightly improving their utilization.

ATTACHMENT-10

SECTION II. DISCONTINUATION (Continued vii)

Criterion 1110.130 – IMPACT ON ACCESS (Continued iii)

3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

There have not been any impact statement statements received by the Applicant as a response to their request as documented above. All impact statements as received will be forwarded upon receipt. Again, this is only one half of the project. **UDI** and **Edwin Properties** are proposing to establish a 120 bed nursing facility as a replacement to the closing Rehab and Care Center – Jackson County. Moreover, the discontinuation will be coordinated with the opening of the newly constructed home to allow all residents and staff to be transferred in a safe and orderly manner. Furthermore, UDI has already committed to **Jackson County Board** that it will absorb all residents without condition, limitations or discrimination. It has made a similar commitment to accommodate all staff who desire to transfer for employment to the new facility. Therefore, no negative impact is anticipated to area health care facilities.

ATTACHMENT-10

OFFICE OF COUNTY BOARD
JACKSON COUNTY, ILLINOIS

April 18, 2012

Health Facilities and Services Review Board

To Whom It May Concern:

On behalf of the Jackson County Board, I am writing to provide information on the alternatives the board has examined prior to making the decision to close the Rehab & Care Center of Jackson County and to offer relocation for all residents to a new replacement facility on the campus of Liberty Village of Carbondale.

As Chairman of the Board I was able to oversee the due diligence involved for the evaluation and determination of the following as non-viable or inadequate solution for the seniors of Jackson County:

1. Continue operation in an outdated facility while operating at a huge financial loss;
2. Close the skilled nursing facility without a replacement option for its constituents or community; or
3. Sell the facility with unknown consequences.

The decision made by the Jackson County Board to close the skilled nursing facility and relocate its residents to a new replacement facility on the campus of the Liberty Village of Carbondale was the only option that secured a future for the residents and staff of the Rehab & Care Center as well as the seniors of Jackson County.

Although the county has yet to determine the exact use of the physical plant or its equipment, it will not be used for licensed nursing care services. The county will maintain all medical records reflective of care provided prior to transfer of residents to the new facility. These records will continue to be maintained by Jackson County for the time necessary, until said records may be destroyed in accordance with State and Federal Regulations.

As Chairman of the Jackson County Board, I ask that you recognize the immediate skilled need of our community as you consider approval of the Certificate of Need. I am respectfully requesting immediate approval based on the urgent needs of our current residents and Jackson County seniors.

Sincerely,

John D. Evans
Chairman

ATTACHMENT-10A

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

MEDICAL RECORD RETENTION AND DESTRUCTION

POLICY

A comprehensive centralized unit filing system for the storage and retrieval of inpatient (thinning) and discharge medical records, from creation through destruction shall be maintained. Records shall be filed and maintained by Nursing Administration designee under the direction of the DONS or designee. The records shall be retained as hard copy or a combination of hard copy and microfilm.

RESPONSIBLITIES

1. The DONS and designees are responsible for preventing unauthorized access to the medical record storage areas.
2. The DONS or designee is responsible for supervising the medical record retention, microfilming and destruction.

PROCEDURE

1. The procedures of the centralized medical record shall be developed to achieve the following:
   - Foster continuity of care through ready accessibility and prompt retrieval of medical information.
   - Support the uses of the medical record as set forth in the policies.
   - Comply with all related legal, regulatory and accrediting agency considerations for a record retention schedule.
   - Safeguard records and documents from tampering, loss and inadvertent destruction.
   - Restrict access to records by unauthorized individuals.

2. Closed medical records will be retained in accordance with state and federal regulations.
   - Records for any resident who is discharged prior to being 18 years old shall be retained at least until the resident reaches the age of 23.
   - Records of residents who are over 18 years old at the time of discharge shall be retained for 7 years in order to comply with state and federal regulations.

- Records of expired residents shall be retained for 10 years in order to comply with state regulations, federal regulation and statute of limitations.

3. Destruction of closed medical records will occur once the record has been retained for 10 complete years after discharge or expiration of the patient. (ie: patient discharged in 1989 record may be destroyed January of 2000)
   - A destruction of medical records form will be completed and signed by the DONS or designee as well as administration prior to destruction (attached)
   - Certification of Record destruction will be completed by the party responsible for destroying the medical records. (attached)

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

FINANCIAL RECORD RETENTION

PURPOSE:

It is the policy of Rehab and Care Center of Jackson County to retain Accounting/Finance documents according to regulatory guidelines.

RESPONSIBILITIES:

Business Office Manager

- Review policy annually
- Updating policy
- Inform personnel and staff of any changes

PROCEDURE:

The following is a list of retention periods for each individual record:

Accounting/Finance/Payroll

RECORD	RETENTION PERIOD	AUTHORITY
Accounts payable ledgers and schedules	7 Years	26 CFR 301.6501(e)
Accounts receivables ledgers and schedules	10 Years	26 CFR 301.6501(e)
Audit report of accountants	Permanent	805 ILCS 410/s 89 IAC 140.80
Appraisals (including contracts engaging appraisers)	7 Years	
Bank reconciliations	7 Years	26 CFR 301.6501(e)
Budget – worksheets	3 Years	805 ILCS 410/2 89 IAC 140.80
Budget – final copy	3 Years	805 ILCS 410/2
Capital stock and bond records	Permanent	26 CFR 301.6501(e)
Cash receipts	7 Years	26 CFR 301.6501(e)
Cash receipts ledger	7 Years	26 CFR 301.6501(e)
Cash reconciliations (daily)	3 Years	805 ILCS 410/2

		89 IAC 140.80
Cash books	7 Years	26 CFR 301.6501(e)
Charge Description Master	1 Year of version as of 3/31 of current year	
Charge receipts	7 Years	26 CFR 301.6501(e)
Chart of accounts	7 Years	26 CFR 301.6501(e)
Checks (cancelled)	7 Years	735 ILCS 5/13-206
Collection judgments	(Until discharged)	
Contracts and leases	10 Years after termination	735 ILCS 5/13-206
Copyright registrations	Permanent	None Found
Cost report and other claims submissions, with supporting documentation	5 Years from settlement	
Credit balances	7 Years	765 ILCS 1025/11(h)(2)
Credit files	7 Years	
Depreciations schedules[1]	Permanent	26 CFR 1.167(a)-7
Duplicate deposit slips	7 Years	26 CFR 301.6501(e)
Easements	Permanent	
Endowments, trusts, bequests	Permanent	None Found
Expense analyses and distribution schedules	7 Years	26 CFR 301.6501(e)
Equipment leases	10 Years	
Federal employment tax records1	Tax due date or date paid, whichever is later, + 10 Years	
Federal withholding and social security records1	Tax due date or date paid, whichever is later + 10 Years	
Financial statements & cost statistics	7 Years	26 CFR 301.6501(e)
General and private ledgers	7 Years	26 CFR 301.6501(e)
Government contracts & subcontracts	10 Years after termination	
Internal reports (misc.)	3 Years	805 ILCS 410/2
Inventory Records	7 Years	26 CFR 301.6501(e)
Invoices from vendors	7 Years	26 CFR 301.6501(e)
Journals	7 Years	26 CFR 301.6501(e)
Notes, receivables, ledgers and schedules	7 Years	26 CFR 301.6501(e)
Option records (expired)	10 Years	735 ILCS 5/13-206
Patient billing records	10 Years	26 CFR 301.6501(e)
Payments and reports to governmental or regulatory authorities(excluding Cost Reports sent to CMS).	10 Years	
Payroll records and summaries	3 Years	29 CFR 516.5

DESTRUCTION OF MEDICAL RECORD

Request for Record Destruction

Date of Request:_____

Department:_____

Discharge year of charts to be destroyed:_____

Number of Records:_____

Reason for destruction: Records being destroyed per facility retention policy, in accordance with state and federal regulations.

Method of Destruction:_____

Destruction Date:_____

APPROVAL FOR DESTURCTION

_____ _____
Administration Date

_____ _____
DONS or Designee Date

Certification of Record Destruction

I hereby certify that records identified above have been destroyed in accordance with required methods and have remained confidential, in accordance with the business associate agreement between Rehab and Care Center and Ripped to Shreds, Inc entered into on _____.

Destruction accomplished by:

_____
Name/Title

_____ _____
Signature Date

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

HR RECORD RETENTION

PURPOSE:

It is the policy of Rehab and Care Center of Jackson County to retain Human Resource according to regulatory guidelines.

RESPONSIBILITIES:

Business Office Manager

- Review policy annually
- Updating policy
- Inform personnel and staff of any changes

PROCEDURE:

The following is a list of retention periods for each individual record:

RECORD	RETENTION PERIOD	AUTHORITY
Accident Reports	6 years	77 IAC 250.1980 (1)
Applications and Resumes: Employees and Non-Employee	1 year	29 CFR 1627.3
Attendance Documents	2 years	29 CFR 516.6
Basic Employment and Earnings records, Wage Rate Tables	2 years	29 CFR 516.6
Employee Evaluations	1 year	29 CFR 1627.3 (b)
Employee Health Documents of employees exposed to toxic substances	Employment + 30 years	29 CFR 1910.1020
Toxic Substance Training	3 years	OSHA
Employee Payroll	3 years	29 CFR 1627.3
Employment Tax	4 years	29 CFR 31.6001-1 (e)
Garnishment Documents	2 years	29 CFR 516.6 (c)
Job Postings	1 year	29 CFR 1627.3
MSDS	10 years	820 ILCS 255/9
Occupational Exposure to Blood or potentially infectious materials	Employment + 30 years	29 CFR 1910.95 (m)

ATTACHMENT-10B

OSHA injury, illness Form 300 log OSHHA 301 Incident Report	5 years	29 CFR 1904.33
Pension Documents	6 years	29 USC 1027
Personnel Policies	1 year	29 CFR 1627.3
Record of physical exams taken for employment	1 year	29 CFR 1627.3
Resumes	1 year	29 CFR 1627.3
Scheduling Requests	1 year	29 CFR 1602.14
Title VII and ADA personnel records	1 year	29 CFR 1602.14
Unemployment Compensation Documents	5 years – from submission of claim or from review by dept of employment security	820 ILCS 405/1801
Workers Compensation Documents - No compensation paid - From Last Compensation Paid - Related to exposure to radiological materials or asbestos	 3 years 2 years after last payment Termination + 28 years	 820 ILCS 305/6 820 ILCS 305/6 320 ILCS 305/6

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

TO: John Kniery
Foley and Associates

FROM: Merle K. Taylor
Administrator

DATE: May 4, 2012

RE: Facility Capital Improvement Needs

As per our conversation, the Rehab & Care Center of Jackson County, faces the following potential capital projects in the next five (5) years:

Current Life Safety Code Issue:

1. Some doors separating "compartments" have to be replaced per our last LSC survey. We are currently working with Mike Bibo who is attempting to obtain a "permanent" waiver. Current bid to replace is $39,600.

Potential Life Safe Code Issues with new operator:

1. Smoke detectors would have to be hard wired into fire alarm system (currently battery operated).
2. Fire doors do not all latch (we do have some concern this could be a problems for us in next year or two with survey.

Concerns with infrastructure/equipment in next 5 years:

1. Partial roof replacement needed.
2. Exterior tuck pointing needed in several areas.
3. Wood soffits need to be replaced as they are rotting in places.
4. Sewer lines under facility have had to be replaced/lined in several areas. Anticipate this to be an ongoing issue.

ATTACHMENT-10C

5. Generator concerns. Generators are 32 and 25 years old. The older generator is more dependable, but both are aging. They operate the entire facility with exception of central air conditioning.

6. Call light system aging and panels are not always lighting properly at desk. They light at room and sound appropriately.

7. Dishwasher needs to be replaced soon.

8. 1 Washer and 2 Dryers need to be replaced.

9. Steamer in dietary needs to be replaced soon.

10. Our "Big Room" has large wooden beams that run the width of the area. There eventually may need to be some type of structural repairs to that area.

11. Small boiler in boiler room has a lead and is currently bypassed to larger boiler.

12. Pipe condensation issues with the HVAC system in the summer leading to wet ceiling tiles.

13. May eventually be required to replace electrical outlets with red outlets.

14. Phone system is aging but still in working order.

With the age and construction type of our facility, building renovations are becoming much more difficult which in turn leads to higher construction costs.

If you need any further information, please let me know. I can be reached at (618) 684-2136 or (618) 534-0170 (cell).

Thank you.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Building 0102 is a one story facility with no basement was determined to be of Type IV [2HH] construction and is located between the east and west wings of building 0202. The facility is fully sprinklered with coverage in all areas. The building has a fire alarm system with smoke detection tied in to the fire alarm system and smoke detection in corridors and open spaces. (No residence rooms are located in this building) The facility has a capacity of 178 beds and has a census of 129 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.5, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		12/16/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146398	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide proper maintenance, required clearance at devices, or required multi-year tests of the sprinkler system in with LSC Sections 9.7.1 and 19.3.5 NFPA 13 and NFPA 25. This deficient practice could affect 80 of 178 residents, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to operate properly due to improper maintenance. Findings include: A. On 11/09/10 at 11:45 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facility had no documents indicating that the sprinkler systems fire department "check valve" has received interior obstruction / operation inspection in the past 5-years, accordance with the NFPA 25, Section 9-4.2.1. Lack of required inspections on the "check valve" could allow the fire department connection and the sprinkler system to fail to function properly. B. On 11/09/10 at 11:46 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facility had no documents indicating that the sprinkler systems "gauges" have been calibrated or replaced within the last 5-years in accordance with NFPA 25, Section 9-2.6.2. Lack of required inspections on the "gages" could allow the fire department connection and the sprinkler system to fail to function properly. These observations were verified at the exit interview with E-1, Environmental Service Director	K 062		

ATTACHMENT-10D
03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 03/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 2 and E-2, Administrator	K 062		
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the range hood fire extinguishing system was properly installed, cleaned and inspected semi-annually in accordance with NFPA 101, 2000 Edition, Section 9.2.3 as well as NFPA 96. These deficient practices could effect 80 of 178 residents, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:00 AM, during record review with E-1, it was determined that there was no documentation that the Kitchen Hood System was "Tied" to the Fire Alarm Panel on the Semi-Annual Hood Inspections dated 10/01/10 and 4/23/10 by V-1 These inspection reports did not indicate that the system was "Tied" to the fire alarm panel per NFPA 96, 7-3.1.4. B. On 11/09/10 at 9:01 AM, during record review with E-1, it was determined that there was no documentation that the Kitchen Hood System was "Tested" to the Fire Alarm Panel on the Semi-Annual Hood Inspections dated 10/01/10 and 4/23/10 by V-1. These inspection reports did not indicate that the system was "Tested" to the fire alarm panel per NFPA 96, 7-3.1.4. These observations were verified at the exit interview with E-1 and E-2.	K 069		11/10/10

ATTACHMENT-10D

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 04/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice affects the entire building and could affect 178 of 178 residents, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:45 AM, during the record review and interview with E-1, it was determined that the facility failed to conduct complete visual inspections of the generator batteries not to exceed 7 days per NFPA 99, 3-4.4.1.3. The facility is also required to retain a written record of inspections, maintenance and repairs for review by the authority having jurisdiction.	K 144		12/16/10

ATTACHMENT-10D

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 05/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 4 NFPA 99, Section 3-4.4.1.3 Maintenance of Batteries. Storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer ' s specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects (see NFPA 70, National Electrical Code, Section 700-4). 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. B. On 11/09/10 at 9:46 AM during the record review, observation and an interview with E-1, it was determined that the facility has two- three phase diesel generators. The facility is required to load the generator to 30% or greater monthly per NFPA 110, Section 6-4.2. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations.	K 144		

ATTACHMENT-10D

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 06/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 5 C. On 11/09/10 at 9:47 AM, during the record review, observation and an interview with E-1 , it was determined that the facility did not run a Load Bank Test in the past 12 months per NFAP 110, Section 5-13.2.5 NFPA 110, Section 5-13.2.5 Full Load Test. A load shall be applied for a 2-hour, full load test. The building load can serve as part or all of the load, supplemented by a load bank of sufficient size to provide a load equal to 100 percent of the nameplate kW rating of the EPS, less applicable derating factors for site conditions. A unity power factor shall be acceptable for on-site testing, provided that rated load tests at the rated power factor have been performed by the manufacturer of the EPS prior to shipment. Exception: Where the EPS is a paralleled multi-unit EPS, each unit shall be permitted to be tested individually at its rating. These observations, record review and interviews were verified at the exit interview with E-1 and E-2.	K 144		

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Building 0202 is a one story facility with no basement was determined to be of Type II [000] construction. Building 0202 is divided into two wings (east and west) and are located between building 0102. The facility is not sprinklered. The building has single station battery operated smoke detectors in all residence rooms and a fire alarm system with smoke detection in corridors and open spaces. The facility has a capacity of 178 beds and has a census of 129 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012	Continued From page 1 This STANDARD Is not met as evidenced by: Based on observations and staff interview it was determined that the facility failed to meet the minimum construction requirements based on construction type limitations. The facility has been classified in previous Life Safety Surveys as a Type II (111) Construction, requiring a 1-hour rated roof /ceiling assembly, per NFPA 101 Table 19.1.6.2. Upon investigation of the facilities construction it was noted that the facility design failed to provide a continuous 1-hour rated roof /ceiling assembly. Based on the findings at the time of the survey, this Surveyor classifies the facility to be of Type II 1000) construction which requires automatic sprinkler protection in all areas. This deficient practice could affect 178 of the 178 residents in all Smoke Zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/29/10 at 10:30 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facilities ceiling contained fully recessed light fixtures. These recessed light fixtures are not "tented " with material to continue the 1-hour rating over the light fixtures. Each recessed light fixture is a violation of the 1-hour rated roof /ceiling assemblies membrane. B. On 11/29/10 at 10:32 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facilities ceiling contains supply and return air diffusers that did not contain 1-hour dampers. These supply and return air diffusers are in violation of the 1-hour rated roof /ceiling assemblies membrane.	K 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012	Continued From page 2 These observations were verified at the exit interview with E-1, Enviromental Service Director and E-2, Administrator.	K 012		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice affects the entire building and could affect 178 of 178 residents in both the East and West Wings of Building 0102 , as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:45 AM, during the record review and interview with E-1, it was determined that the facility failed to conduct complete visual inspections of the generator batteries not to	K 144		12/16/10

ATTACHMENT-10D

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 18/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 3 exceed 7 days per NFPA 99, 3-4.4.1.3. The facility is also required to retain a written record of inspections, maintenance and repairs for review by the authority having jurisdiction. NFPA 99, Section 3-4.4.1.3 Maintenance of Batteries. Storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects (see NFPA 70, National Electrical Code, Section 700-4). 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. B. On 11/09/10 at 9:46 AM during the record review, observation and an interview with E-1, it was determined that the facility has two- three phase diesel generators. The facility is required to load the generator to 30% or greater monthly per NFPA 110, Section 6-4.2. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 4 gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. C. On 11/09/10 at 9:47 AM, during the record review, observation and an interview with E-1 , it was determined that the facility did not run a Load Bank Test in the past 12 months per NFAP 110, Section 5-13.2.5 NFPA 110, Section 5-13.2.6 Full Load Test. A load shall be applied for a 2-hour, full load test. The building load can serve as part or all of the load, supplemented by a load bank of sufficient size to provide a load equal to 100 percent of the nameplate kW rating of the EPS, less applicable derating factors for site conditions. A unity power factor shall be acceptable for on-site testing, provided that rated load tests at the rated power factor have been performed by the manufacturer of the EPS prior to shipment. Exception: Where the EPS is a paralleled multi-unit EPS, each unit shall be permitted to be tested individually at its rating. These observations, record review and interviews were verified at the exit interview with E-1 and E-2.	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center - Jackson County was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies. Building 0102: is a one story facility without a basement and was determined to be of Type IV (2HH) Construction. Building 0102 is located between the east and west wings of Building 0202. The facility is fully sprinklered with coverage in all areas. The building has a fire alarm system with smoke detectors, tied in to the fire alarm system, located in the corridors and public spaces.(No residence rooms are located in this building) The facility has a capacity of 178 beds and has a census of 123 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 1 corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide properly rated fire-resistance fire barrier, fire barrier doors and fire rated door hardware in accordance with LSC Sections 8.2 and 19.1.2.3. Deficiencies occurred at the fire separation wall where a fire wall is required to have a 2-hour fire rating, separating Building 0102 and Building 0202. This deficient practice could affect all residents, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building. Findings include: A. On 09/06/11 at 1:00 PM, while accompanied by E-1 (Environmental Services Director) observations determined that the 2-Hour Fire Wall between Building 0102 and Building 0202 contained a 3/4-hour fire rated door at the Entry Corridor / A-Wing. The door and door frame are required to be 1-1/2 hour rated and the door hardware is required to be fire rated. B. On 09/06/11 at 1:00 PM, while accompanied by E-1 observation determined that the 2-Hour Fire Wall between the Entry Corridor / A-Wing adjacent to the door was wire glass divided into 18" x 36" inch squares. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of	K 011		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 2 an approved type with the appropriate fire protection rating for the location in which they are installed." C. On 09/06/11 at 1:02 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Entry Corridor and E-Wing did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. D. On 09/06/11 at 1:03 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Activity did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. E. On 09/06/11 at 1:04 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Conference is required to be 1-1/2 hour rated. The door frame is required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. F. On 09/06/11 at 1:05 PM, while accompanied by E-1 observation determined that the Fire Wall between the Big Room and the Conference	K 011		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 3 Room, adjacent to the door, was wire glass. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." G. On 09/06/11 at 1:06 PM, while accompanied by E-1 observations that the 2-Hour Fire Wall door between the Big Room and Dining did not latch. The door, and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. These observations were again acknowledged at the exit interview by E-1 in the presence of E-2 (Administrator).	K 011		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview it was	K 050		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 4 determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 19.7.1.2. This deficient practice could affect all residents, in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that the facility had no documentation that any of the required fire drills contacted the monitoring company outside the facility to insure a signal was sent as a form of conformation of a fully active fire alarm system. B. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that all required Fire Drills did not note a specific location where the proposed fire was located. This situation does not meet the requirement for varying conditions (locations) These record reviews were acknowledged at the exit interview by E-1 and E-2.	K 050		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 5 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice could affect all residents in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: On 09/06/11 at 11:30 AM, during the review of the "Generator Logs and Maintenance Schedule", and an interview with E-1, it was determined that the facilities had a required "Load Bank Test" performed by V-1 on 12/14/10 on 12/15/10 (the facility has two generators). This surveyor could not determine that the Load Bank Test was performed according to the standards of NFPA 110, Section 6-4.2.2. 1. The generator is to be exercised at 25 percent of nameplate rating for 30 minutes. 2. The generator is to be exercised at 50 percent of nameplate rating for 30 minutes. 3. The generator is to be exercised at 75 percent of nameplate rating for 60 minutes. The amperage nameplate rating for both generators were not listed on the Load Bank Testing Form. The time of the exercise did not correspond to the	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 6 times and loads listed in the requirements. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 110, Section 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. This record review and interview was acknowledged at the exit interview with E-1 and E-2.	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center - Jackson County was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies. Building 0202: is a one story facility without a basement was determined to be of Type II (000) Construction. The facility is partially sprinklered having coverage in the Laundry, Activity Room, Kitchen, Dining, Maintenance, Housekeeping Pantry, Staff Lounge and connecting corridor. Building 0202 is required to be fully sprinkled. The facility has a fire alarm system with smoke detectors, tied into the fire alarm system, located in the corridors. Single station battery operated smoke detectors in all residence rooms and public spaces. The facility has a capacity of 178 beds and has a census of 123 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 1 rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide properly rated fire-resistance fire barrier, fire barrier doors and fire rated door hardware in accordance with LSC Sections 8.2 and 19.1.2.3. Deficiencies occurred at the fire separation wall where a fire wall is required to have a 2-hour fire rating, separating Building 0102 and Building 0202. This deficient practice could affect all residents, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building. Findings include: A. On 09/06/11 at 1:00 PM, while accompanied by E-1 (Environmental Services Director) observations determined that the 2-Hour Fire Wall between Building 0102 and Building 0202 contained a 3/4-hour fire rated door at the Entry Corridor / A-Wing. The door and door frame are required to be 1-1/2 hour rated and the door hardware is required to be fire rated. B. On 09/06/11 at 1:00 PM, while accompanied by E-1 observation determined that the 2-Hour Fire Wall between the Entry Corridor / A-Wing adjacent to the door was wire glass divided into 18" x 36" inch squares. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be	K 011		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 2 permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." C. On 09/06/11 at 1:02 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Entry Corridor and E-Wing did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. D. On 09/06/11 at 1:03 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Activity did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. E. On 09/06/11 at 1:04 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Conference is required to be 1-1/2 hour rated. The door frame is required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. F. On 09/06/11 at 1:05 PM, while accompanied	K 011		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 3 by E-1 observation determined that the Fire Wall between the Big Room and the Conference Room, adjacent to the door, was wire glass. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." G. On 09/06/11 at 1:06 PM, while accompanied by E-1 observations that the 2-Hour Fire Wall door between the Big Room and Dining did not latch. The door, and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. These observations were again acknowledged at the exit interview by E-1(Environmental Services Director) in the presence of E-2 (Administrator).	K 011		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observations and staff interview it was determined that the facility failed to meet the minimum construction requirements based on construction type limitations. The facility has been classified in previous Life Safety Surveys as	K 012		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012	Continued From page 4 a Type II (111) Construction, requiring a 1-hour rated roof /ceiling assembly, per NFPA 101 Table 19.1.6.2. Upon investigation of the facilities construction it was noted that the facility design failed to provide a continuous 1-hour rated roof /ceiling assembly. Based on the findings at the time of the survey, this Surveyor classifies the facility to be of Type II (000) construction which requires automatic sprinkler protection in all areas. This deficient practice could affect all residents in all Smoke Zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/29/10 at 10:30 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facilities ceiling contained fully recessed light fixtures. These recessed light fixtures are not "tented " with material to continue the 1-hour rating over the light fixtures. Each recessed light fixture is a violation of the 1-hour rated roof /ceiling assemblies membrane. B. On 11/29/10 at 10:32 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facilities ceiling contains supply and return air diffusers that did not contain 1-hour dampers. These supply and return air diffusers are in violation of the 1-hour rated roof /ceiling assemblies membrane. 3/22/11: CMS approved Temporary Waiver until February 28, 2012.	K 012		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or	K 018		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From page 5 hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to maintain the closure for corridor doors per NFPA 101, Section 18.3.6.3. This deficient practice could affect 30 residents in the F-Wing and Service Wing Smoke Zones, as well as an indeterminable number of staff and visitors if a fire would start in this smoke zone, the door to the resident's rooms would not provide a proper smoke barrier. Findings include: A. On 09/06/11 at 1:30 PM, while accompanied by E-1, observation determined that the F-Wing Smoke Zone-F-101 door failed to close and latch to the frame. In the event of a fire, the residents of this room would not have a proper smoke barrier and if the fire were to be located in Room	K 018		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From page 6 F-101, the rest of the Smoke Zone would be exposed to the spread of smoke and fire based on the improper function of this door. B. On 09/06/11 at 2:20 PM, while accompanied by E-1, observation determined that the Service Wing Smoke Zone-Supply (Morgue) Room door failed to close and latch to the frame. In the event of a fire, if the fire were to be located in the Supply (Morgue) Room, the rest of the Smoke Zone would be exposed to the spread of smoke and fire based on the improper function of this door. These observations were again acknowledged at the exit interview by E-1 in the presence of E-2.	K 018		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview it was determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 19.7.1.2. This deficient	K 050		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 7 practice could affect all residents, in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that the facility had no documentation that any of the required fire drills contacted the monitoring company outside the facility to insure a signal was sent as a form of conformation of a fully active fire alarm system. B. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that all required Fire Drills did not note a specific location where the proposed fire was located. This situation does not meet the requirement for varying conditions (locations) These record reviews were acknowledged at the exit interview by E-1 and E-2.	K 050		
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to properly inspect, mount and secure all portable fire extinguishers in accordance with NFPA 101, 2000 Edition 19.3.5.6, 9.7.4.1 and NFPA 10. This deficient practice could affect approximately 48	K 064		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 084	Continued From page 8 residents in F-Wing Smoke Zone as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 1:28 PM while accompanied by E-1, observations determined that F-Wing Smoke Zone - Soiled Utility Room's Fire Extinguisher has not received a monthly inspection by the facility staff since 04/02/11. This was determined by the observation of the inspection tag located on the individual fire extinguisher. B. On 09/06/11 at 1:28 PM while accompanied by E-1, observations determined that F-Wing Smoke Zone - Beauty Shop's Fire Extinguisher has not received a monthly inspection by the facility staff since 06/06/11. This was determined by the observation of the inspection tag located on the individual fire extinguisher. This observation was again acknowledged by E-1 at the exit interview in the presence of E-2.	K 084		
K 086 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under	K 086		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 066	Continued From page 9 direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on the observation and interview, the facility failed to enforce the adopted smoking regulations in accordance with NFPA 101, 2000 Edition, Section 19.7.4. This deficient practice could affect 30 residents in the Kitchen/Dining Smoke Zone as well as an indeterminable number of staff and visitors, if fire were to start in the smoking area or the yard adjacent to the facility. Findings include: On 09/06/11 at 3:00 PM, while accompanied by E-1, at the Smoking Area adjacent to the Boiler Room / Ambulance Entrance it was noted that this area did not have a metal container with a self-closing lid. The area only had an open non-combustible ash tray. This situation could cause a fire to develop if cigarette butts were not contained in the ash tray and could affect the Great Room Smoke Zone residents. This observation was again acknowledged at the exit interview by E-1 in the presence of E-2.	K 066		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to provide proper storage of oxygen in accordance with NFPA 99. This deficient practice could affect 26 residents in the G-Wing Smoke Zone, as well as an indeterminable number of staff and visitors. Findings include: On 09/06/11 at 1:20 PM, while accompanied by E-1, observation determined that the G-Wing Smoke Zone, Oxygen Storage Room contained two (2) racks that contained oxygen cylinders. There was no signage on the racks or on the wall that indicated which cylinders were "Full" and which were "Empty". No signage was posted. This observation was again acknowledged by E-1 at the exit interview in the presence of E-2.	K 076		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 11 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice could affect all residents in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: On 09/06/11 at 11:30 AM, during the review of the "Generator Logs and Maintenance Schedule", and an interview with E-1, it was determined that the facilities had a required "Load Bank Test" performed by V-1 on 12/14/10 on 12/15/10 (the facility has two generators). This surveyor could not determine that the Load Bank Test was performed according to the standards of NFPA 110, Section 6-4.2.2. 1. The generator is to be exercised at 25 percent	K 144		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 12 of nameplate rating for 30 minutes. 2. The generator is to be exercised at 50 percent of nameplate rating for 30 minutes. 3. The generator is to be exercised at 75 percent of nameplate rating for 60 minutes. The amperage nameplate rating for both generators were not listed on the Load Bank Testing Form. The time of the exercise did not correspond to the times and loads listed in the requirements. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 110, Section 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.	K 144		

ATTACHMENT-10D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 13 This record review and interview was acknowledged at the exit interview with E-1 and E-2.	K 144		

ATTACHMENT-10D

LONG-TERM CARE BED INVENTORY UPDATES
09/16/2011 - 04/18/2012
LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
	HEALTH SERVICE AREA 001		
Boone	305	279	26
Carroll	187	170	17
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	637	28
Whiteside	717	822	(105)
Winnebago	2,399	2,366	33
	HEALTH SERVICE AREA 002		
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	217	28
Knox	823	980	(157)
LaSalle	1,364	1,419	(55)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1,760	1,731	29
Tazewell	1,516	1,266	250
Woodford	655	592	63
	HEALTH SERVICE AREA 003		
Adams	1,188	1,495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1,344	1,254	90
	HEALTH SERVICE AREA 004		
Champaign	1,037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1,306	1,118	188
Macon	1,331	1,253	78
Moultrie	318	369	(51)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)
	HEALTH SERVICE AREA 005		
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	333	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	663	21
Hardin/Pope	95	113	(18)
Jackson	376	427	(51)
Jasper	82	82	0
Jefferson	424	346	78
Johnson/Massac	338	312	26
Lawrence	325	340	(15)
Marion	862	605	257

ATTACHMENT-10E

Facilities within 30-Minutes Travel Time Contour
From Proposed Replacement Facility
Manor Court of Carbondale
(2940 Westridge Place, Carbondale, IL 62901)

FACID	FACNAME	ADDRESS	CITY	ZIP	Nursing Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
6009203	Carbondale Rehab & Nursing Center	120 North Tower Road	Carbondale	62901-000	131	1	0.57
6001408	Helia Healthcare of Carbondale	500 S Lewis Ln	Carbondale	62901-000	118	9	3.82
6004816	**Rehab & Care Ctr - Jackson Co.**	**1441 N 14th St**	**Murphysboro**	**62966-000**	**178**	**14**	**7.13**
6005870	Helia Healthcare of Energy **(1)**	210 East College	Energy	62933-000	111	25	15.7
6014385	Parkway Manor	3116 Williamson County Parkway	Marion	62959-000	119	25	16.14
6004469	Cobden Rehab & Nursing Center	430 South Front Street	Cobden	62920-000	74	26	18.37
					731		

(1) Discontinued 20 nursing care beds; facility now has 91 nursing care beds.

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development
Inventory of Health Care Facilities and Services and Need Determinations - 2011 - Long-Term Care Services
www.mapquest.com

ATTACHMENT - 1 OF

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ $0.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.35
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $5.75

0608 PFLD 62704 06 Postmark Here MAY 10 2012 05/10/2012

7010 3090 0001 8635 9701

Sent To Ms. Gyna Graham, Administrator
Helia Healthcare at Carbondale
Street, Apt. No.; or PO Box No. 500 South Illinois Lane
City, State, ZIP+4 Carbondale, IL 62901

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ $0.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.35
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $5.75

0608 PFLD 62704 06 Postmark Here MAY 10 2012 05/10/2012

7010 3090 0001 8635 9671

Sent To Mr. Terry Pasquino, Administrator
Carbondale Rehab & Nursing Center
Street, Apt. No.; or PO Box No. 120 North Tower Road
City, State, ZIP+4 Carbondale, IL 62901

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ $0.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.35
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $5.75

0608 PFLD 62704 06 Postmark Here MAY 10 2012 05/10/2012

7010 3090 0001 8635 9640

Sent To Ms. Yolanda Fisher, Administrator
Parkway Manor
Street, Apt. No.; or PO Box No. 3116 Williamson County Pkwy
City, State, ZIP+4 Marion, IL 62959

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ $0.45
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.35
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $5.75

0608 06 Postmark Here MAY 10 2012 05/10/2012

7010 3090 0001 8635 9657

Sent To Mr. Chris Haake, Administrator
Helia Healthcare at Energy
Street, Apt. No.; or PO Box No. 210 East College
City, State, ZIP+4 Energy, IL 62933

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ $0.45
Certified Fee	$2.95

0608 PFLD 06

8635 9633

107

ATTACHMENT-10G

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Mr. Terry Pasquino
Administrator
Carbondale Rehab & Nursing Center
120 North Tower Road
Carbondale, Illinois 62901

Re: Rehab & Care Ctr – Jackson County

Dear Mr. Pasquino:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,

John P. Kniery

John P. Kniery
Health Care Consultant

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Ms. Gina Graham
Administrator
Helia Healthcare of Carbondale
500 South Lewis Lane
Carbondale, Illinois 62901

Re: Rehab & Care Ctr – Jackson County

Dear Ms. Graham:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,

John P. Kniery
Health Care Consultant

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Mr. Chris Haake
Administrator
Helia Healthcare of Energy
210 East College
Energy, Illinois 62933

Re: Rehab & Care Ctr – Jackson County

Dear Mr. Haake:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,

John P. Kniery, jk

John P. Kniery
Health Care Consultant

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Ms. Yolanda Fisher
Administrator
UDI 1, LLC d/b/a Parkway Manor
3116 Williamson County Parkway
Marion, Illinois 62959

Re: Rehab & Care Ctr – Jackson County

Dear Ms. Fisher:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,

John P. Kniery

John P. Kniery
Health Care Consultant

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

May 7, 2012

Ms. Gayle L. Yates
Administrator
Cobden Rehab & Nursing Center
430 South Front Street
Cobden, Illinois 62920

Re: Rehab & Care Ctr – Jackson County

Dear Ms. Yates:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,

John P. Kniery

John P. Kniery
Health Care Consultant

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS

Criterion 1110.230 - Project Purpose, Background and Alternatives

BACKGROUND OF APPLICANT

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

The Applicant for proposed facility, Manor Court of Carbondale is **Edwin Enterprises, LLC** is the ownership entity and **UDI #5, LLC** is the operator. **Edwin Enterprises, LLC** currently only owns one other Illinois licensed nursing home, Manor Court of Freeport and its sister supportive living facility Hawthorn Manor of Freeport. The ultimate parental UDI #5, LLC does not own or operate any licensed health care facilities. However, its parental entity Unlimited Development, Inc. operates eleven licensed health care facilities and its parent, Community Living Options, Inc. operates thirty-nine licensed health care facilities within Illinois.

A copy of all facility licenses and certifications as applicable are appended under **ATTACHMENT-11A.**.

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

The required documentation with regards to adverse action as defined under 1110.230.a)3)B is appended as **ATTACHMENT-11B**.

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

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as **ATTACHMENT-10C**.

ATTACHMENT-11

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued II)

Criterion 1110.230 - Project Purpose, Background and Alternatives

BACKGROUND OF APPLICANT (continued ii)

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

As this is a new calendar year, the Applicant has not submitted any other applications for permit; therefore, this item is not germane.

ATTACHMENT-11

Licensed Facilities owned by
Edwin Enterprises, LLC in Illinois

Hawthorne Inn of Freeport – SLF
2140 Navajo Drive
Freeport, IL 61032

ATTACHMENT-11A

State of Illinois
Department of Healthcare and Family Services

Supportive Living Program Certification

This certificate authorizes the following to deliver services under the Supportive Living Program. subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name: Hawthorne Inn of Freeport

Address: 2140 Navajo Drive

City/State/Zip: Freeport, Illinois 61032

Number of Units: 29 Maximum Number of Residents: 37

Effective Date: November 19, 2007

Rod R. Blagojevich, Governor

Barry S. Maram, Director

ATTACHMENT-11A

Facilities operated by
Community Living Options, Inc.

Aberdeen Terrace
4029 Aberdeen Street
Alton, IL 62002

Allen Court
1650 East Main Street
Clinton, IL 61727

Anna Terrace
408 Anna Street
Jacksonville, IL 62650

Beardstown Terrace
310 East Eighth Street
Beardstown, IL 62618

Bellefontaine Place
98 Debra Lane
Waterloo, IL 62298

Brauns Terrace
1115 East Washington Street
Greenville, IL 62246

Campbell Court
426 East Douglas
Jacksonville, IL 62650

Carthage Terrace
1205 Center Street
Carthage, IL 62321

Curtiss Court
2883 South Taylor
Springfield, IL 62703

Davies Square
1817 Crescent Drive
Pekin, IL 61554

Douglas Terrace
324 East Douglas Avenue
Jacksonville, IL 62650

Edwardsville Terrace
808 Southwest Place
Edwardsville, IL 62025

Effingham Terrace
1101 South Third Street
Effingham, IL 62401

Eisenhower Terrace
2 Eisenhower Drive
Jacksonville, IL 62650

Freeburg Terrace
#4 Hill Mine Road
Freeburg, IL 62243

Froehlich House
356 South Michigan Avenue
Galesburg, IL 61401

Gaines Mill Place
3310 Gaines Mill Road
Springfield, IL 62704

Glenwood Terrace
2724 Glenwood Avenue
Springfield, IL 62704

Hawthorne Terrace
2136 Windish Drive
Galesburg, IL 61401

Highview Terrace
409 North High Street
Paris, IL 61944

Kepley House
408 East Washington Street
Pittsfield, IL 62363

Lafayette Terrace
826 West Lafayette
Jacksonville, IL 62650

Lawrence Place
715 South Washington Street
Lincoln, IL 62656

Lincoln Terrace
2324 North Kickapoo Street
Lincoln, IL 62656

Linton Terrace
330 Linton Avenue
Wood River, IL 62024

Madison Terrace
#95 North Main Street
Wood River, IL 62095

Maple Terrace
1510 North Fourth Street
Quincy, IL 62301

Pershing Terrace
460 Pershing Avenue
Wood River, IL 62095

Plonka Terrace
184 Maple Avenue
Galesburg, IL 61401

Quincy Terrace
1233 North Sixth Street
Quincy, IL 62301

Schultz House
340 Bryan Avenue
Danville, IL 61832

Stevens House
2182 Windish Drive
Galesburg, IL 61401

Tanner Place
321 Chestnut
Paris, IL 61944

Taylor House
3021 Taylor Avenue
Springfield, IL 62703

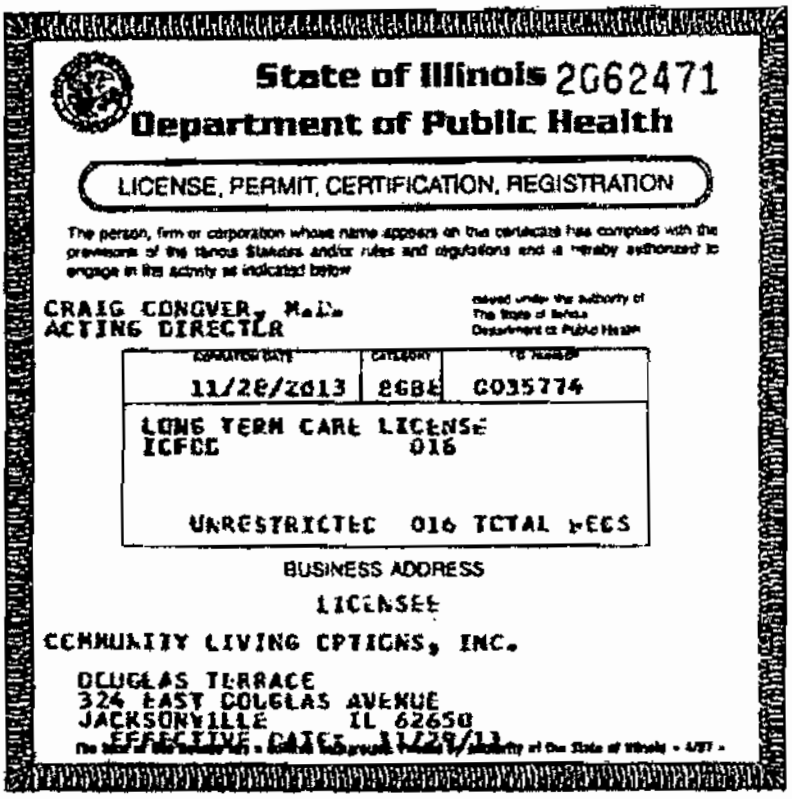
Thelma Terrace
1450 Virginia Avenue
Wood River, IL 62095

Trulson House
260 South Michigan Avenue
Galesburg, IL 61401

Vahle Terrace
301 Maple Summit Road
Jerseyville, IL 62052

Walsh Terrace
2016 Windish Drive
Galesburg, IL 61401

Wetherell Place
1026 North Merchant Street
Effingham, IL 62401



State of Illinois 2062471
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CRAIG CONOVER, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
11/20/2013	2684	0035774

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

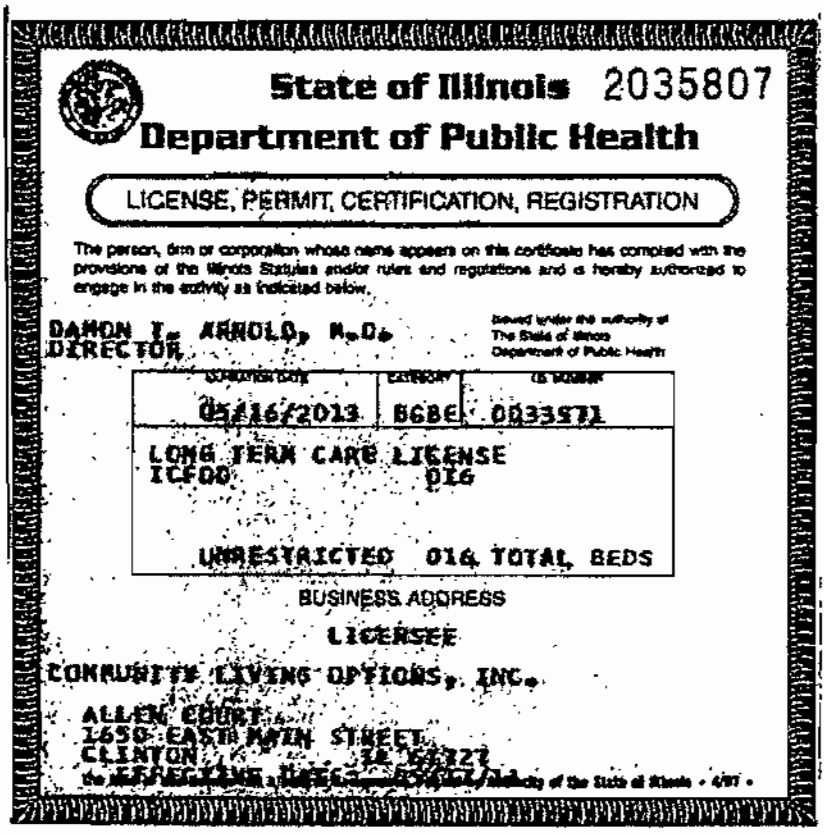
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

DOUGLAS TERRACE
324 EAST DOUGLAS AVENUE
JACKSONVILLE IL 62650

EFFECTIVE DATE: 11/29/11

ATTACHMENT--11A



State of Illinois 2035807

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/16/2013	BGBE	0033571

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

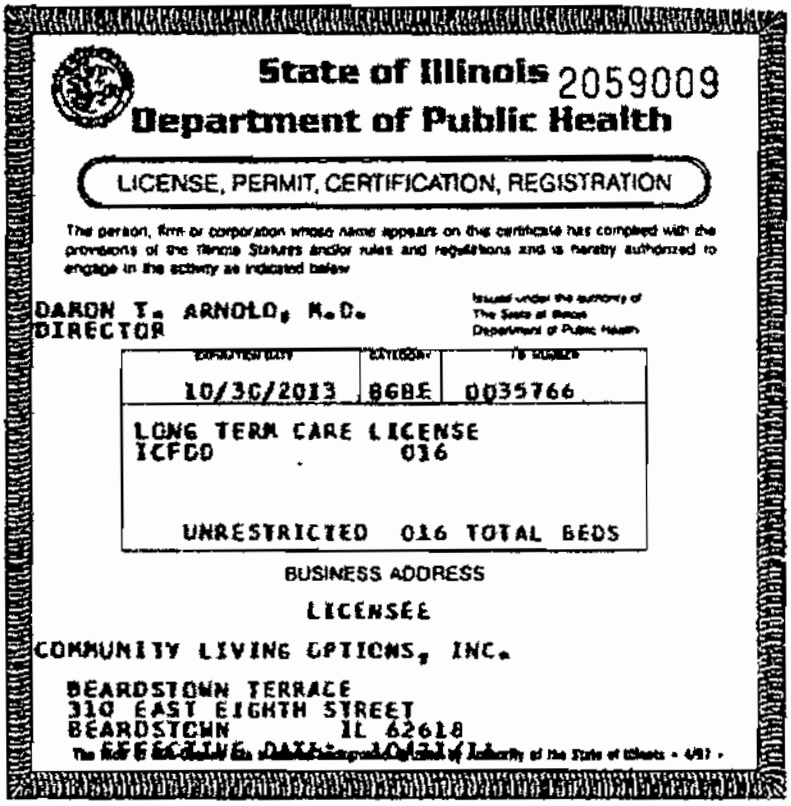
COMMUNITY LIVING OPTIONS, INC.

ALLEN COURT
1650 EAST MAIN STREET
CLINTON IL 61727

EFFECTIVE DATE: [illegible]

the [illegible] authority of the State of Illinois • 4/97 •

ATTACHMENT-11A



State of Illinois 2059009
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/30/2013	868E	0035766

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

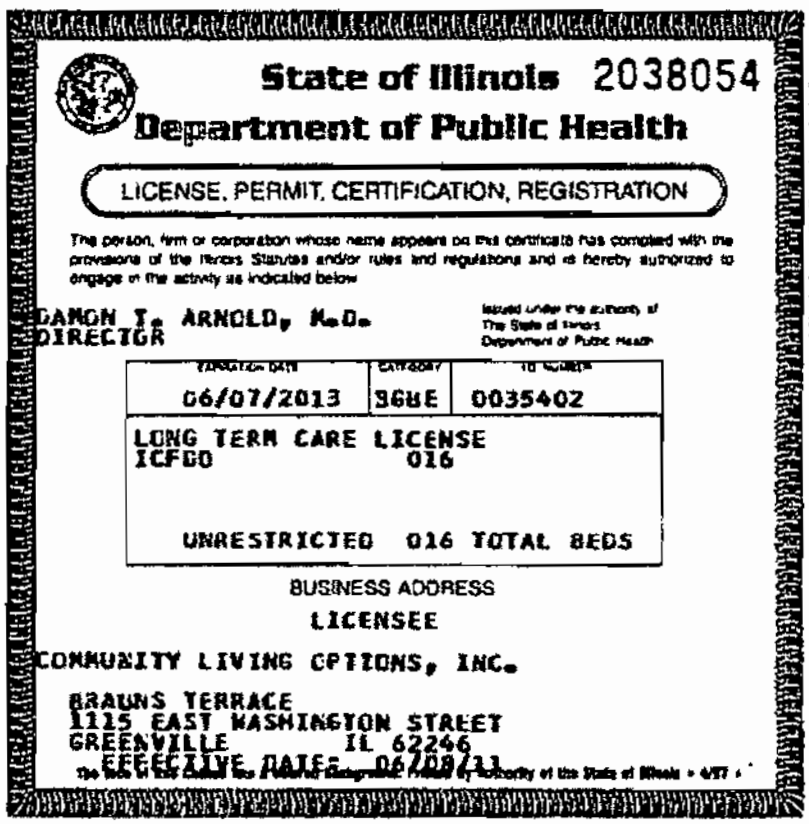
COMMUNITY LIVING OPTIONS, INC.

BEARDSTOWN TERRACE
310 EAST EIGHTH STREET
BEARDSTOWN IL 62618

EFFECTIVE DATE: 10/31/[illegible]

The [illegible] of the State of Illinois • 4/97 •

ATTACHMENT-11A



State of Illinois 2038054

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CANON I. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
06/07/2013	3GHE	0035402

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

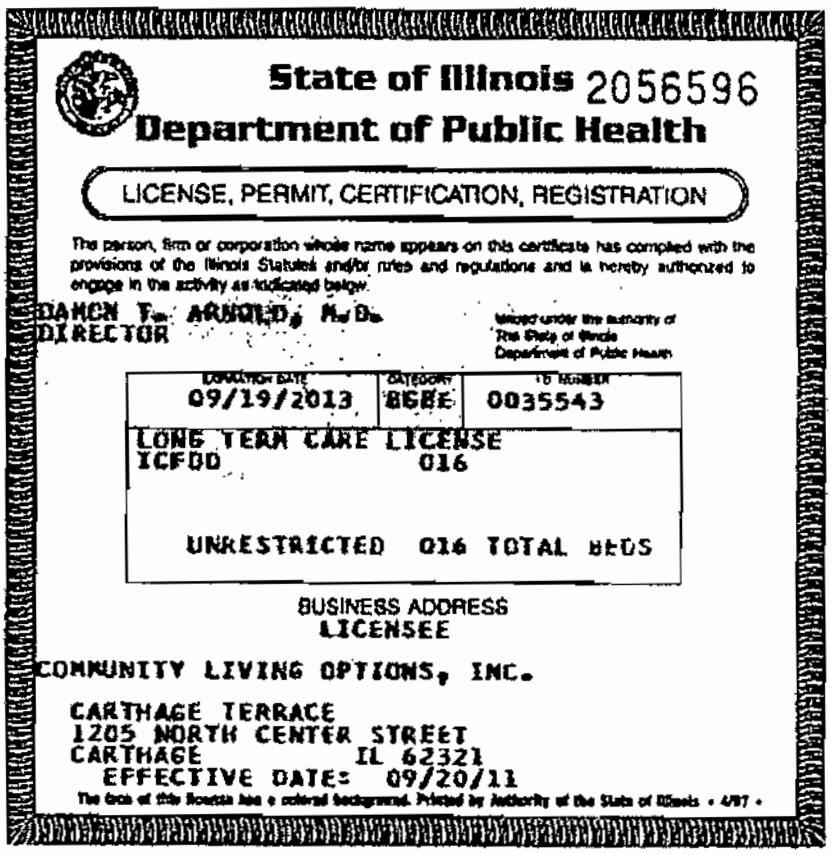
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

BRAUNS TERRACE
1115 EAST WASHINGTON STREET
GREENVILLE IL 62246

EFFECTIVE DATE: 06/08/11

ATTACHMENT-11A



State of Illinois 2056596
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
09/19/2013	BGBE	0035543

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

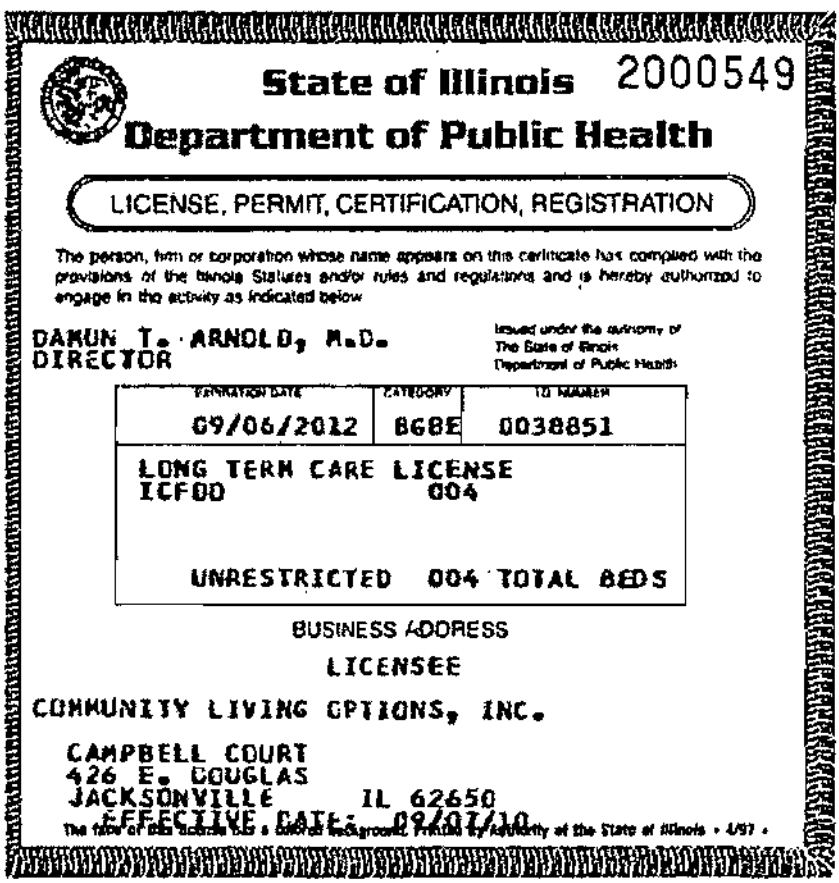
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

CARTHAGE TERRACE
1205 NORTH CENTER STREET
CARTHAGE IL 62321
EFFECTIVE DATE: 09/20/11

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

ATTACHMENT-11A



State of Illinois 2000549

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMUN T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
09/06/2012	BGBE	0038851

LONG TERM CARE LICENSE
ICFDD 004

UNRESTRICTED 004 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

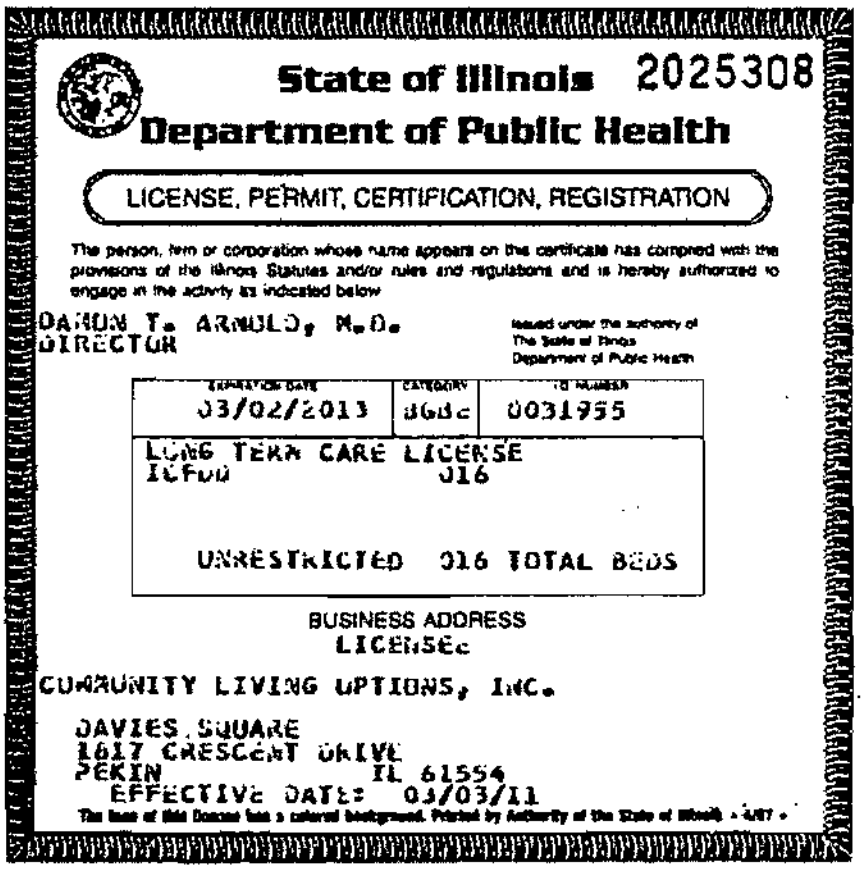
COMMUNITY LIVING OPTIONS, INC.

CAMPBELL COURT
426 E. DOUGLAS
JACKSONVILLE IL 62650

EFFECTIVE DATE: 09/07/10

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

ATTACHMENT-11A



State of Illinois 2025308

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
03/02/2013	BGBC	0031955

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

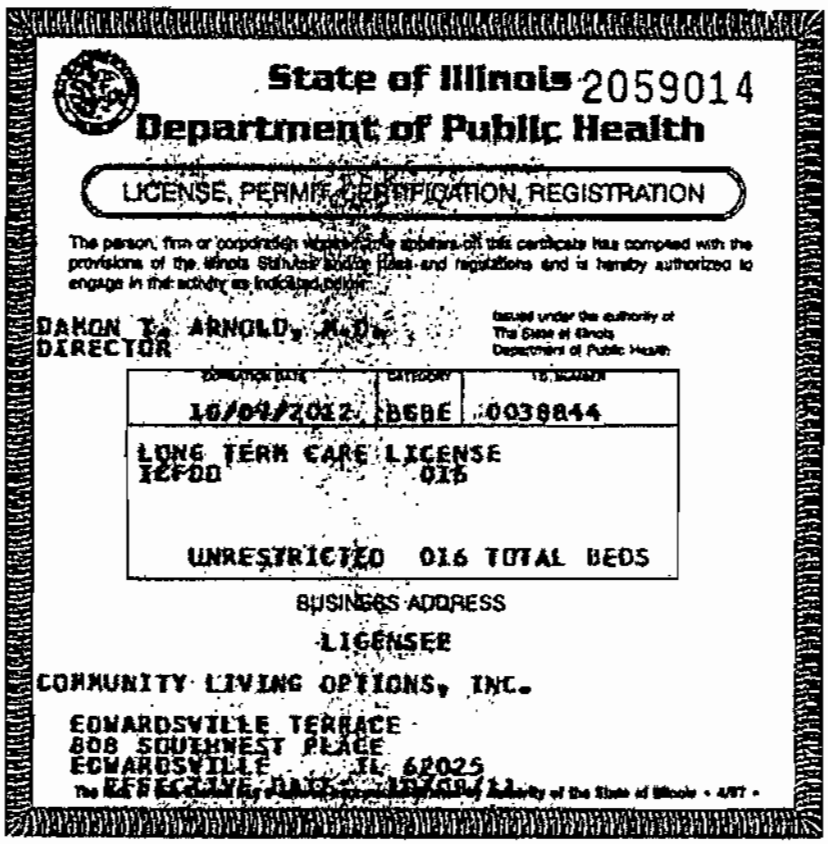
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

DAVIES SQUARE
1617 CRESCENT DRIVE
PEKIN IL 61554
EFFECTIVE DATE: 03/03/11

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

ATTACHMENT-11A



State of Illinois 2059014
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/04/2012	060E	0038844

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

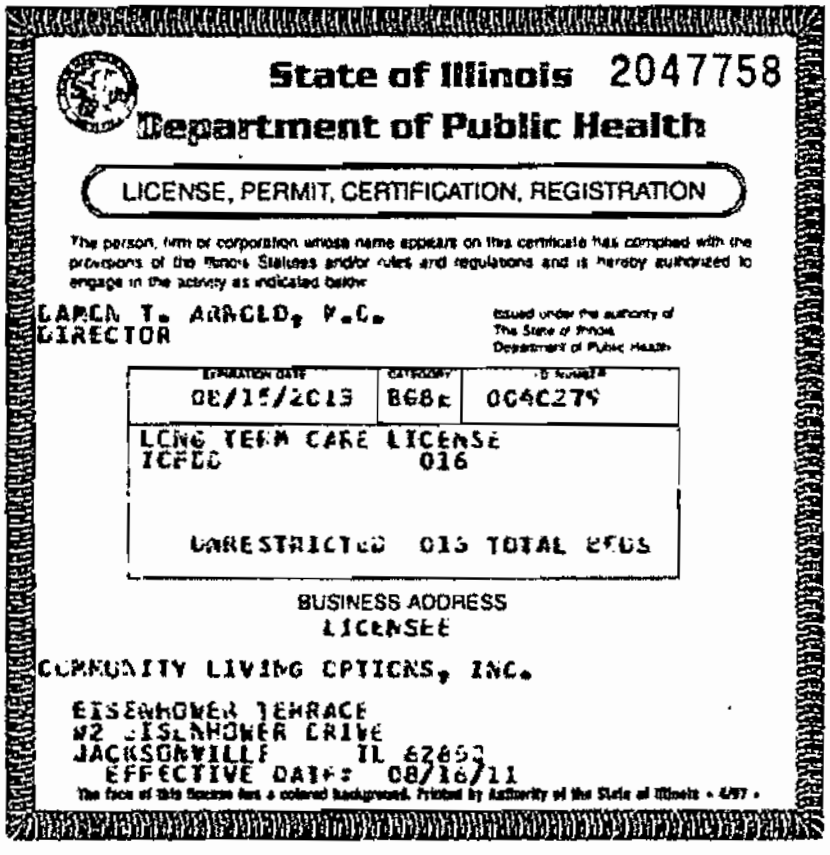
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

EDWARDSVILLE TERRACE
808 SOUTHWEST PLACE
EDWARDSVILLE IL 62025

The EFFECTIVE DATE ... Authority of the State of Illinois • 4/97 •

ATTACHMENT-11A



State of Illinois 2047758

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CAROL T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
08/15/2013	868E	0040279

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

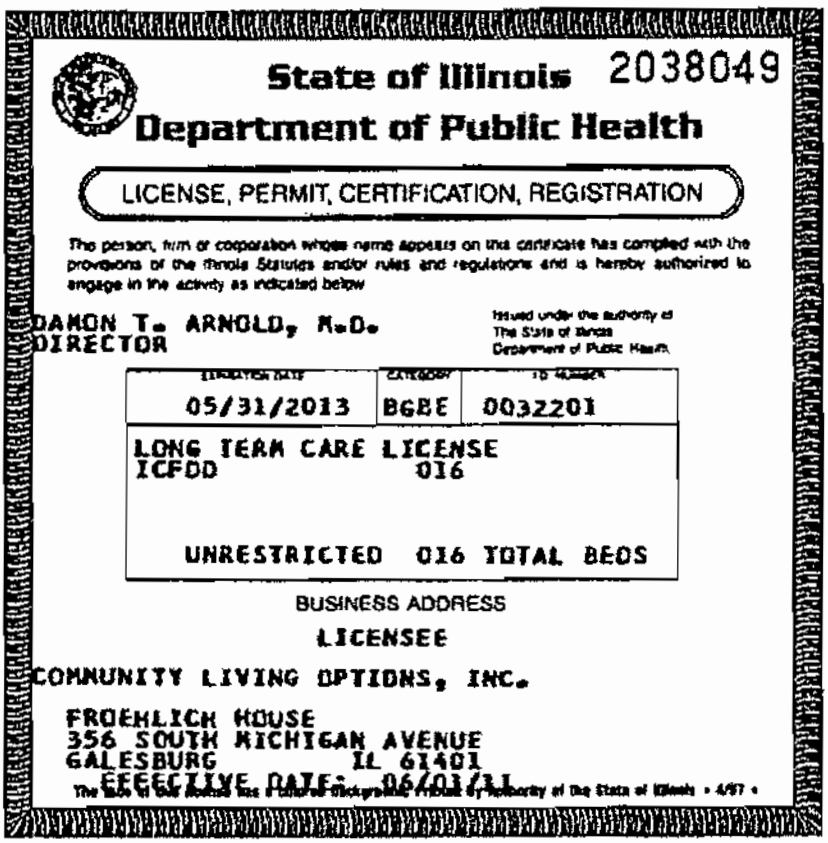
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

EISENHOWER TERRACE
#2 EISENHOWER DRIVE
JACKSONVILLE IL 62650
EFFECTIVE DATE: 08/16/11

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

ATTACHMENT-11A



State of Illinois 2038049

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/31/2013	BGBE	0032201

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

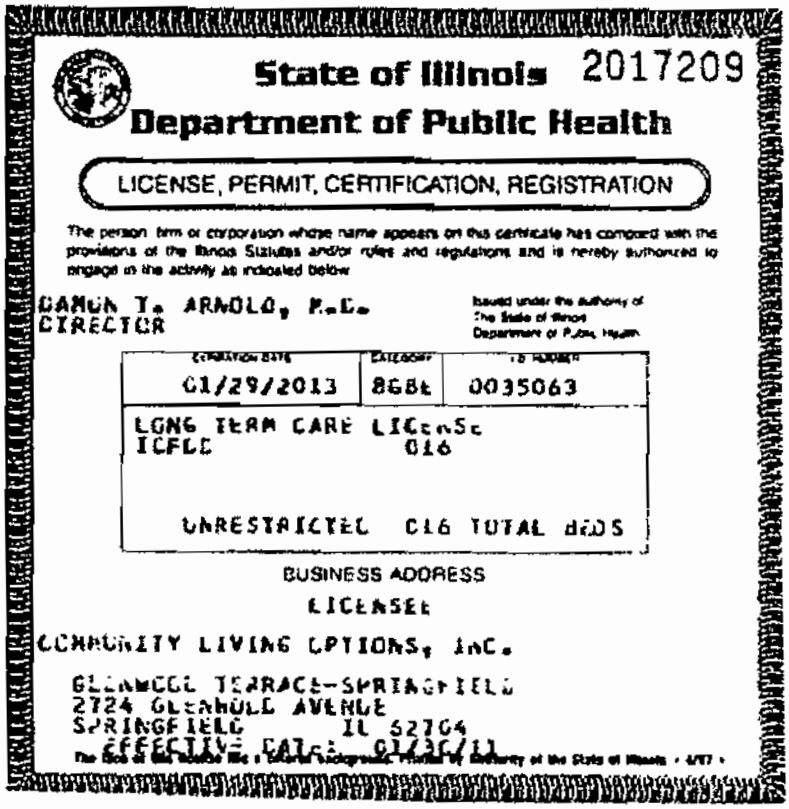
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

FROEHLICH HOUSE
356 SOUTH MICHIGAN AVENUE
GALESBURG IL 61401
EFFECTIVE DATE: 06/01/11

The [illegible] has a [illegible] Printed by Authority of the State of Illinois • 4/97 •

ATTACHMENT-11A



State of Illinois 2017209

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
01/29/2013	868t	0035063

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

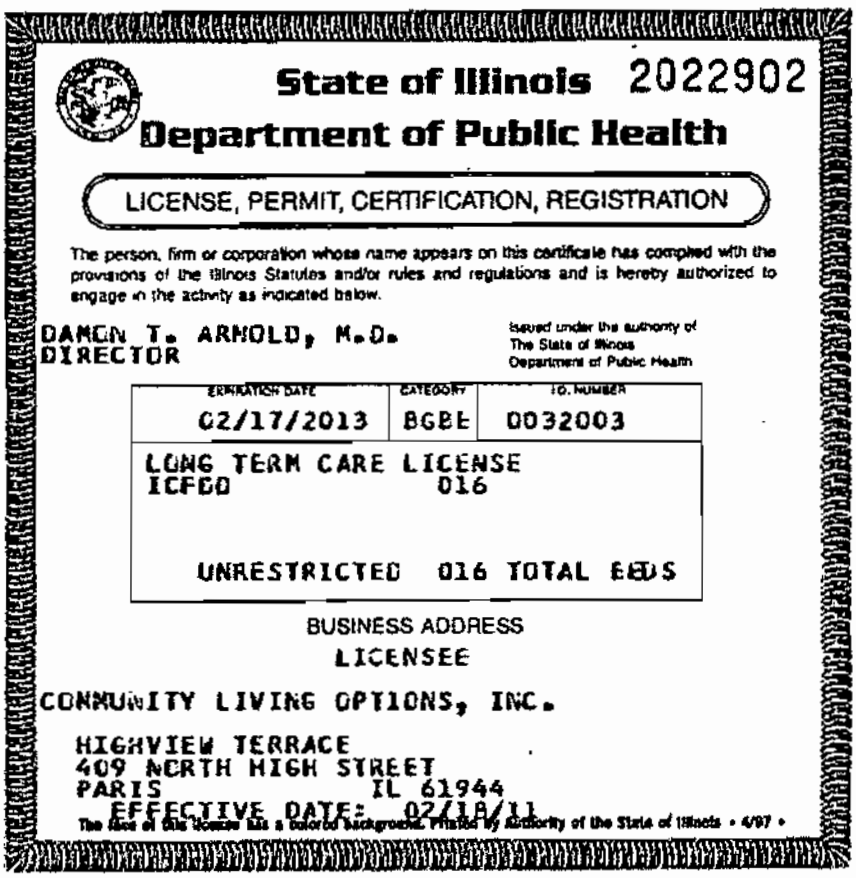
BUSINESS ADDRESS

LICENSEE

COMMUNITY LIVING OPTIONS, INC.

GLENWOOD TERRACE-SPRINGFIELD
2724 GLENHULL AVENUE
SPRINGFIELD IL 62704
EFFECTIVE DATE: 01/30/11

ATTACHMENT-11A



State of Illinois 2022902

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/17/2013	BGBE	0032003

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

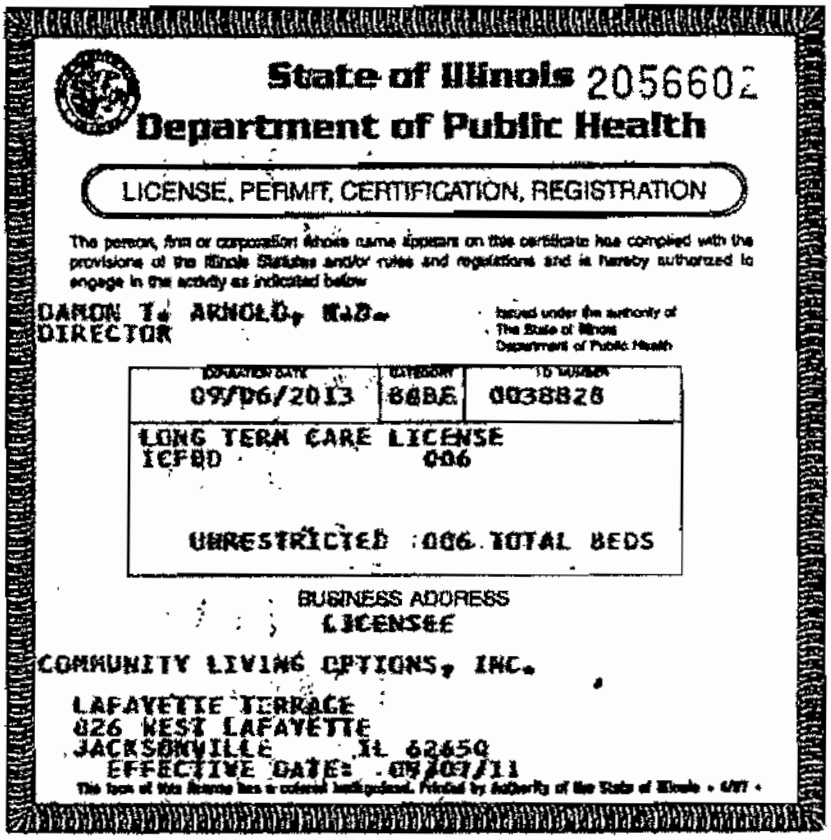
COMMUNITY LIVING OPTIONS, INC.

HIGHVIEW TERRACE
409 NORTH HIGH STREET
PARIS IL 61944

EFFECTIVE DATE: 02/18/11

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

ATTACHMENT-11A



State of Illinois 2056602
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DARON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
09/06/2013	0086	0038828

LONG TERM CARE LICENSE
ICFDD 006

UNRESTRICTED :006 TOTAL BEDS

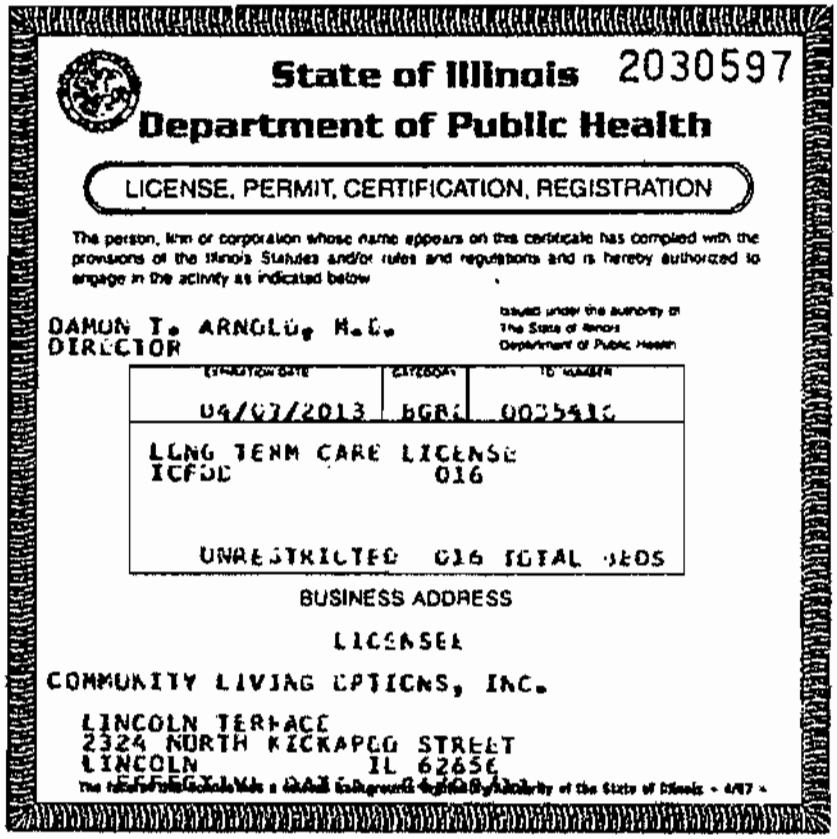
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

LAFAYETTE TERRACE
826 WEST LAFAYETTE
JACKSONVILLE IL 62650
EFFECTIVE DATE: 09/07/11

This form of this license has a colored background. Printed by authority of the State of Illinois - 4/97 -

ATTACHMENT-11A



State of Illinois 2030597

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
04/07/2013	hGRi	0035416

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

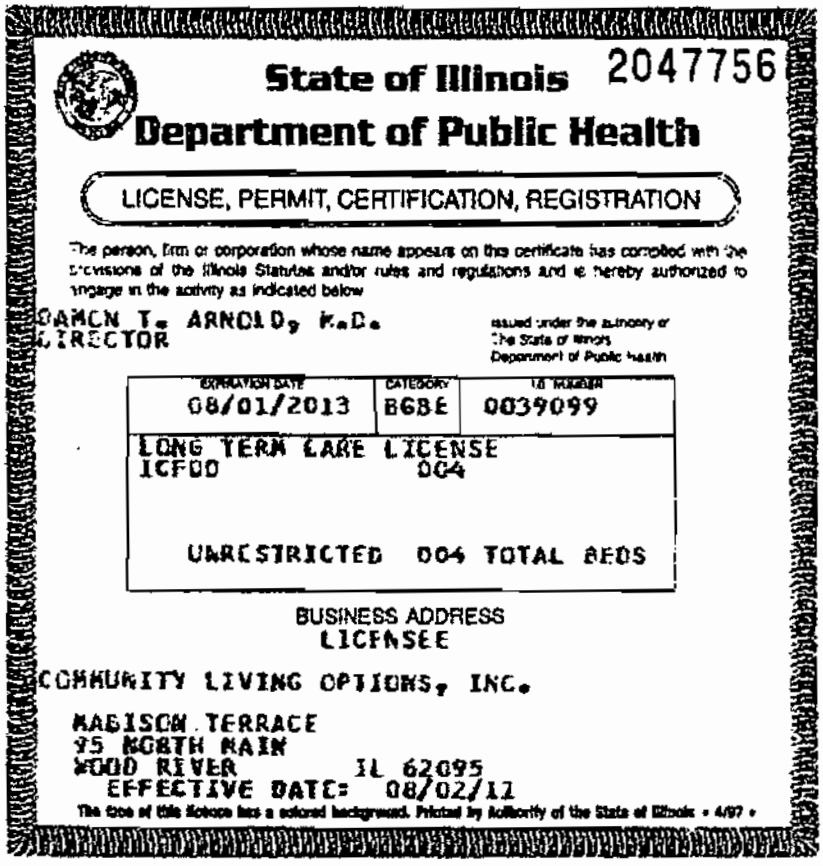
BUSINESS ADDRESS

LICENSEE

COMMUNITY LIVING OPTIONS, INC.

LINCOLN TERRACE
2324 NORTH KICKAPOO STREET
LINCOLN IL 62656

ATTACHMENT-11A



State of Illinois 2047756

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/01/2013	BGBE	0039099

LONG TERM CARE LICENSE
ICFDD 004

UNRESTRICTED 004 TOTAL BEDS

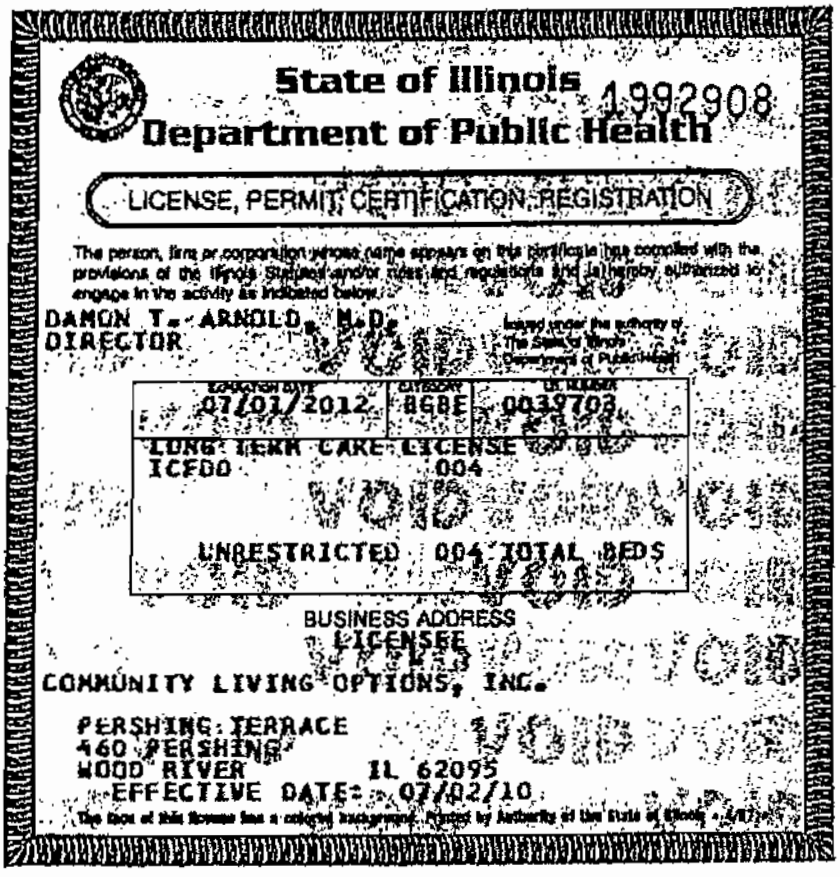
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

MADISON TERRACE
95 NORTH MAIN
WOOD RIVER IL 62095
EFFECTIVE DATE: 08/02/11

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

ATTACHMENT-11A



State of Illinois 1992908
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	DE NUMBER
07/01/2012	BGBE	0039703

LONG TERM CARE LICENSE
ICFDD 004

UNRESTRICTED 004 TOTAL BEDS

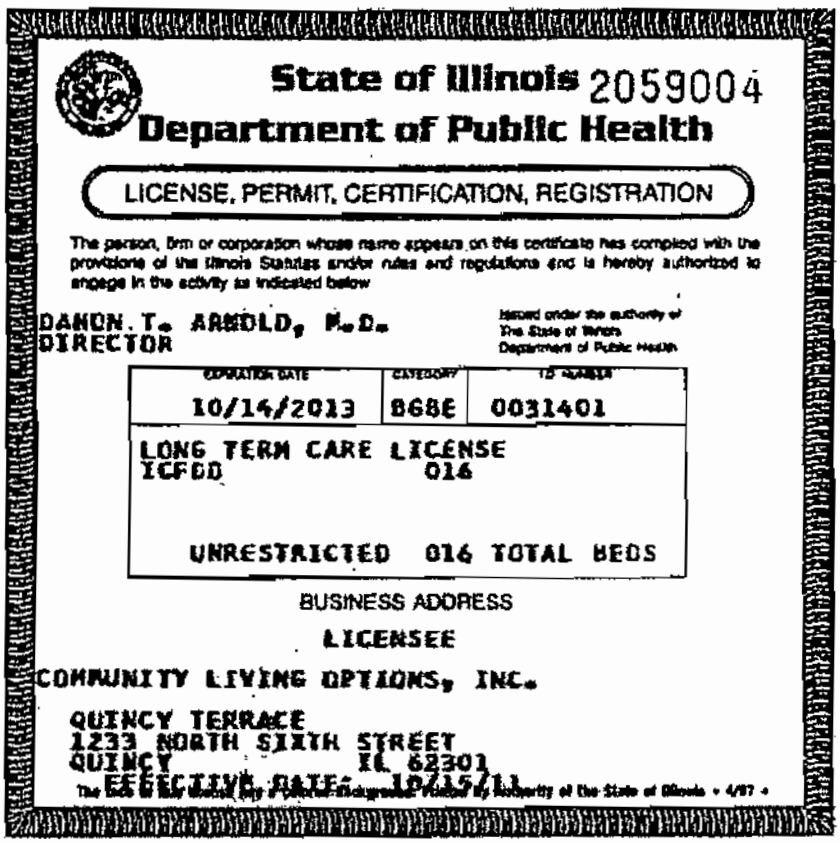
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

PERSHING TERRACE
460 PERSHING
WOOD RIVER IL 62095
EFFECTIVE DATE: 07/02/10

The face of this license has a colored background. Printed by Authority of the State of Illinois - 5/07

ATTACHMENT-11A



State of Illinois 2059004

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
10/14/2013	B68E	0031401

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

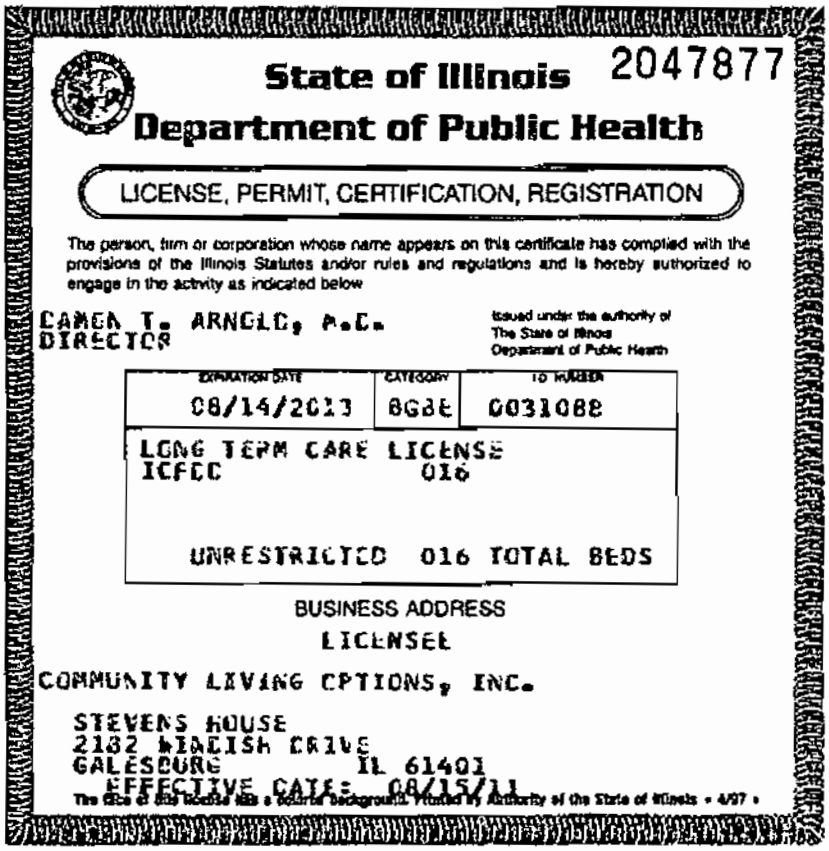
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

QUINCY TERRACE
1233 NORTH SIXTH STREET
QUINCY IL 62301
EFFECTIVE DATE: 10/15/11

The Code of Illinois may be obtained by a Federal Recognized Printer by Authority of the State of Illinois • 4/97 •

ATTACHMENT-11A



State of Illinois 2047877
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CAMEN T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
08/14/2013	BGBE	0031088

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

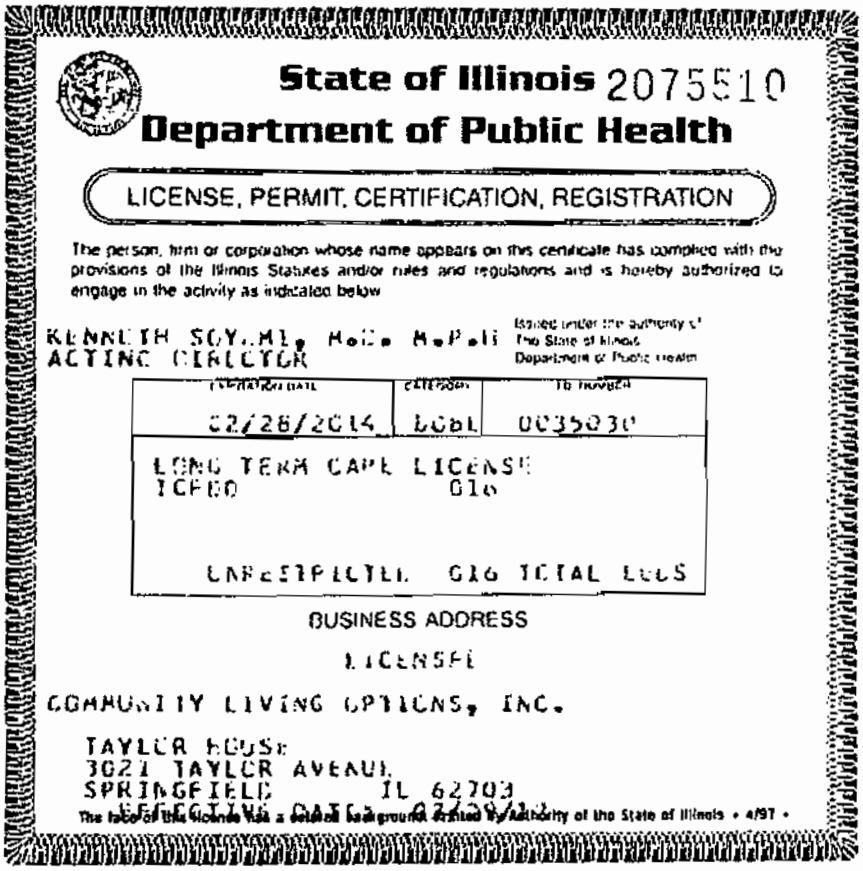
COMMUNITY LIVING OPTIONS, INC.

STEVENS HOUSE
2132 WADISH DRIVE
GALESBURG IL 61401

EFFECTIVE DATE: 08/15/11

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

ATTACHMENT-11A



State of Illinois 2075510
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

KENNETH SOYARS, M.D., M.P.H.
ACTING DIRECTOR

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

EXPIRATION DATE	EXTENSION	ID NUMBER
02/28/2014	0001	0035030

LONG TERM CARE LICENSE
ICFDD G16

UNSPECIFIED G16 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

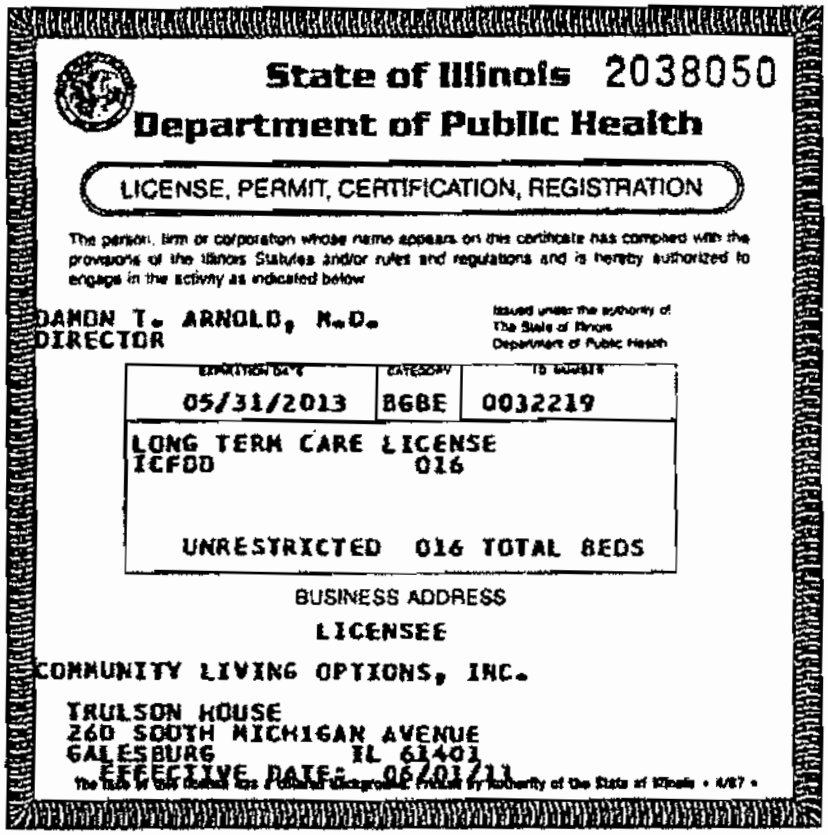
COMMUNITY LIVING OPTIONS, INC.

TAYLOR HOUSE
3021 TAYLOR AVENUE
SPRINGFIELD IL 62703

EFFECTIVE DATE: 03/29/13

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

ATTACHMENT-11A



State of Illinois 2038050

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/31/2013	BGBE	0032219

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

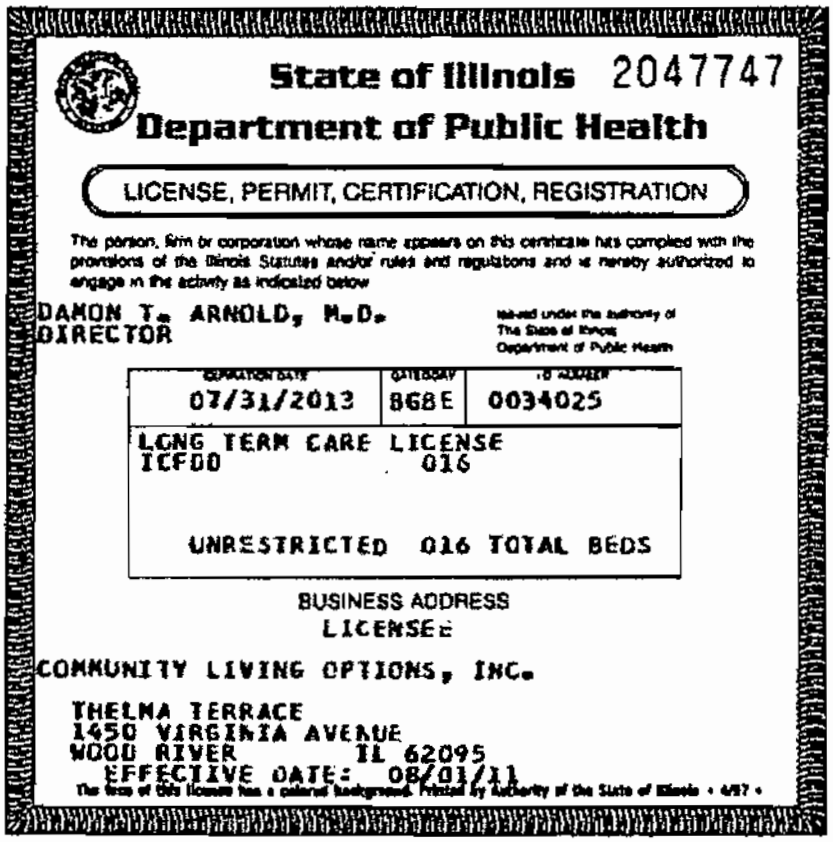
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

TRULSON HOUSE
260 SOUTH MICHIGAN AVENUE
GALESBURG IL 61401
EFFECTIVE DATE: 06/01/11

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

ATTACHMENT-11A



State of Illinois 2047747

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
07/31/2013	868E	0034025

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

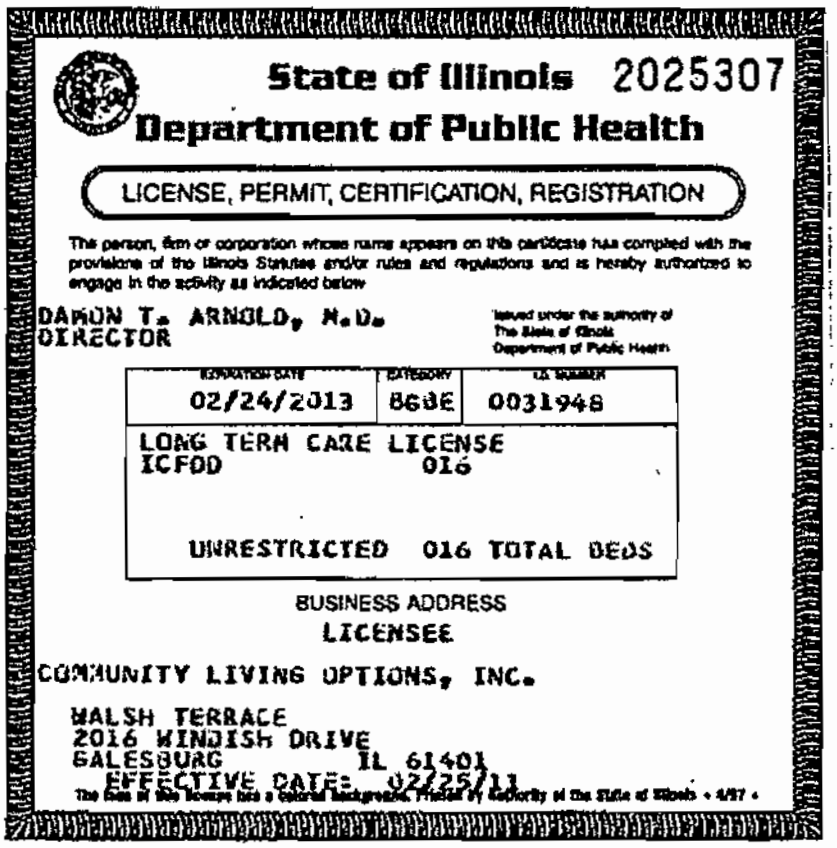
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

THELMA TERRACE
1450 VIRGINIA AVENUE
WOOD RIVER IL 62095
EFFECTIVE DATE: 08/01/11

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

ATTACHMENT-11A



State of Illinois 2025307

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/24/2013	860E	0031948

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

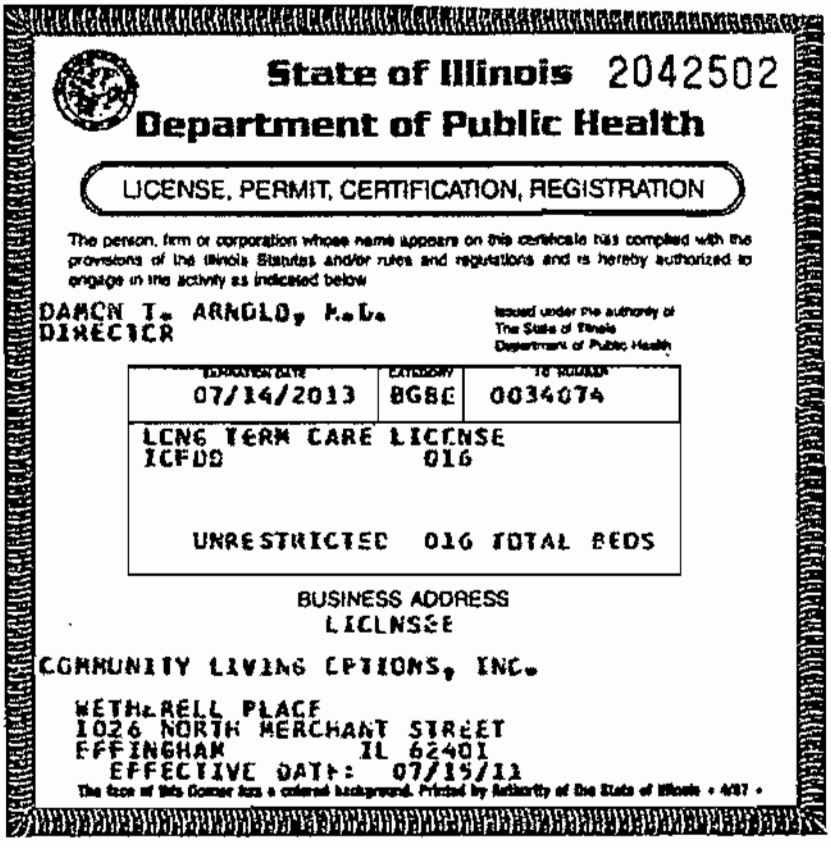
COMMUNITY LIVING OPTIONS, INC.

WALSH TERRACE
2016 WINDISH DRIVE
GALESBURG IL 61401

EFFECTIVE DATE 02/25/11

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

ATTACHMENT-11A



State of Illinois 2042502

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
07/14/2013	BGBC	0034074

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

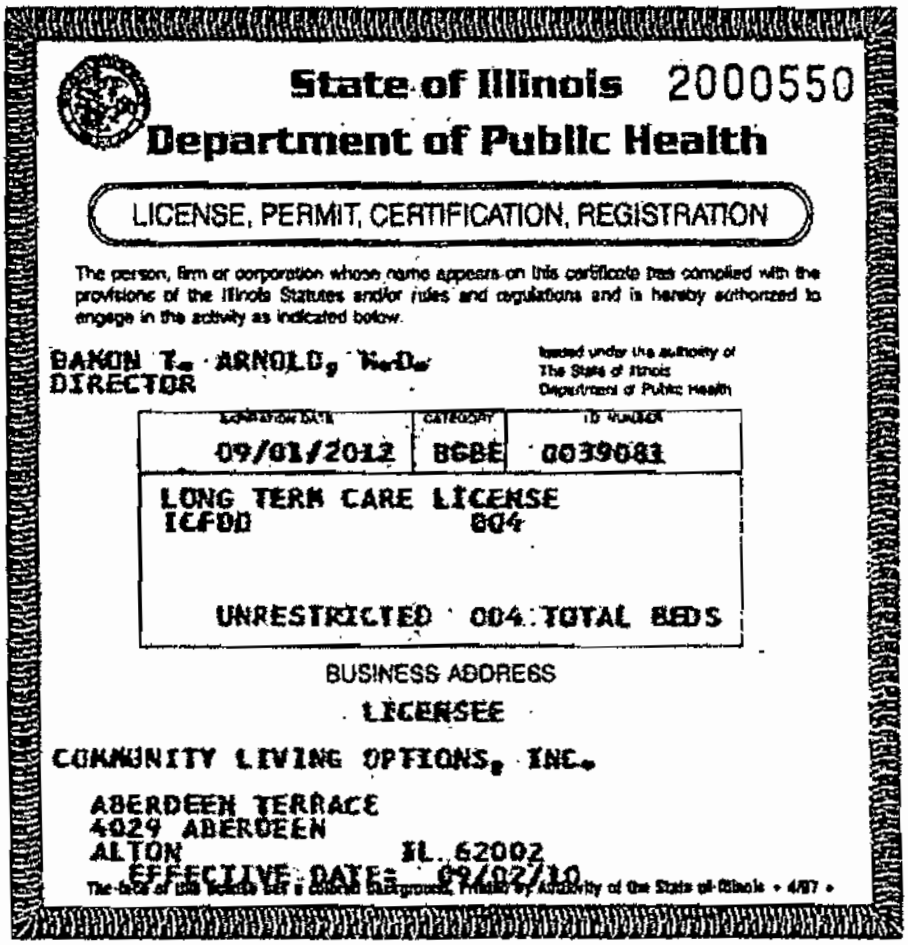
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

WETHERELL PLACE
1026 NORTH MERCHANT STREET
EFFINGHAM IL 62401
EFFECTIVE DATE: 07/15/11

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

ATTACHMENT-11A



State of Illinois 2000550

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

BANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
09/01/2012	BGBE	0039081

LONG TERM CARE LICENSE
ICFDD 004

UNRESTRICTED 004 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

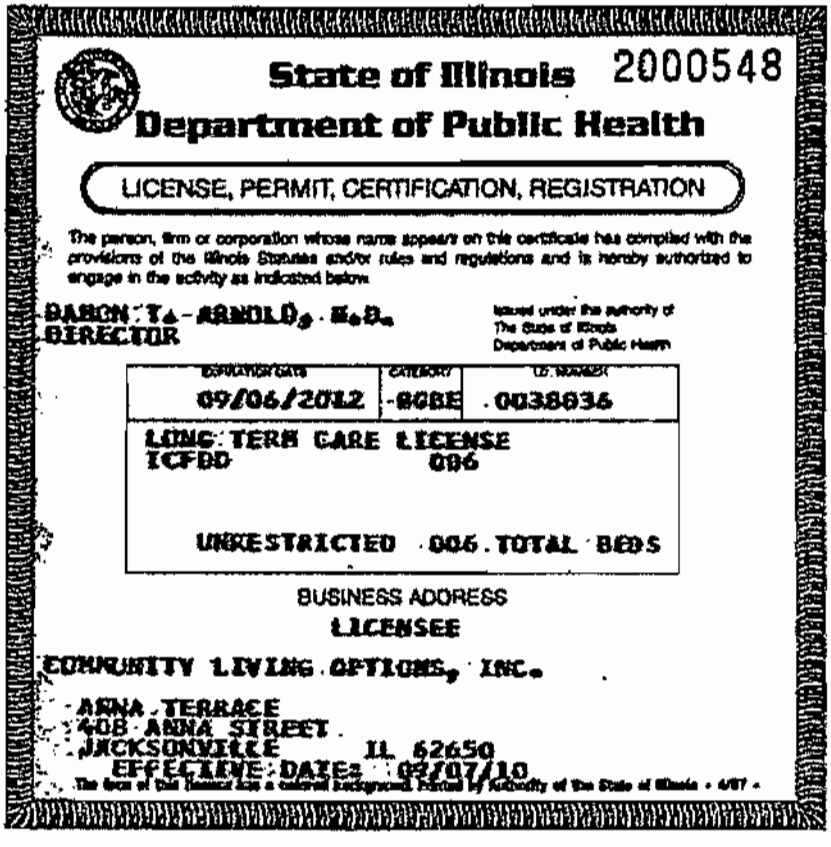
COMMUNITY LIVING OPTIONS, INC.

ABERDEEN TERRACE
4029 ABERDEEN
ALTON IL 62002

EFFECTIVE DATE: 09/02/10

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

ATTACHMENT-11A



State of Illinois 2000548
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

BARON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/06/2012	-BGBE	.0038036

LONG TERM CARE LICENSE
ICFDD 006

UNRESTRICTED 006 TOTAL BEDS

BUSINESS ADDRESS

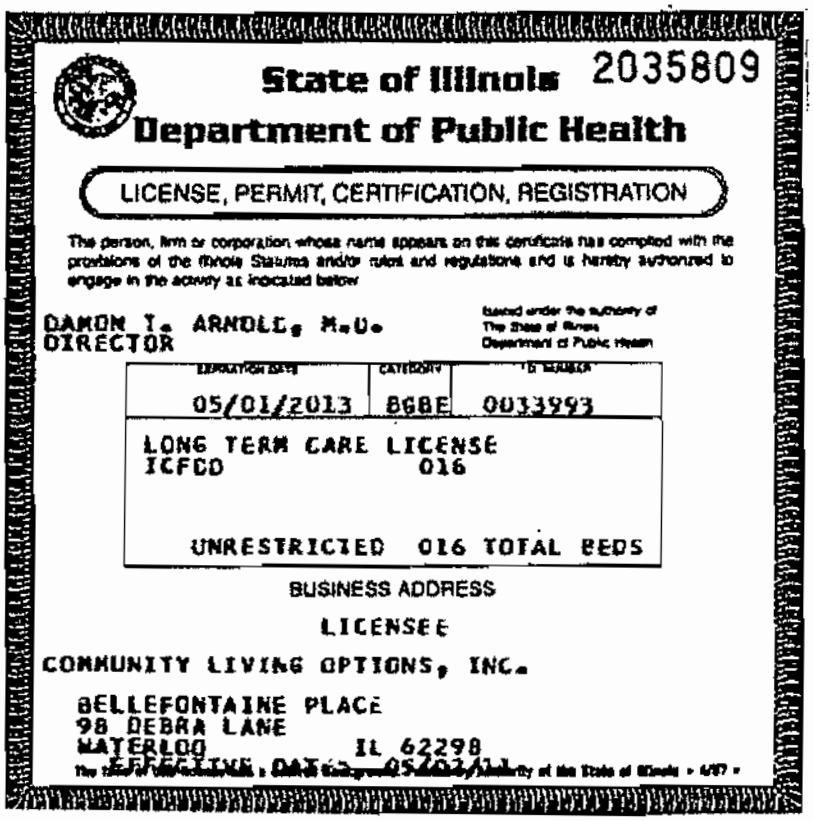
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

ANNA TERRACE
408 ANNA STREET
JACKSONVILLE IL 62650
EFFECTIVE DATE: 09/07/10

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

ATTACHMENT-11A



State of Illinois 2035809

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/01/2013	BGBE	0033993

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

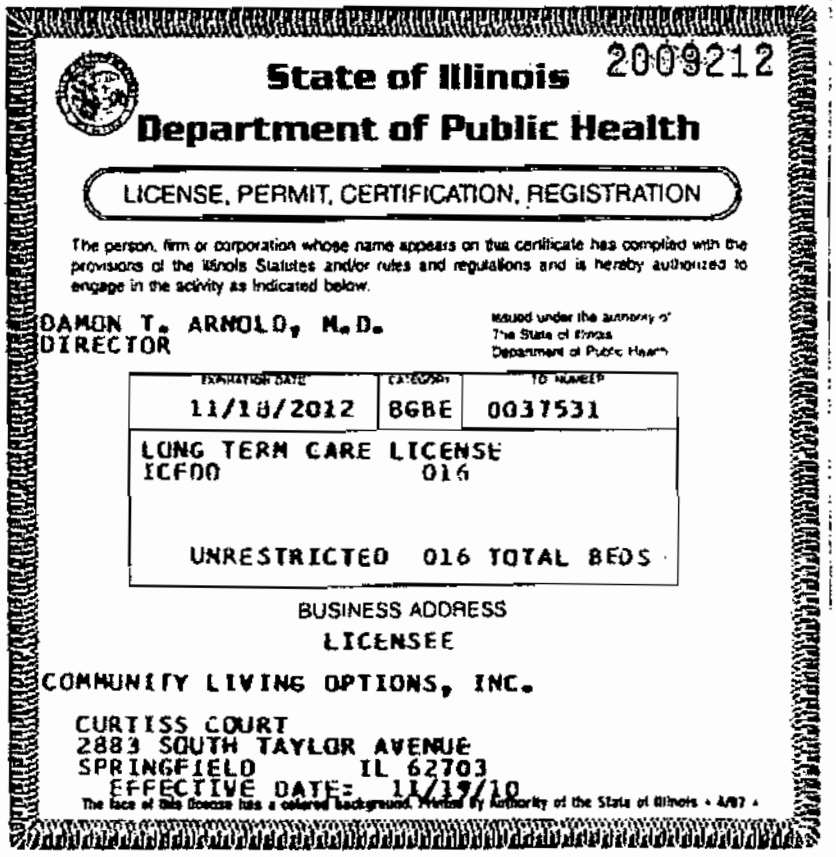
COMMUNITY LIVING OPTIONS, INC.

BELLEFONTAINE PLACE
98 DEBRA LANE
WATERLOO IL 62298

EFFECTIVE DATE: 05/02/11

The [illegible] authority of the State of Illinois • 4/97 •

ATTACHMENT-11A



State of Illinois

2009212

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
11/18/2012	BGBE	0037531

LONG TERM CARE LICENSE
ICF/DD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

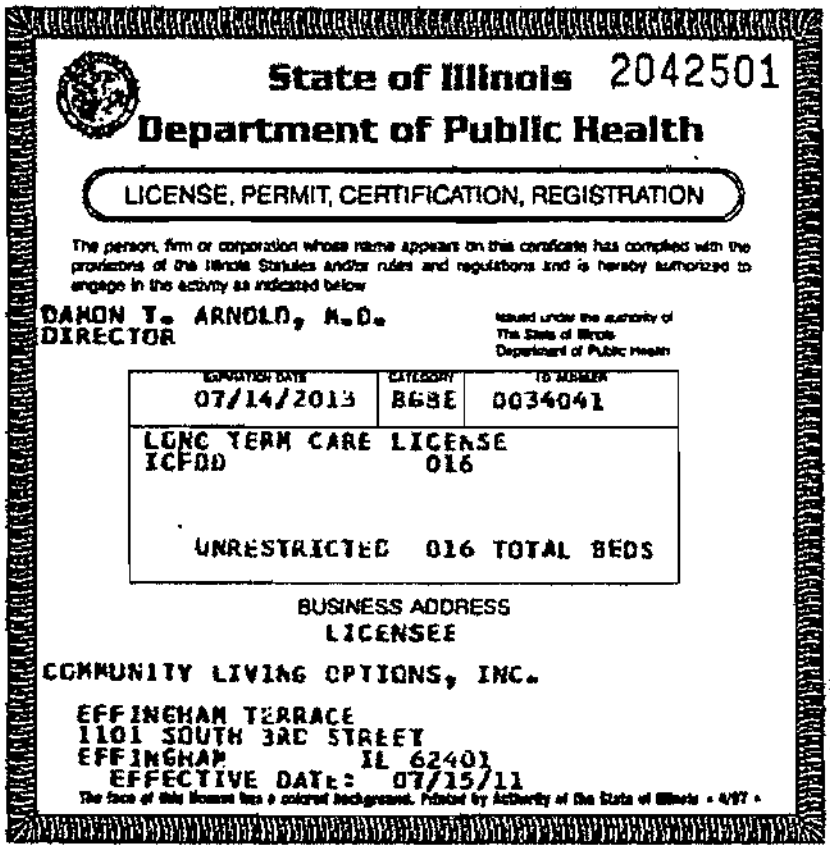
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

CURTISS COURT
2883 SOUTH TAYLOR AVENUE
SPRINGFIELD IL 62703
EFFECTIVE DATE: 11/19/10

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

ATTACHMENT-11A



State of Illinois 2042501

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
07/14/2013	BGBE	0034041

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

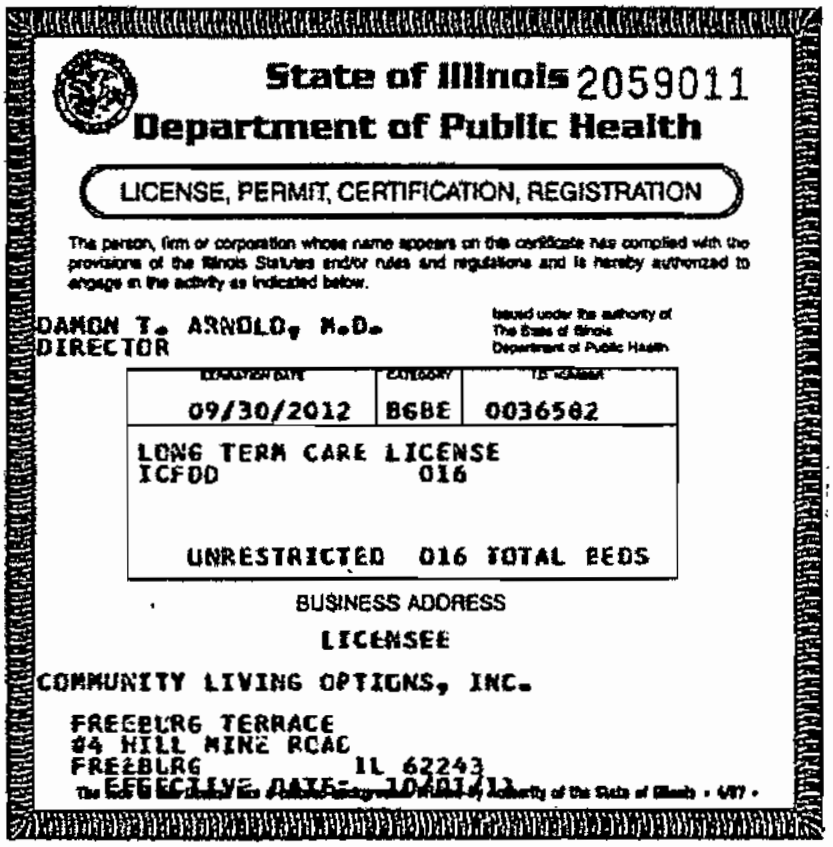
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

EFFINGHAM TERRACE
1101 SOUTH 3RD STREET
EFFINGHAM IL 62401
EFFECTIVE DATE: 07/15/11

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

ATTACHMENT-11A



State of Illinois 2059011
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
09/30/2012	B6BE	0036502

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

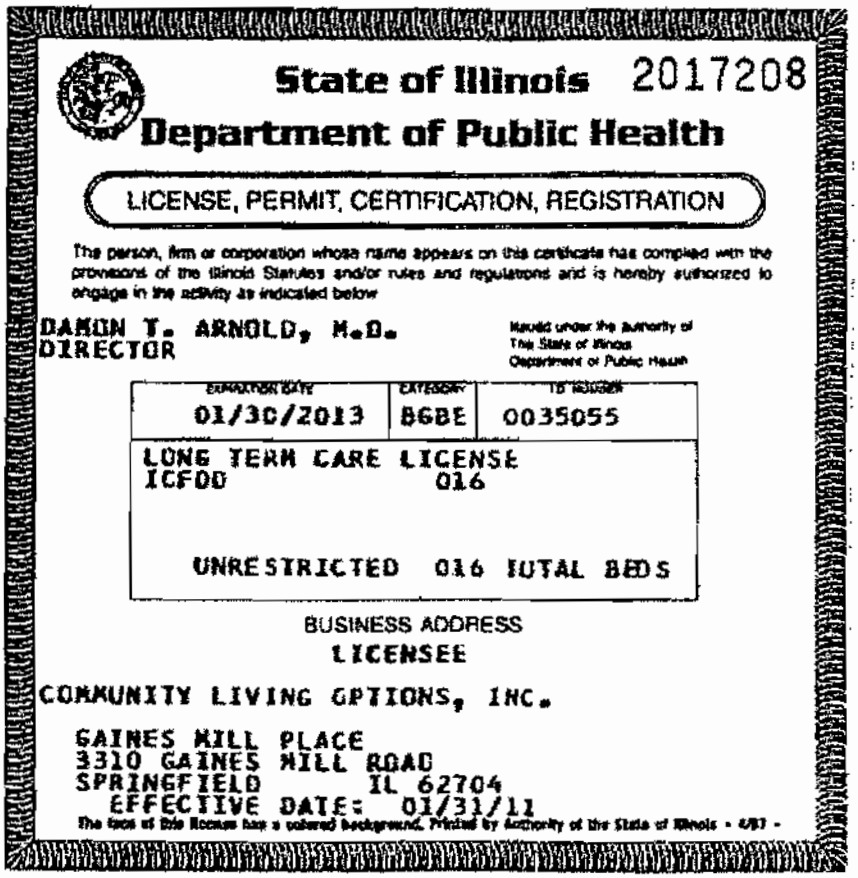
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

FREEBURG TERRACE
84 HILL MINE ROAD
FREEBURG IL 62243

EFFECTIVE DATE: 10/01/11

ATTACHMENT-11A



State of Illinois 2017208
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
01/30/2013	86BE	0035055

LONG TERM CARE LICENSE
ICF/DD 016

UNRESTRICTED 016 TOTAL BEDS

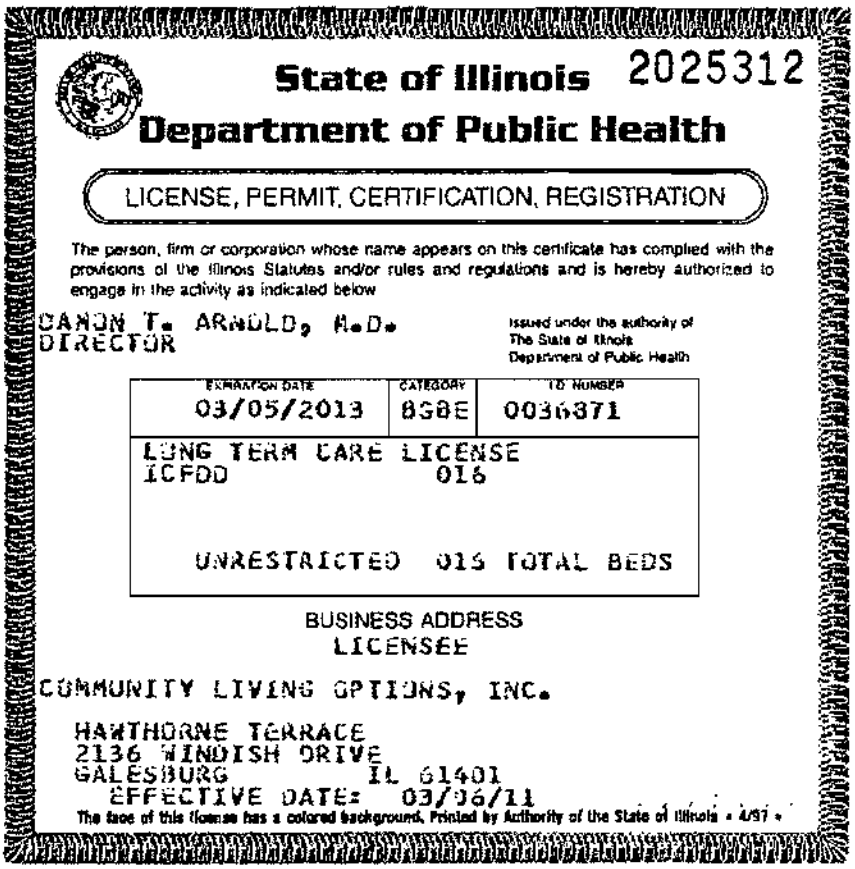
BUSINESS ADDRESS

LICENSEE

COMMUNITY LIVING OPTIONS, INC.

GAINES MILL PLACE
3310 GAINES MILL ROAD
SPRINGFIELD IL 62704
EFFECTIVE DATE: 01/31/11

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



State of Illinois 2025312

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
03/05/2013	838E	0036371

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

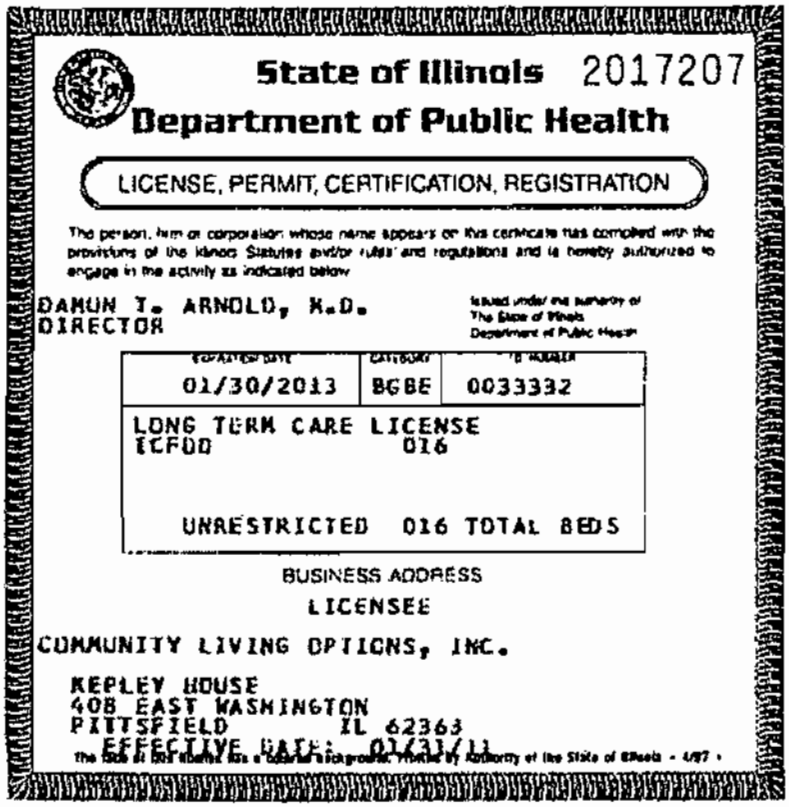
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

HAWTHORNE TERRACE
2136 WINDISH DRIVE
GALESBURG IL 61401
EFFECTIVE DATE: 03/06/11

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

ATTACHMENT-11A



State of Illinois 2017207

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
01/30/2013	BGBE	0033332

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

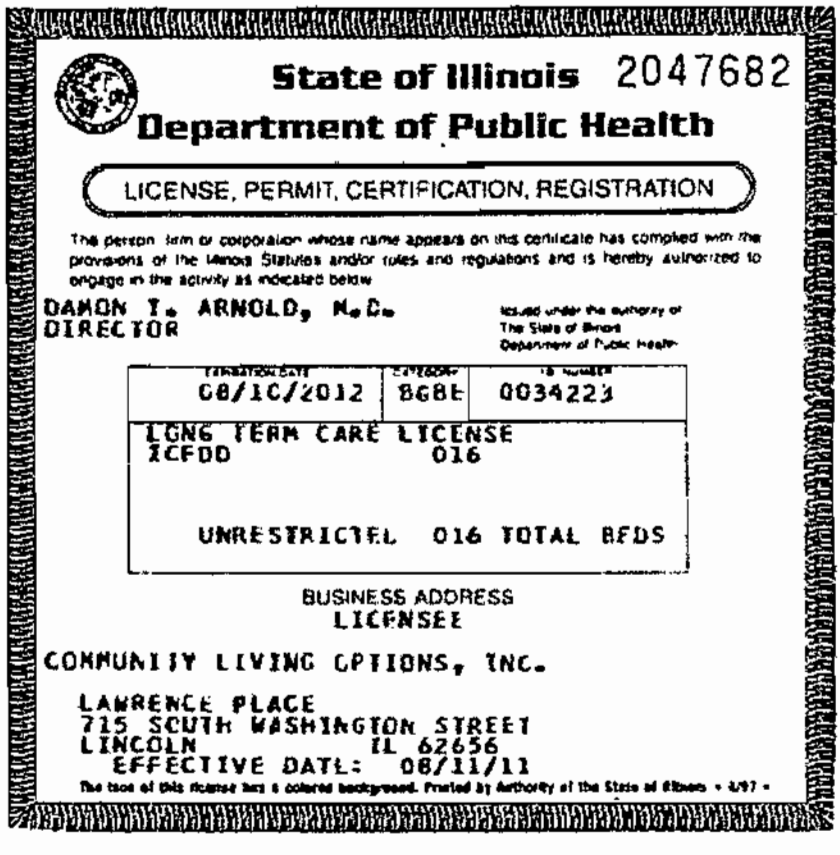
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

KEPLEY HOUSE
408 EAST WASHINGTON
PITTSFIELD IL 62363
EFFECTIVE DATE: 01/31/11

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

ATTACHMENT-11A



State of Illinois 2047682
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
08/10/2012	BGBE	0034223

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

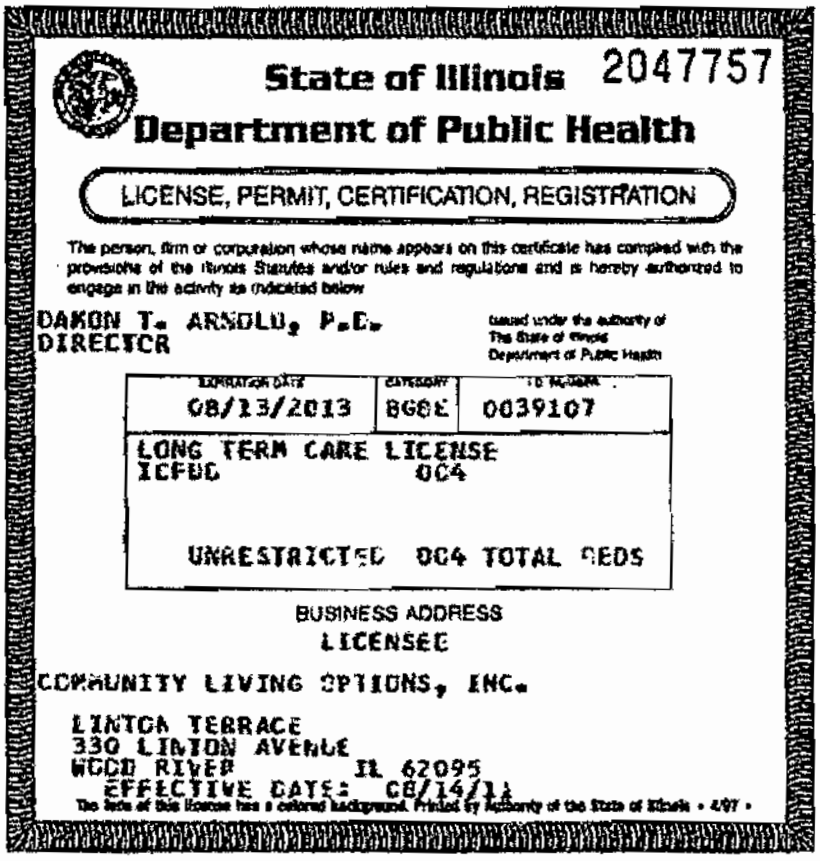
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

LAWRENCE PLACE
715 SOUTH WASHINGTON STREET
LINCOLN IL 62656
EFFECTIVE DATE: 08/11/11

The face of this license has a colored background. Printed by Authority of the State of Illinois • 3/97 •

ATTACHMENT-11A



State of Illinois 2047757

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, P.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/13/2013	BGBE	0039107

LONG TERM CARE LICENSE
ICFDD 004

UNRESTRICTED 004 TOTAL BEDS

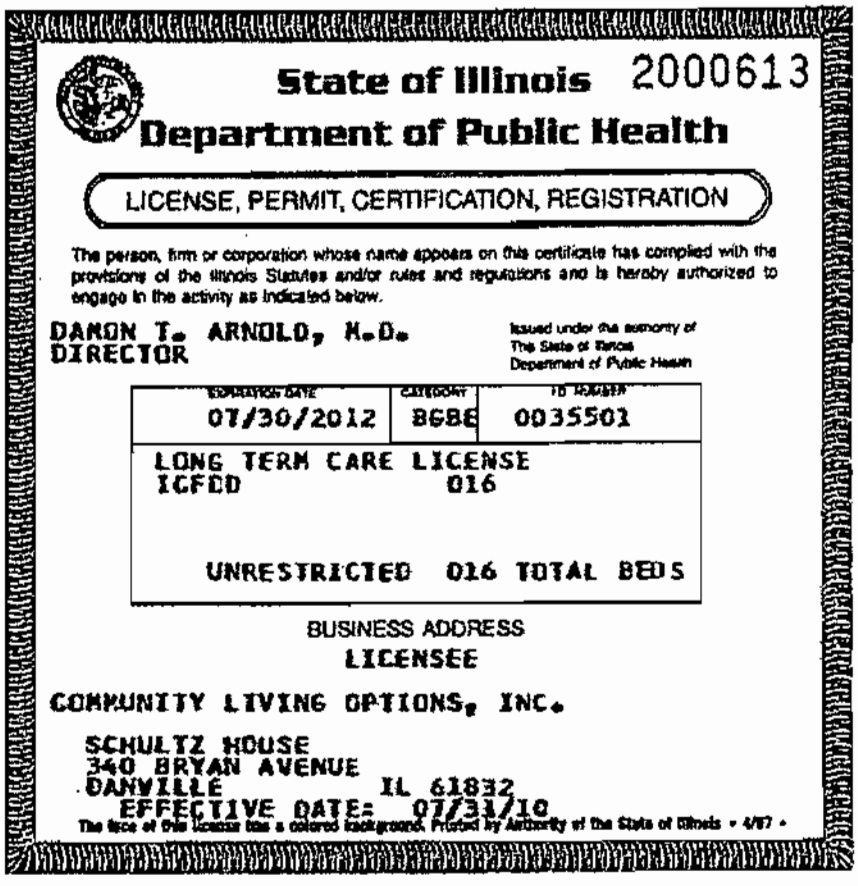
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

LINTON TERRACE
330 LINTON AVENUE
WOOD RIVER IL 62095
EFFECTIVE DATE: 08/14/11

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

ATTACHMENT-11A



State of Illinois 2000613
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
07/30/2012	BGBE	0035501

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

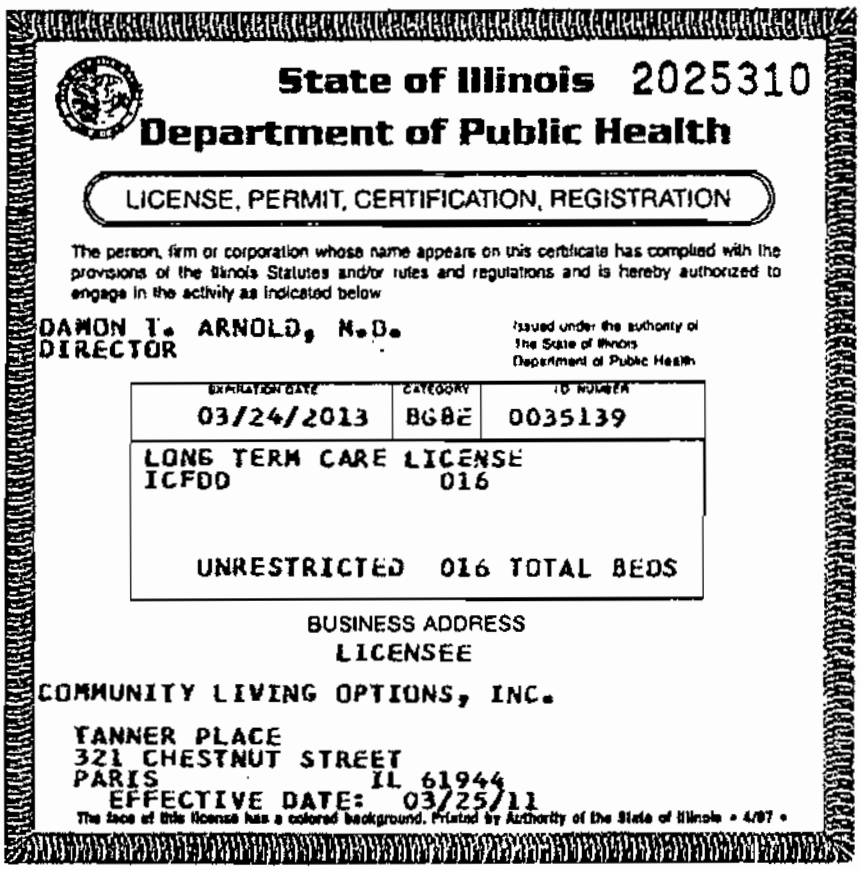
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

SCHULTZ HOUSE
340 BRYAN AVENUE
DANVILLE IL 61832
EFFECTIVE DATE: 07/31/10

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

ATTACHMENT-11A



State of Illinois 2025310
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
03/24/2013	BGBE	0035139

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

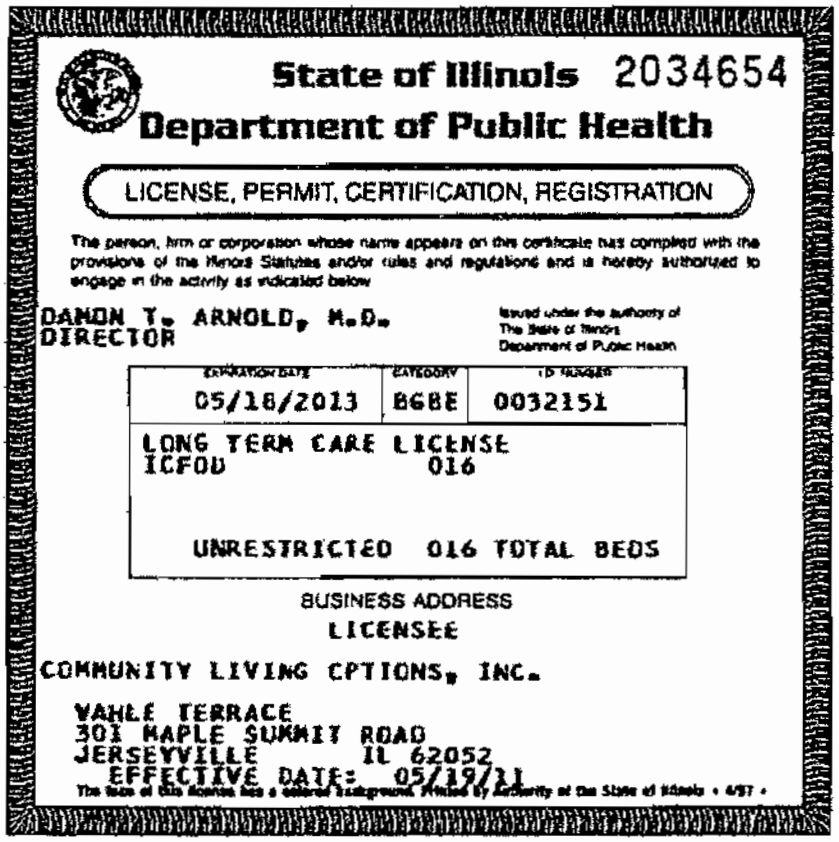
BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

TANNER PLACE
321 CHESTNUT STREET
PARIS IL 61944
EFFECTIVE DATE: 03/25/11

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

ATTACHMENT-11A



State of Illinois 2034654

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/18/2013	BGBE	0032151

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

COMMUNITY LIVING OPTIONS, INC.

VAHLE TERRACE
301 MAPLE SUMMIT ROAD
JERSEYVILLE IL 62052
EFFECTIVE DATE: 05/19/11

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

ATTACHMENT-11A

State of Illinois 1980525
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/25/2012	BGBE	0035295

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

COMMUNITY LIVING OPTIONS, INC.

MAPLE TERRACE
1510 NORTH 4TH STREET
QUINCY IL 62301
EFFECTIVE DATE: 05/26/10

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

ATTACHMENT-11A

State of Illinois 2082367
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

ARTHUR KOHRMAN, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/04/2014	BGBE	0036889

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

COMMUNITY LIVING OPTIONS, INC.

PLONKA TERRACE
184 MAPLE AVENUE
GALESBURG IL 61401
EFFECTIVE DATE: 04/05/12

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

ATTACHMENT-11A

Facilities Operated by
Unlimited Development, Inc.

Care Center of Abingdon
801 West Martin Street
Abingdon, IL 61410

Seminary Manor
2345 North Seminary Street
Galesburg, IL 61401

Hawthorne Inn of Galesburg
2245 North Seminary Street
Galesburg, IL 61401

Pekin Manor
1520 El Camino Drive
Pekin, IL 61554

LeRoy Manor
509 South Buck Road
P. O. Box 149
LeRoy, IL 61752

Pittsfield Manor
610 Lowry Street
Pittsfield, IL 62363

Hawthorne Inn of Pittsfield
610 Lowry Street
Pittsfield, IL 62363

Manor Court of Maryville
6955 State Route 162
Maryville, IL 62062

Jerseyville Manor
1251 North State Street
Jerseyville, IL 62052

Shelbyville Manor
1111 West North 12th Street
Shelbyville, IL 62565

Hawthorne Inn of Shelbyville
1111 West North 12th Street
Shelbyville, IL 62565

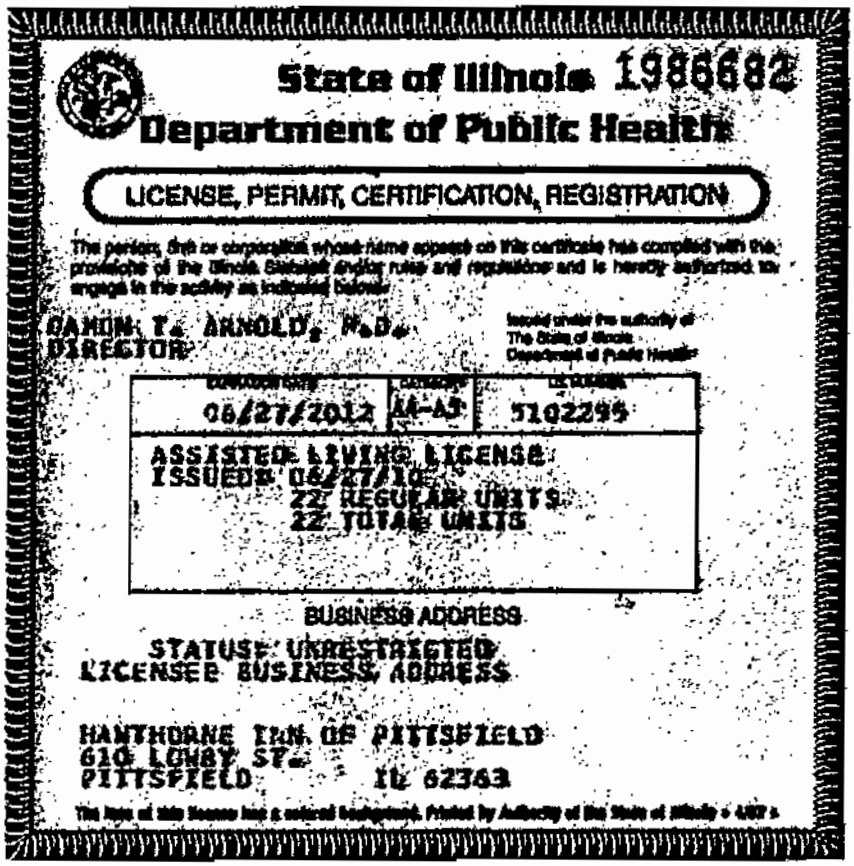
Parkway Manor
3116 Williamson County Parkway
Marion, IL 62959

Hawthorne Inn at Parkway
3116 Williamson County Parkway
Marion, IL 62959

Centralia Manor
1910 East McCord
Centralia, IL 62801

River Hills Village
20 Village Circle
Keokuk, IA 52632

ATTACHMENT-11A



State of Illinois 1986682

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CLASSIFICATION	LICENSE
08/27/2012	AA-AS	5102295

ASSISTED LIVING LICENSE
ISSUED: 08/27/10
22 REGULAR UNITS
22 TOTAL UNITS

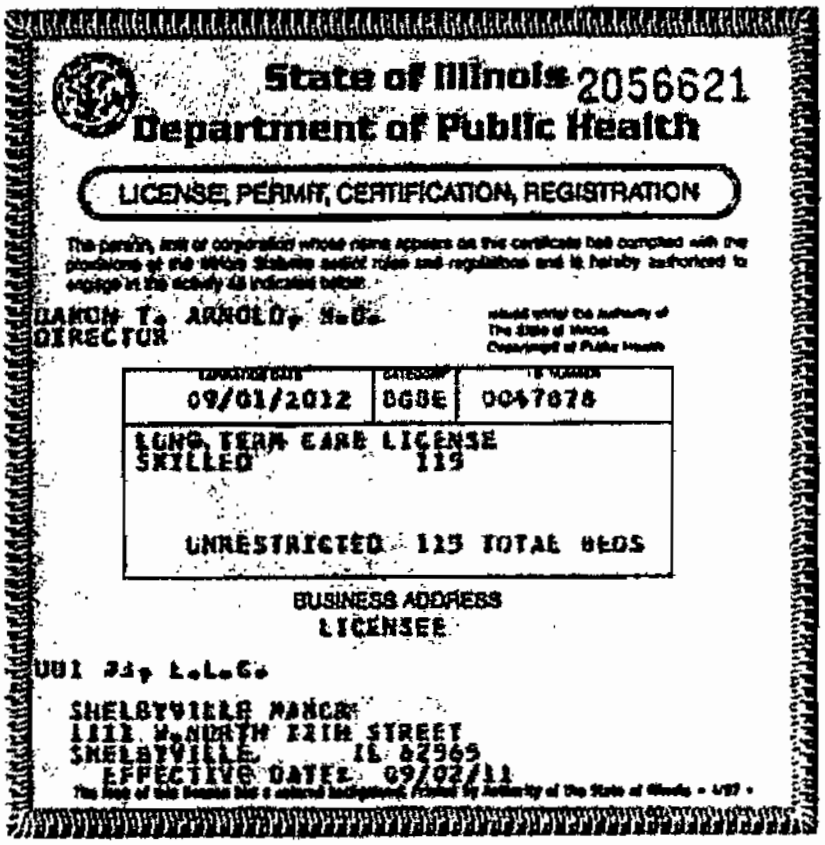
BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PITTSFIELD
610 LOWRY ST.
PITTSFIELD IL 62363

This type of this license has a colored background. Printed by Authority of the State of Illinois - 4/07 s

ATTACHMENT-11A



State of Illinois 2056621

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
09/01/2012	BGBE	0047878

LONG TERM CARE LICENSE
SKILLED 115

UNRESTRICTED 115 TOTAL BEDS

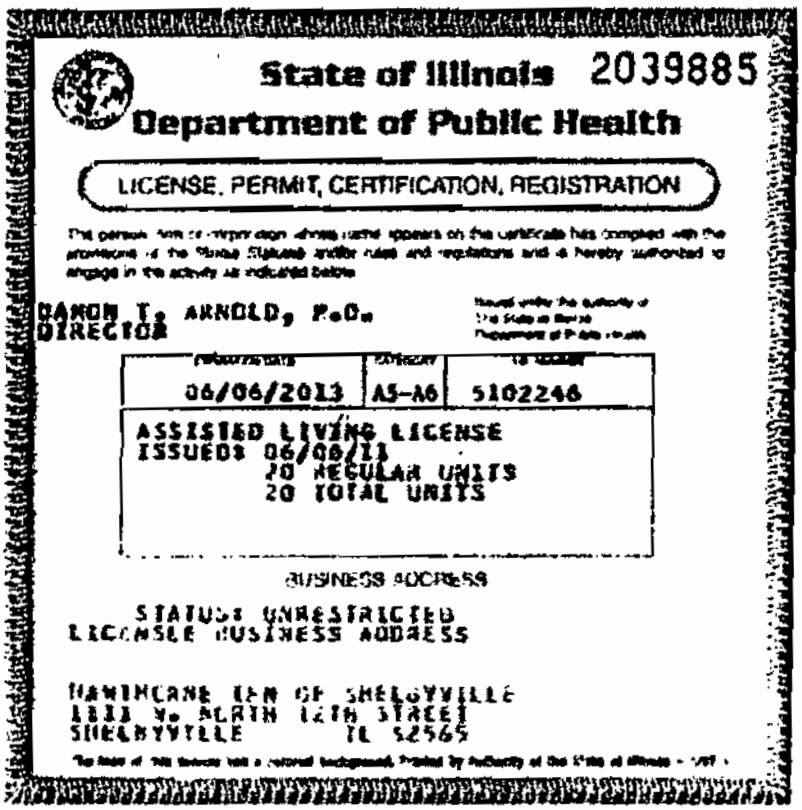
BUSINESS ADDRESS
LICENSEE

001 [illegible], L.L.C.

SHELBYVILLE MANOR
1111 W.NORTH 11TH STREET
SHELBYVILLE IL 62965
EFFECTIVE DATE: 09/02/11

The fees of this license has a natural background. Printed by Authority of the State of Illinois • 1/97 •

ATTACHMENT-11A



State of Illinois 2039885

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, P.O.
DIRECTOR

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

Effective Date	Category	No. Issued
06/06/2013	A5-A6	5102246

ASSISTED LIVING LICENSE
ISSUED: 06/06/13
20 REGULAR UNITS
20 TOTAL UNITS

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE LEN OF SHELBYVILLE
1111 W. NORTH 12TH STREET
SHELBYVILLE IL 62565

The back of this license has a colored background. Printed by Authority of the State of Illinois - 1/97 -

ATTACHMENT-11A

State of Illinois 2042532
Department of Public Health

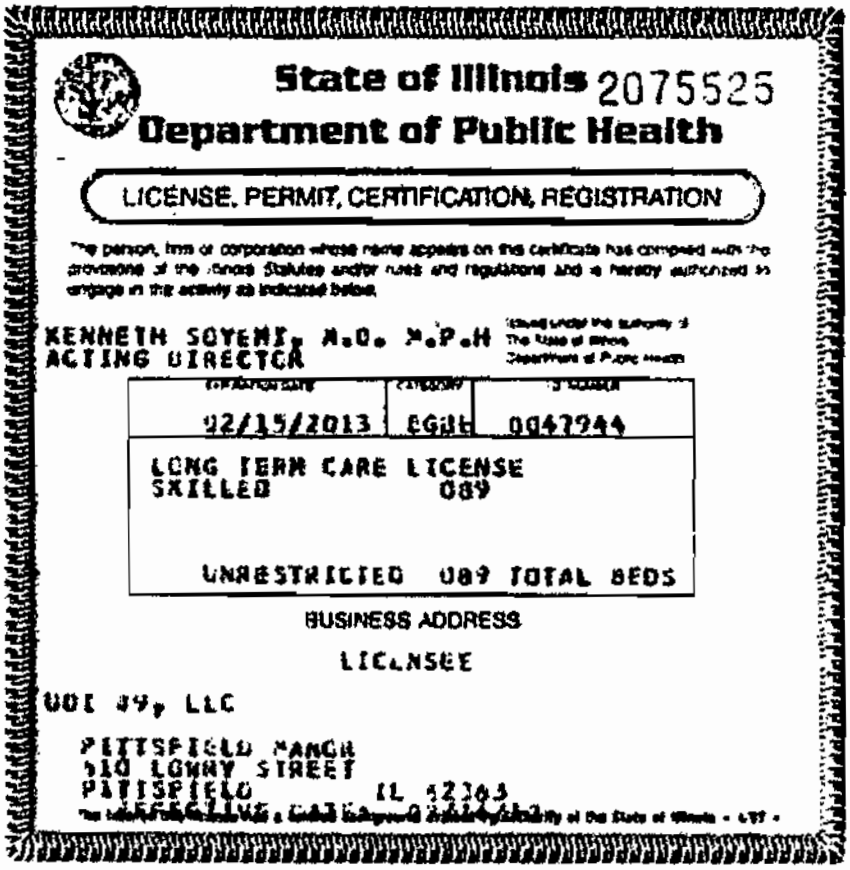
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

LONG TERM CARE LICENSE
121

UNRESTRICTED, 121 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ATTACHMENT-11A



State of Illinois 2075525

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

KENNETH SOYEMI, M.D. M.P.H
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
02/15/2013	EGBH	0047944

LONG TERM CARE LICENSE
SKILLED 089

UNRESTRICTED 089 TOTAL BEDS

BUSINESS ADDRESS

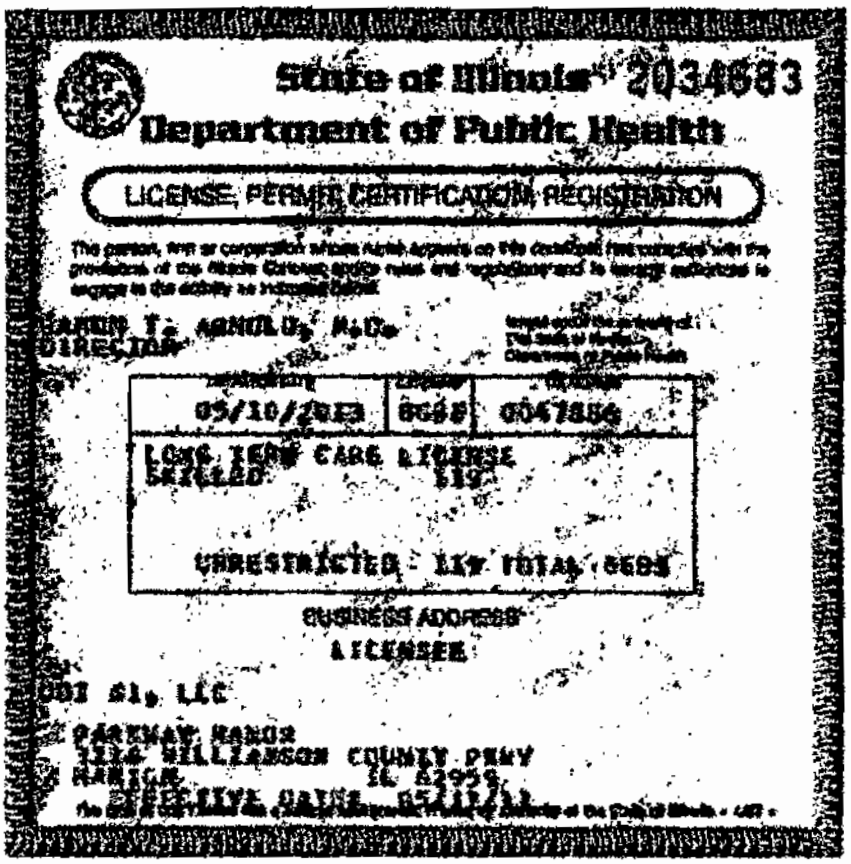
LICENSEE

UDI #9, LLC

PITTSFIELD MANOR
510 LOWRY STREET
PITTSFIELD IL 62363

The [illegible] of the State of Illinois - [illegible] -

ATTACHMENT-11A



State of Illinois 2034683

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

[illegible] T. ARNOLD, M.D.
DIRECTOR

[illegible]	[illegible]	[illegible]
05/10/2013	8688	0047886

LONG TERM CARE LICENSE
SKILLED 119

UNRESTRICTED 119 TOTAL 8688

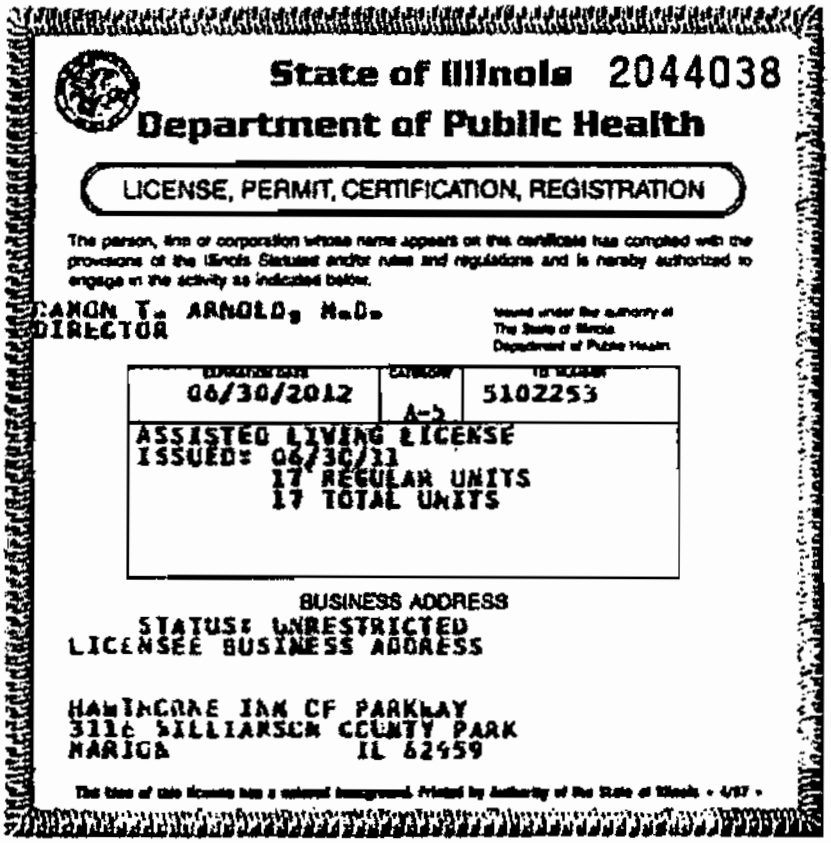
BUSINESS ADDRESS
LICENSEE

[illegible] LLC

PARKWAY MANOR
[illegible] WILLIAMSON COUNTY PKWY
MARION IL 62959
EFFECTIVE DATE 05/11/11

[illegible]

ATTACHMENT-11A



State of Illinois 2044038

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2012	A-2	5102253

ASSISTED LIVING LICENSE
ISSUED: 06/30/11
17 REGULAR UNITS
17 TOTAL UNITS

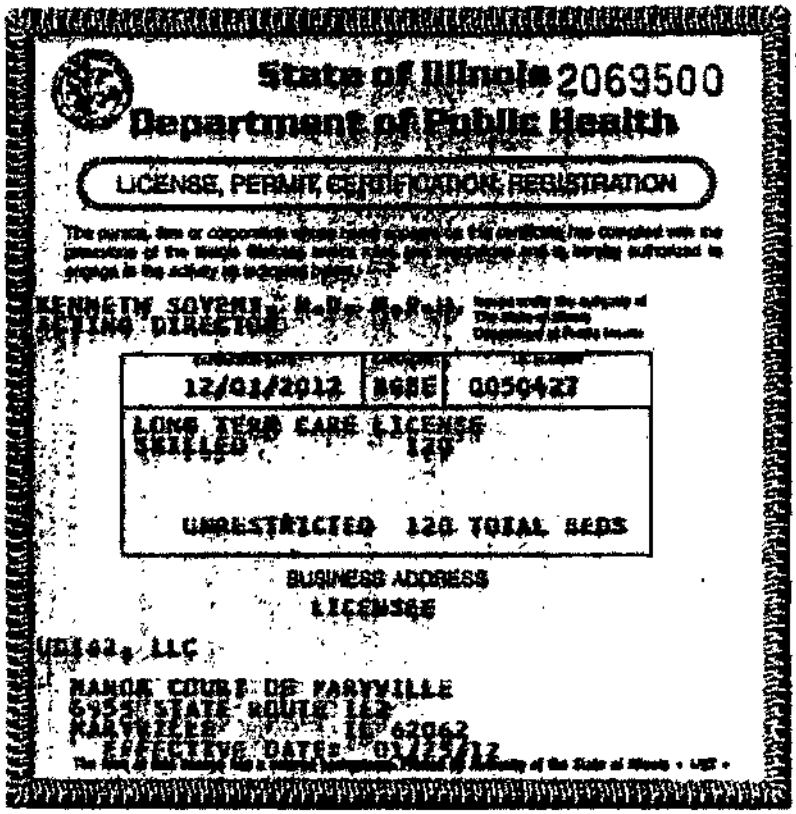
BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PARKLAY
3116 WILLIAMSON COUNTY PARK
MARION IL 62959

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

ATTACHMENT-11A



State of Illinois 2069500

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

KENNETH SOVENI, M.D., M.P.H.
ACTING DIRECTOR

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

12/01/2012	BGBE	0050427

LONG TERM CARE LICENSE
SKILLED 120

UNRESTRICTED 120 TOTAL BEDS

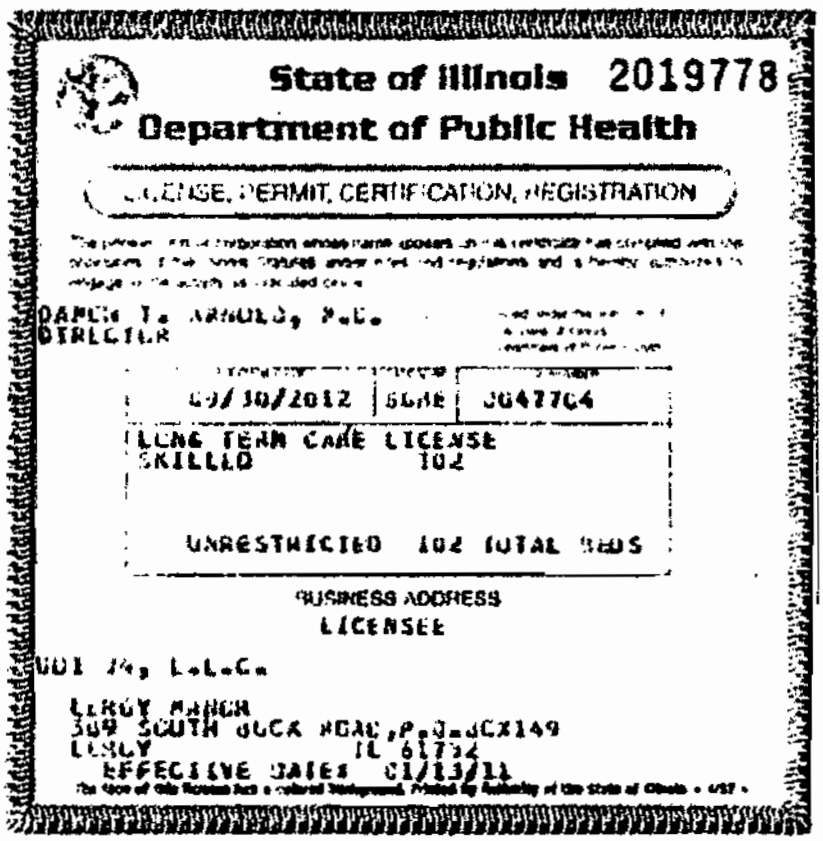
BUSINESS ADDRESS
LICENSEE

UDI62, LLC

MANOR COURT OF MARYVILLE
6955 STATE ROUTE 162
MARYVILLE IL 62062
EFFECTIVE DATE: 01/25/12

The [illegible] of the State of Illinois • [illegible] •

ATTACHMENT-11A



State of Illinois 2019778

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

DANIEL T. ARNOLD, M.D.
DIRECTOR

09/30/2012 | BEDS | 3047704

LONG TERM CARE LICENSE
SKILLED 102

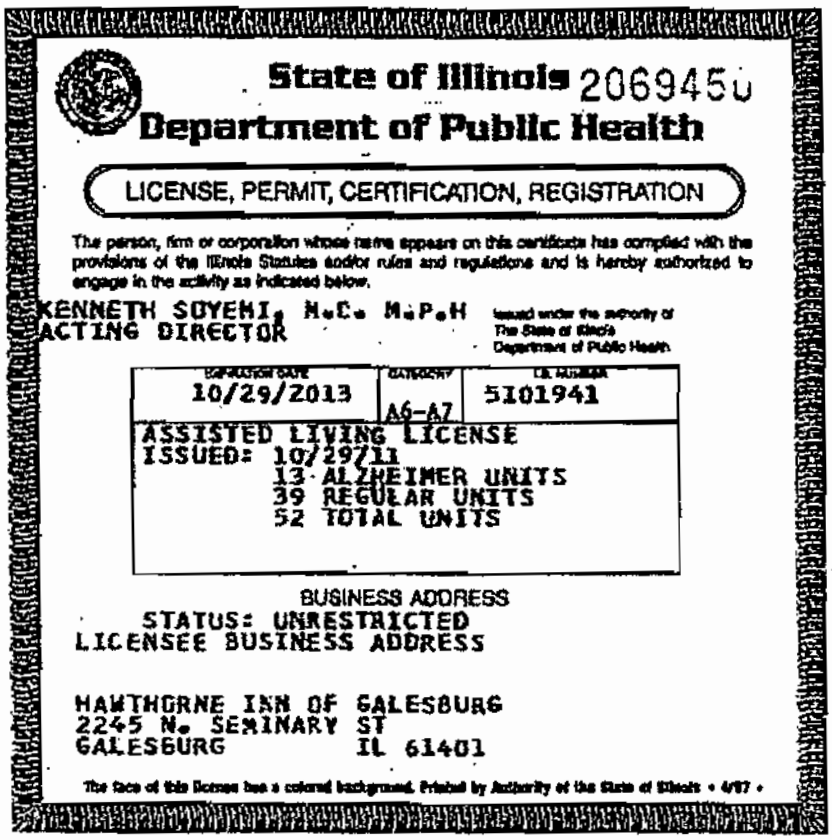
UNRESTRICTED 102 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

[illegible], L.L.C.

LEROY MANOR
309 SOUTH BUCK ROAD, P.O. BOX 149
LEROY IL 61752
EFFECTIVE DATES 01/13/11

ATTACHMENT-11A



State of Illinois 2069450
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

KENNETH SOYEMI, M.D. M.P.H
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/29/2013	A6-A7	5101941

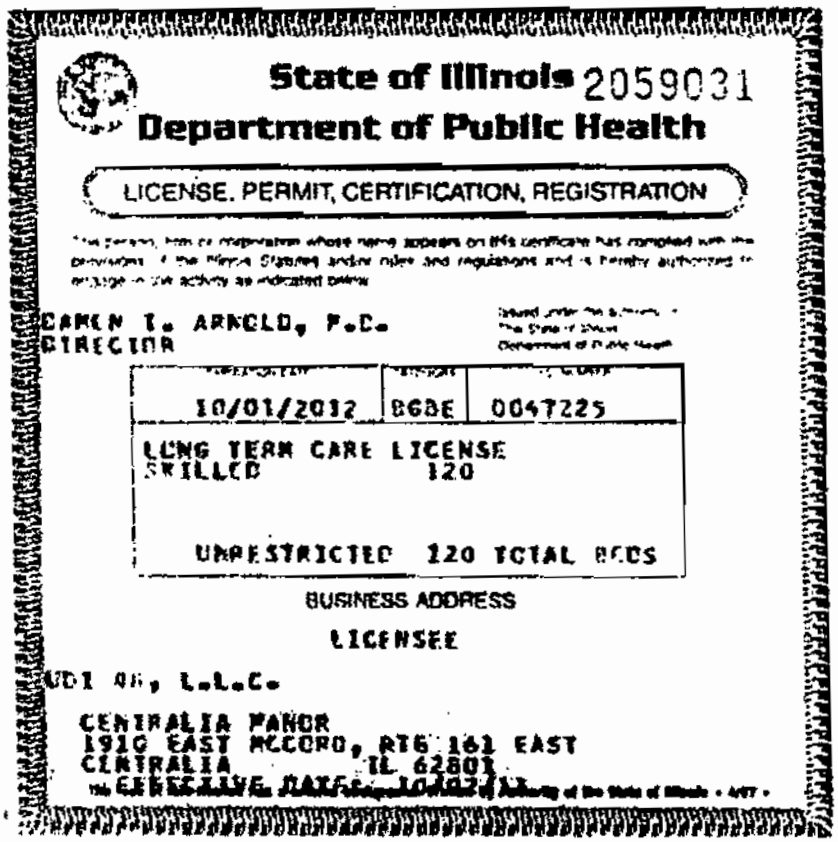
ASSISTED LIVING LICENSE
ISSUED: 10/29/11
13 ALZHEIMER UNITS
39 REGULAR UNITS
52 TOTAL UNITS

BUSINESS ADDRESS
STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF GALESBURG
2245 N. SEMINARY ST
GALESBURG IL 61401

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

ATTACHMENT-11A



State of Illinois 2059031
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

CARLA I. ARNOLD, M.D.
DIRECTOR

10/01/2012	BGBE	0047225

LONG TERM CARE LICENSE
SKILLED 120

UNRESTRICTED 120 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

UDI AR, L.L.C.

CENTRALIA MANOR
1910 EAST MCCORD, RTE 161 EAST
CENTRALIA IL 62801

EFFECTIVE DATE: 10/01/12

ATTACHMENT-11A

Cert. No. S0053

Single Units 04 Double Units 30
Max. Occupancy 64

ASSISTED LIVING PROGRAM CERTIFICATE

This document confirms the following assisted living dwelling:

River Hills Village
10 Village Circle
Keokuk, IA 52632

owned by
Keokuk Village Circle, LTD, NFP
operated by
Keokuk Village Drive, LLC
has been certified as an
Assisted living Program
by the
Iowa Department of Inspections and Appeals
effective
January 11, 2011

Dean A. Lerner, Director

ATTACHMENT - 11A

POST IN CONSPICUOUS PLACE

NONTRANSFERABLE

STATE OF IOWA

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

DES MOINES

RIVER HILS VILLAGE OF KEOKUK
20 VILLAGE CIRCLE
KEOKUK, IOWA 52632
License Number: 560878
Bed/Capacity: 84

This is to certify that a license is hereby granted to the above-named facility to operate a Nursing Facility in accordance with Iowa Code chapter 135C and the rules and regulations promulgated thereunder. This license shall not be transferable or assignable, except with the written approval of the Health Facilities Division of the Iowa Department of Inspections and Appeals, and shall be subject to suspension or revocation for failure to comply with Iowa Code chapter 135C or the rules or minimum standards adopted pursuant to chapter 135C.

DATE OF ISSUE: June 1, 2010

Director

ATTACHMENT - 11A

POST IN CONSPICUOUS PLACE

NONTRANSFERABLE

STATE OF IOWA

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

DES MOINES

RIVER HILLS VILLAGE
20 VILLAGE CIRCLE
KEOKUK, IOWA 52632
License Number: 560878
Beds/Capacity: 20

This is to certify that a license is hereby granted to the above-named facility to operate a Chronic Confusion or Dementing Illness Unit in accordance with Iowa Code chapter 135C and the rules and regulations promulgated thereunder. This license shall not be transferable or assignable, except with the written approval of the Health Facilities Division of the Iowa Department of Inspections and Appeals, and shall be subject to suspension or revocation for failure to comply with Iowa Code chapter 135C or the rules or minimum standards adopted pursuant to chapter 135C.

DATE OF ISSUE: June 1, 2010

Director

ATTACHMENT-11A

State of Illinois 2082384
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

ARTHUR KOHRMAN, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
03/31/2014	BGBE	0047951

LONG TERM CARE LICENSE
SKILLED 082

UNRESTRICTED 082 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

UDI #6, L.L.C.

CARE CENTER OF ABINGDON
801 WEST MARTIN STREET
ABINGDON IL 61410
EFFECTIVE DATE: 04/01/12

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

↓

State of Illinois 2082384
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATIO

EXPIRATION DATE	CATEGORY	ID NUMBER
03/31/2014	BGBE	0047951

LONG TERM CARE LICENSE
SKILLED 082

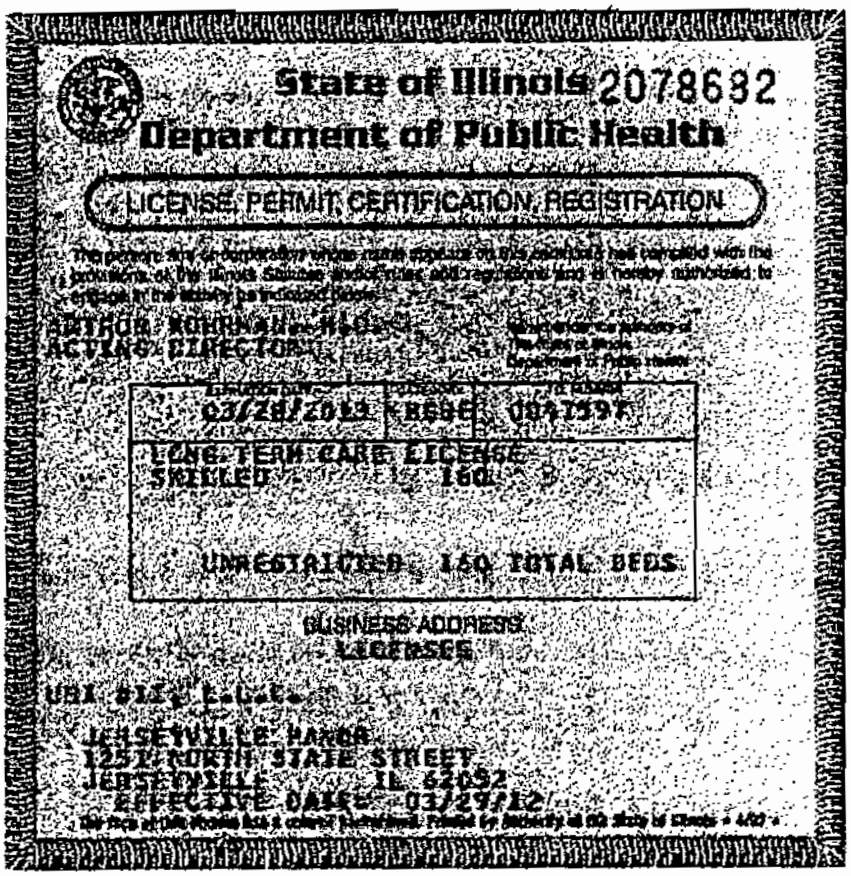
UNRESTRICTED 082 TOTAL BE

REGION 2

03/27/12

CARE CENTER OF ABINGDON
801 WEST MARTIN STREET
ABINGDON IL 61410

FEE RECEIPT NO.



State of Illinois 2078632

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ACTING DIRECTOR

03/28/2012 [illegible] 0047397

LONG TERM CARE LICENSE
SKILLED 160

UNREGISTERED 160 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

JERSEYVILLE MANOR
1251 NORTH STATE STREET
JERSEYVILLE IL 62052
EFFECTIVE DATE 03/29/12

ATTACHMENT-11A

Unlimited Development, Inc.
285 South Farnham Street
Galesburg, IL 61401

April 9, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no Adverse Action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

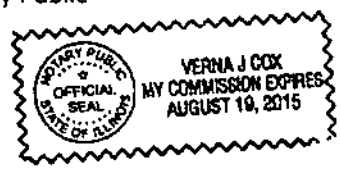
Sincerely yours,

Robert H. Wagner
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
11th day of April, 2012

Verna J. Cox
Notary Public



ATTACHMENT-11B

Community Living Options, Inc.
285 South Farnham Street
Galesburg, IL 61401

April 9, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no Adverse Action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely yours,

John M. Crock
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
11th day of April, 2012.

Verna J. Cox
Notary Public

OFFICIAL SEAL
NOTARY PUBLIC STATE OF ILLINOIS
VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

ATTACHMENT-11B

Unlimited Development, Inc.
285 South Farnham Street
Galesburg, IL 61401

April 9, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: Official records of IDPH or other State Agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

Sincerely yours,

Robert H. Wagner
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
11th day of April, 2012

Verna J. Cox
Notary Public

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

ATTACHMENT-11C

Community Living Options, Inc.
285 South Farnham Street
Galesburg, IL 61401

April 9, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: Official records of IDPH or other State Agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

Sincerely yours,

John M. Crock
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
11th day of April, 2012.

Notary Public

OFFICIAL SEAL
NOTARY PUBLIC STATE OF ILLINOIS
VERNA J COX
MY COMMISSION EXPIRES
AUGUST 19, 2015

ATTACHMENT-11C

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued III)

Criterion 1110.230 - Project Purpose, Background and Alternatives

PURPOSE OF PROJECT

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

Although this project is "classified" as a project for the "establishment of a new service" it is actually the replacement of an existing service (Rehab and Care Center – Jackson County) to accommodate an existing resident population and its staff.

Specifically, Rehab and Care Center – Jackson County had for the most recent 12-month period ending March 2012 an average daily census of 121.5 residents. The proposed project will establish a new 120-bed facility that will accept without condition the current resident population. Additionally, the Applicant has committed to the **Jackson County Board** to offer employment to all of the existing nursing home staff although it expects to lose some through attrition.

TABLE 2

RCCJC
Total Patient Days
April - March 2012

Month	Patient Days	ADC
April	3,674	122.5
May	3,818	123.2
June	3,745	124.8
July	3,943	127.2
August	3,860	124.5
September	3,738	124.6
October	3,749	120.9
November	3,566	118.9
December	3,706	119.5
January	3,757	121.2
February	3,367	116.1
March	3,564	115.0
Total	**44,487**	**121.5**

Therefore, this project is more about the maintenance of accessibility and health care or well-being. Moreover, this project, as a replacement will provide an improved environment for the existing residents, the existing staff and a new, state-of-the-art nursing facility that will be part of a continuum of care environment for all the residents of Jackson County in need of long-term care services.

ATTACHMENT-12

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued IV)

Criterion 1110.230 - Project Purpose, Background and Alternatives

PURPOSE OF PROJECT (Continuation ii)

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

The Planning Area is the Jackson County Planning Area within Health Service Area V. The primary market area is proposed to also be the Jackson County Planning Area along with the secondary market area being the 30-minute travel time contour. It should be noted that immediately, the market is exclusively the residents of Rehab and Care Center – Jackson County.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The existing problem is that **Jackson County Board,** through Rehab and Care Center – Jackson County, has provided a quality service (namely nursing care) since 1960 and now it finds itself in an aging structure in a complicated and fiscally challenging economy. As a result, the physical plant is at the point where it needs to be replaced in order for its marketability to match is quality service that has been provided. To complicate the issue, cost to continue to provide the current services has risen much faster than reimbursements; in this economic environment, payments continue to be delayed; and this Applicant is a governmental entity implying that their primary focus is not as a long-term care provider. Although the **Jackson County Board** is not in the long-term care business as its sole or primary focus, it has provided a high quality facility and it has taken that responsibility extremely seriously. As such, since 1997, it has sought the optimal and more importantly the best fit alternative to mark the County's departure from the long-term care market. As documented in the County Chairman's letter of support for this project, the project as being proposed "was the only option that secured a future for the residents

ATTACHMENT-12

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued V)

Criterion 1110.230 - Project Purpose, Background and Alternatives

PURPOSE OF PROJECT (Continuation III)

and staff of Rehab and Care Center as well as the seniors of Jackson County". Another issue influencing the County's decision was to end the "huge financial losses" that the County was subsidizing in this depressed economic climate that this State and the nation are in the midst of.

It is important to point out the dichotomy of the County's situation. Rehab and Care Center – Jackson County has been experiencing a declining census. According to the 2005 IDPH, Annual Facility Questionnaire Rehab and Care Center – Jackson County experienced patient days of 53,333 day equating to an average census of 146 residents. The latest published annual questionnaire data (CY 2010) reported and average daily census of 132 residents and as part of this application, the County is reporting an average daily census of 121 residents. In contrast, as illustrated in Table Three, it appears that the overall area's cumulative utilization rate

TABLE THREE

		2010		2009		2008		2007	
FACNAME	CITY	Nursing Beds	% Occ	Nursing Beds	% Occ	Nursing Beds	% Occ	Nursing Beds	% Occ
Carbondale Rehab & Nursing Center	Carbondale	131	41.0%	131	42.8%	131	48.6%	131	43.8%
Hella Healthcare of Carbondale	Carbondale	118	46.7%	118	48.6%	118	51.8%	118	54.6%
Rehab & Care Ctr - Jackson Co. (1)	Murphysboro	120	110.7%	178	75.3%	178	74.1%	178	72.0%
Hella Healthcare of Energy (2)	Energy	91	71.0%	111	62.4%	96	78.4%	96	73.2%
UDI 1, LLC d/b/a Parkway Manor	Marion	119	78.5%	119	83.5%	119	85.1%	119	86.3%
Cobden Rehab & Nursing Center	Cobden	74	77.1%	74	79.5%	74	74.1%	74	85.4%
		653	69.9%	731	65.0%	716	68.2%	716	67.9%

(1) Proposed replacement facility will discontinue 58 nursing care beds

(2) Discontinued 20 nursing care beds; facility now has 91 nursing care beds.

has remained consistent from 2007 thru 2010. The consistency is the interesting issue as there appears to be available utilization in the other area facilities. However, although the subject facility's use rates have been reduced slightly and the fact that there appears to be potential available bed capacity, the **Jackson County Board** finds it necessary to maintain the

ATTACHMENT-12

accessibility and competition in the area. The County seeks the best possible alternative and "best fit" for the existing Rehab and Care Center – Jackson County as they have the best interest of its constituents first and foremost. As such, it is **Edwin Property, LLC** and **UDI #5, LLC's** intent to honor the County's wishes and interest.

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

Appended as **ATTACHMENT-12A**, letter of support for the project from John D. Evans, Chairman, Jackson County Board; Appended as **ATTACHMENT-12B**, is a memorandum from Ms. Merle K. Taylor, Administrator of Rehab and Care Center – Jackson County citing facility capital improvement needs; Appended as **ATTACHMENT-12C** is a copy of Rehab and Care Center – Jackson County's latest Department of Health and Human Services Centers Annual Life Safety Code Certification Survey; Appended as **ATTACHMENT-12D**, is the 2010 Illinois Department of Health Care and Family Services Medicaid Cost Report documenting the financial losses realized by Rehab and Care Center – Jackson County.

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

The **Jackson County Board** proceeded with an extensive discernment process to appropriately divest themselves of the "county" nursing home while maintaining a comparable level of services. Their discernment initially lead the County to RFMS, Inc, the administrative services company for the Applicants of **Edwin Property, LLC** and **UDI #5, LLC** and its parental entities, hereafter referred to as "proposed Applicant". The proposed Applicant addresses the issues as provided above. The proposed project will maintain accessibility by

ATTACHMENT-12

replacing 120 of the County's 178-bed licensed capacity. It will accept without condition or prejudice the existing residents. Although it is expected to lose some staff through attrition, this project has agreed to offer each employee an opportunity for continued employment. The proposed project also had a positive effect of the total number of excess nursing beds in the Jackson County Planning Area by not replacing 58 of the County's nursing home beds. By reducing the licensed capacity of the replacement facility from 178 down to 120-beds, a small need for 7 beds will be created. With the overall area underutilization, this reduction in available beds should assist those facilities in increasing their respective censuses.

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

This project's goal is to serve and provide general long-term care services to the existing residents of Rehab and Care Center – Jackson County and to accommodate its staff. This project will also improve State's Inventory of Health Care Facilities and Services and Need Determination's issue of the Jackson County Planning Area being over-bedded by 51 nursing beds. The **proposed Applicant** is not replacing a total of 58 beds thus creating a need for 7 additional nursing care beds. Achieving and maintaining the State's optimal utilization is also a quantifiable goal. This goal will be measured by Applicant's ability to maintain the optimal utilization upon the second full year of operation which should not appear to be an issue as the proposed Applicant expects to be full and, therefore, optimally utilized almost immediately with the transfer to the last resident from Rehab and Care Center – Jackson County to Manor Court of Carbondale.

ATTACHMENT-12

OFFICE OF COUNTY BOARD
JACKSON COUNTY, ILLINOIS

April 18, 2012

Health Facilities and Services Review Board

To Whom It May Concern:

On behalf of the Jackson County Board, I am writing to provide information on the alternatives the board has examined prior to making the decision to close the Rehab & Care Center of Jackson County and to offer relocation for all residents to a new replacement facility on the campus of Liberty Village of Carbondale.

As Chairman of the Board I was able to oversee the due diligence involved for the evaluation and determination of the following as non-viable or inadequate solution for the seniors of Jackson County:

1. Continue operation in an outdated facility while operating at a huge financial loss;
2. Close the skilled nursing facility without a replacement option for its constituents or community; or
3. Sell the facility with unknown consequences.

The decision made by the Jackson County Board to close the skilled nursing facility and relocate its residents to a new replacement facility on the campus of the Liberty Village of Carbondale was the only option that secured a future for the residents and staff of the Rehab & Care Center as well as the seniors of Jackson County.

Although the county has yet to determine the exact use of the physical plant or its equipment, it will not be used for licensed nursing care services. The county will maintain all medical records reflective of care provided prior to transfer of residents to the new facility. These records will continue to be maintained by Jackson County for the time necessary, until said records may be destroyed in accordance with State and Federal Regulations.

As Chairman of the Jackson County Board, I ask that you recognize the immediate skilled need of our community as you consider approval of the Certificate of Need. I am respectfully requesting immediate approval based on the urgent needs of our current residents and Jackson County seniors.

Sincerely,

John D. Evans
Chairman

ATTACHMENT-12A

JACKSON COUNTY COURTHOUSE • 1001 WALNUT STREET • MURPHYSBORO, ILLINOIS 62966 • TELEPHONE 618-687-7240

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

TO: John Kniery
Foley and Associates

FROM: Merle K. Taylor
Administrator

DATE: May 4, 2012

RE: Facility Capital Improvement Needs

As per our conversation, the Rehab & Care Center of Jackson County, faces the following potential capital projects in the next five (5) years:

Current Life Safety Code Issue:

1. Some doors separating "compartments" have to be replaced per our last LSC survey. We are currently working with Mike Bibo who is attempting to obtain a "permanent" waiver. Current bid to replace is $39,600.

Potential Life Safe Code Issues with new operator:

1. Smoke detectors would have to be hard wired into fire alarm system (currently battery operated).
2. Fire doors do not all latch (we do have some concern this could be a problems for us in next year or two with survey.

Concerns with infrastructure/equipment in next 5 years:

1. Partial roof replacement needed.
2. Exterior tuck pointing needed in several areas.
3. Wood soffits need to be replaced as they are rotting in places.
4. Sewer lines under facility have had to be replaced/lined in several areas. Anticipate this to be an ongoing issue.

ATTACHMENT-12B

5. Generator concerns. Generators are 32 and 25 years old. The older generator is more dependable, but both are aging. They operate the entire facility with exception of central air conditioning.

6. Call light system aging and panels are not always lighting properly at desk. They light at room and sound appropriately.

7. Dishwasher needs to be replaced soon.

8. 1 Washer and 2 Dryers need to be replaced.

9. Steamer in dietary needs to be replaced soon.

10. Our "Big Room" has large wooden beams that run the width of the area. There eventually may need to be some type of structural repairs to that area.

11. Small boiler in boiler room has a lead and is currently bypassed to larger boiler.

12. Pipe condensation issues with the HVAC system in the summer leading to wet ceiling tiles.

13. May eventually be required to replace electrical outlets with red outlets.

14. Phone system is aging but still in working order.

With the age and construction type of our facility, building renovations are becoming much more difficult which in turn leads to higher construction costs.

If you need any further information, please let me know. I can be reached at (618) 684-2136 or (618) 534-0170 (cell).

Thank you.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Building 0102 is a one story facility with no basement was determined to be of Type IV (2HH) construction and is located between the east and west wings of building 0202. The facility is fully sprinklered with coverage in all areas. The building has a fire alarm system with smoke detection tied in to the fire alarm system and smoke detection in corridors and open spaces. (No residence rooms are located in this building) The facility has a capacity of 178 beds and has a census of 129 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		12/16/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide proper maintenance, required clearance at devices, or required multi-year tests of the sprinkler system in with LSC Sections 9.7.1 and 19.3.5 NFPA 13 and NFPA 25. This deficient practice could affect 60 of 178 residents, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to operate properly due to improper maintenance. Findings include: A. On 11/09/10 at 11:45 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facility had no documents indicating that the sprinkler systems fire department "check valve" has received interior obstruction / operation inspection in the past 5-years, accordance with the NFPA 25, Section 9-4.2.1. Lack of required inspections on the "check valve" could allow the fire department connection and the sprinkler system to fail to function properly. B. On 11/09/10 at 11:46 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facility had no documents indicating that the sprinkler systems "gauges" have been calibrated or replaced within the last 5-years in accordance with NFPA 25, Section 9-2.8.2. Lack of required inspections on the "gages" could allow the fire department connection and the sprinkler system to fail to function properly. These observations were verified at the exit interview with E-1, Enviromental Service Director	K 062		

ATTACHMENT-12C

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 03/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 2 and E-2, Administrator	K 062		
K 089 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the range hood fire extinguishing system was properly installed, cleaned and inspected semi-annually in accordance with NFPA 101, 2000 Edition, Section 9.2.3 as well as NFPA 96. These deficient practices could affect 80 of 178 residents, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:00 AM, during record review with E-1, it was determined that there was no documentation that the Kitchen Hood System was "Tied" to the Fire Alarm Panel on the Semi-Annual Hood Inspections dated 10/01/10 and 4/23/10 by V-1 These inspection reports did not indicate that the system was "Tied" to the fire alarm panel per NFPA 96, 7-3.1.4. B. On 11/09/10 at 9:01 AM, during record review with E-1, it was determined that there was no documentation that the Kitchen Hood System was "Tested" to the Fire Alarm Panel on the Semi-Annual Hood Inspections dated 10/01/10 and 4/23/10 by V-1. These inspection reports did not indicate that the system was "Tested" to the fire alarm panel per NFPA 96, 7-3.1.4. These observations were verified at the exit interview with E-1 and E-2.	K 089		11/10/10

ATTACHMENT-12C

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 04/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice affects the entire building and could affect 178 of 178 residents, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:45 AM, during the record review and interview with E-1, it was determined that the facility failed to conduct complete visual inspections of the generator batteries not to exceed 7 days per NFPA 99, 3-4.4.1.3. The facility is also required to retain a written record of inspections, maintenance and repairs for review by the authority having jurisdiction.	K 144		12/16/10

ATTACHMENT-12C

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 05/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 4 NFPA 99, Section 3-4.4.1.3 Maintenance of Batteries. Storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer ' s specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects (see NFPA 70, National Electrical Code, Section 700-4). 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. B. On 11/09/10 at 9:46 AM during the record review, observation and an interview with E-1, it was determined that the facility has two- three phase diesel generators. The facility is required to load the generator to 30% or greater monthly per NFPA 110, Section 6-4.2. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations.	K 144		

ATTACHMENT-12C

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 05/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 5 C. On 11/09/10 at 9:47 AM, during the record review, observation and an interview with E-1 , it was determined that the facility did not run a Load Bank Test in the past 12 months per NFAP 110, Section 5-13.2.5 NFPA 110, Section 5-13.2.5 Full Load Test. A load shall be applied for a 2-hour, full load test. The building load can serve as part or all of the load, supplemented by a load bank of sufficient size to provide a load equal to 100 percent of the nameplate kW rating of the EPS, less applicable derating factors for site conditions. A unity power factor shall be acceptable for on-site testing, provided that rated load tests at the rated power factor have been performed by the manufacturer of the EPS prior to shipment. Exception: Where the EPS is a paralleled multi-unit EPS, each unit shall be permitted to be tested individually at its rating. These observations, record review and interviews were verified at the exit interview with E-1 and E-2.	K 144		

ATTACHMENT-12C

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 07/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	148395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center was found not in substential compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Building 0202 is a one story facility with no basement was determined to be of Type II [000] construction. Building 0202 is divided into two wings (east and west) and are located between building 0102. The facility is not sprinklered. The building has single station battery operated smoke detectors in all residence rooms and a fire alarm system with smoke detection in corridors and open spaces. The facility has a capacity of 178 beds and has a census of 129 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and staff interview it was determined that the facility failed to meet the minimum construction requirements based on construction type limitations. The facility has been classified in previous Life Safety Surveys as a Type II (111) Construction, requiring a 1-hour rated roof /ceiling assembly, per NFPA 101 Table 19.1.6.2. Upon investigation of the facilities construction it was noted that the facility design failed to provide a continuous 1-hour rated roof /ceiling assembly. Based on the findings at the time of the survey, this Surveyor classifies the facility to be of Type II (000) Construction which requires automatic sprinkler protection in all areas. This deficient practice could affect 178 of the 178 residents in all Smoke Zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/29/10 at 10:30 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facilities ceiling contained fully recessed light fixtures. These recessed light fixtures are not "tented " with material to continue the 1-hour rating over the light fixtures. Each recessed light fixture is a violation of the 1-hour rated roof /ceiling assemblies membrane. B. On 11/29/10 at 10:32 AM, while accompanied by E-1, Enviromental Service Director, observations determined that the facilities ceiling contains supply and return air diffusers that did not contain 1-hour dampers. These supply and return air diffusers are in violation of the 1-hour rated roof /ceiling assemblies membrane.	K 012		

ATTACHMENT-12C

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 09/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012	Continued From page 2 These observations were verified at the exit interview with E-1, Environmental Service Director and E-2, Administrator.	K 012		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice affects the entire building and could affect 178 of 178 residents in both the East and West Wings of Building 0102 , as well as an indeterminable number of staff and visitors. Findings include: A. On 11/09/10 at 9:45 AM, during the record review and interview with E-1, it was determined that the facility failed to conduct complete visual inspections of the generator batteries not to	K 144		12/16/10

ATTACHMENT-12C

03/04/2011 09:05 217-524-0137 HC WORKER REGISTRY PAGE 18/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING _____	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 3 exceed 7 days per NFPA 99, 3-4.4.1.3. The facility is also required to retain a written record of inspections, maintenance and repairs for review by the authority having jurisdiction. NFPA 99, Section 3-4.4.1.3 Maintenance of Batteries. Storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects (see NFPA 70, National Electrical Code, Section 700-4). 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. B. On 11/09/10 at 9:46 AM during the record review, observation and an interview with E-1, it was determined that the facility has two- three phase diesel generators. The facility is required to load the generator to 30% or greater monthly per NFPA 110, Section 6-4.2. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 02 B. WING	11/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 4 gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. C. On 11/09/10 at 9:47 AM, during the record review, observation and an interview with E-1 , it was determined that the facility did not run a Load Bank Test in the past 12 months per NFAP 110, Section 5-13.2.5 NFPA 110, Section 5-13.2.6 Full Load Test. A load shall be applied for a 2-hour, full load test. The building load can serve as part or all of the load, supplemented by a load bank of sufficient size to provide a load equal to 100 percent of the nameplate kW rating of the EPS, less applicable derating factors for site conditions. A unity power factor shall be acceptable for on-site testing, provided that rated load tests at the rated power factor have been performed by the manufacturer of the EPS prior to shipment. Exception: Where the EPS is a paralleled multi-unit EPS, each unit shall be permitted to be tested individually at its rating. These observations, record review and interviews were verified at the exit interview with E-1 and E-2.	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center - Jackson County was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies. Building 0102: is a one story facility without a basement and was determined to be of Type IV (2HH) Construction. Building 0102 is located between the east and west wings of Building 0202. The facility is fully sprinklered with coverage in all areas. The building has a fire alarm system with smoke detectors, tied in to the fire alarm system, located in the corridors and public spaces.(No residence rooms are located in this building) The facility has a capacity of 178 beds and has a census of 123 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 1 corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide properly rated fire-resistance fire barrier, fire barrier doors and fire rated door hardware in accordance with LSC Sections 8.2 and 19.1.2.3. Deficiencies occurred at the fire separation wall where a fire wall is required to have a 2-hour fire rating, separating Building 0102 and Building 0202. This deficient practice could affect all residents, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building. Findings include: A. On 09/06/11 at 1:00 PM, while accompanied by E-1 (Environmental Services Director) observations determined that the 2-Hour Fire Wall between Building 0102 and Building 0202 contained a 3/4-hour fire rated door at the Entry Corridor / A-Wing. The door and door frame are required to be 1-1/2 hour rated and the door hardware is required to be fire rated. B. On 09/06/11 at 1:00 PM, while accompanied by E-1 observation determined that the 2-Hour Fire Wall between the Entry Corridor / A-Wing adjacent to the door was wire glass divided into 18" x 36" inch squares. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of	K 011		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 2 an approved type with the appropriate fire protection rating for the location in which they are installed." C. On 09/06/11 at 1:02 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Entry Corridor and E-Wing did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. D. On 09/06/11 at 1:03 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Activity did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. E. On 09/06/11 at 1:04 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Conference is required to be 1-1/2 hour rated. The door frame is required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. F. On 09/06/11 at 1:05 PM, while accompanied by E-1 observation determined that the Fire Wall between the Big Room and the Conference	K 011		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 3 Room, adjacent to the door, was wire glass. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." G. On 09/06/11 at 1:06 PM, while accompanied by E-1 observations that the 2-Hour Fire Wall door between the Big Room and Dining did not latch. The door, and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. These observations were again acknowledged at the exit interview by E-1 in the presence of E-2 (Administrator).	K 011		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview it was	K 050		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 4 determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 19.7.1.2. This deficient practice could affect all residents, in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that the facility had no documentation that any of the required fire drills contacted the monitoring company outside the facility to insure a signal was sent as a form of conformation of a fully active fire alarm system. B. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that all required Fire Drills did not note a specific location where the proposed fire was located. This situation does not meet the requirement for varying conditions (locations) These record reviews were acknowledged at the exit interview by E-1 and E-2.	K 050		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 5 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice could affect all residents in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: On 09/06/11 at 11:30 AM, during the review of the "Generator Logs and Maintenance Schedule", and an interview with E-1, it was determined that the facilities had a required "Load Bank Test" performed by V-1 on 12/14/10 on 12/15/10 (the facility has two generators). This surveyor could not determine that the Load Bank Test was performed according to the standards of NFPA 110, Section 6-4.2.2. 1. The generator is to be exercised at 25 percent of nameplate rating for 30 minutes. 2. The generator is to be exercised at 50 percent of nameplate rating for 30 minutes. 3. The generator is to be exercised at 75 percent of nameplate rating for 60 minutes. The amperage nameplate rating for both generators were not listed on the Load Bank Testing Form. The time of the exercise did not correspond to the	K 144		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 01 - MAIN BUILDING 0102 B. WING	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 6 times and loads listed in the requirements. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 110, Section 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. This record review and interview was acknowledged at the exit interview with E-1 and E-2.	K 144		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of public Health. At this survey, Rehab and Care Center - Jackson County was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies. Building 0202: Is a one story facility without a basement was determined to be of Type II (000) Construction. The facility is partially sprinklered having coverage in the Laundry, Activity Room, Kitchen, Dining, Maintenance, Housekeeping Pantry, Staff Lounge and connecting corridor. Building 0202 is required to be fully sprinkled. The facility has a fire alarm system with smoke detectors, tied into the fire alarm system, located in the corridors. Single station battery operated smoke detectors in all residence rooms and public spaces. The facility has a capacity of 178 beds and has a census of 123 at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 1 rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide properly rated fire-resistance fire barrier, fire barrier doors and fire rated door hardware in accordance with LSC Sections 8.2 and 19.1.2.3. Deficiencies occurred at the fire separation wall where a fire wall is required to have a 2-hour fire rating, separating Building 0102 and Building 0202. This deficient practice could affect all residents, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building. Findings include: A. On 09/06/11 at 1:00 PM, while accompanied by E-1 (Environmental Services Director) observations determined that the 2-Hour Fire Wall between Building 0102 and Building 0202 contained a 3/4-hour fire rated door at the Entry Corridor / A-Wing. The door and door frame are required to be 1-1/2 hour rated and the door hardware is required to be fire rated. B. On 09/06/11 at 1:00 PM, while accompanied by E-1 observation determined that the 2-Hour Fire Wall between the Entry Corridor / A-Wing adjacent to the door was wire glass divided into 18" x 36" inch squares. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be	K 011		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 2 permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." C. On 09/06/11 at 1:02 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Entry Corridor and E-Wing did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. D. On 09/06/11 at 1:03 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Activity did not latch. The door and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. E. On 09/06/11 at 1:04 PM, while accompanied by E-1 observations determined that the 2-Hour Fire Wall door between the Big Room and Conference is required to be 1-1/2 hour rated. The door frame is required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. F. On 09/06/11 at 1:05 PM, while accompanied	K 011		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 3 by E-1 observation determined that the Fire Wall between the Big Room and the Conference Room, adjacent to the door, was wire glass. Per NFPA 101 Section 8.2.3.2.2 "Fire window assemblies shall be permitted in fire barriers having a a required fire resistance rating of 1-hour or less and shall be of an approved type with the appropriate fire protection rating for the location in which they are installed." G. On 09/06/11 at 1:06 PM, while accompanied by E-1 observations that the 2-Hour Fire Wall door between the Big Room and Dining did not latch. The door, and door frame are required to be 1-1/2 hour rated and the door hardware is to be fire rated. This door is required to close and "latch" every time. Without this door latching, a fire could spread from one building to the second without a proper fire separation. These observations were again acknowledged at the exit interview by E-1(Environmental Services Director) in the presence of E-2 (Administrator).	K 011		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observations and staff interview it was determined that the facility failed to meet the minimum construction requirements based on construction type limitations. The facility has been classified in previous Life Safety Surveys as	K 012		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012	Continued From page 4 a Type II (111) Construction, requiring a 1-hour rated roof /ceiling assembly, per NFPA 101 Table 19.1.6.2. Upon investigation of the facilities construction it was noted that the facility design failed to provide a continuous 1-hour rated roof /ceiling assembly. Based on the findings at the time of the survey, this Surveyor classifies the facility to be of Type II (000) construction which requires automatic sprinkler protection in all areas. This deficient practice could affect all residents in all Smoke Zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 11/29/10 at 10:30 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facilities ceiling contained fully recessed light fixtures. These recessed light fixtures are not "tented " with material to continue the 1-hour rating over the light fixtures. Each recessed light fixture is a violation of the 1-hour rated roof /ceiling assemblies membrane. B. On 11/29/10 at 10:32 AM, while accompanied by E-1, Environmental Service Director, observations determined that the facilities ceiling contains supply and return air diffusers that did not contain 1-hour dampers. These supply and return air diffusers are in violation of the 1-hour rated roof /ceiling assemblies membrane. 3/22/11: CMS approved Temporary Waiver until February 28, 2012.	K 012		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or	K 018		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From page 5 hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to maintain the closure for corridor doors per NFPA 101, Section 18.3.6.3. This deficient practice could affect 30 residents in the F-Wing and Service Wing Smoke Zones, as well as an indeterminable number of staff and visitors if a fire would start in this smoke zone, the door to the resident's rooms would not provide a proper smoke barrier. Findings include: A. On 09/08/11 at 1:30 PM, while accompanied by E-1, observation determined that the F-Wing Smoke Zone-F-101 door failed to close and latch to the frame. In the event of a fire, the residents of this room would not have a proper smoke barrier and if the fire were to be located in Room	K 018		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From page 6 F-101, the rest of the Smoke Zone would be exposed to the spread of smoke and fire based on the improper function of this door. B. On 09/06/11 at 2:20 PM, while accompanied by E-1, observation determined that the Service Wing Smoke Zone-Supply (Morgue) Room door failed to close and latch to the frame. In the event of a fire, if the fire were to be located in the Supply (Morgue) Room, the rest of the Smoke Zone would be exposed to the spread of smoke and fire based on the improper function of this door. These observations were again acknowledged at the exit interview by E-1 in the presence of E-2.	K 018		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview it was determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 19.7.1.2. This deficient	K 050		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 7 practice could affect all residents, in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that the facility had no documentation that any of the required fire drills contacted the monitoring company outside the facility to insure a signal was sent as a form of conformation of a fully active fire alarm system. B. On 09/06/11 at 12:23 PM, during review of the facility's "Fire Drills" it was determined that all required Fire Drills did not note a specific location where the proposed fire was located. This situation does not meet the requirement for varying conditions (locations) These record reviews were acknowledged at the exit interview by E-1 and E-2.	K 050		
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to properly inspect, mount and secure all portable fire extinguishers in accordance with NFPA 101, 2000 Edition 19.3.5.6, 9.7.4.1 and NFPA 10. This deficient practice could affect approximately 48	K 064		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 064	Continued From page 8 residents in F-Wing Smoke Zone as well as an indeterminable number of staff and visitors. Findings include: A. On 09/06/11 at 1:28 PM while accompanied by E-1, observations determined that F-Wing Smoke Zone - Soiled Utility Room's Fire Extinguisher has not received a monthly inspection by the facility staff since 04/02/11. This was determined by the observation of the inspection tag located on the individual fire extinguisher. B. On 09/06/11 at 1:28 PM while accompanied by E-1, observations determined that F-Wing Smoke Zone - Beauty Shop's Fire Extinguisher has not received a monthly inspection by the facility staff since 06/06/11. This was determined by the observation of the inspection tag located on the individual fire extinguisher. This observation was again acknowledged by E-1 at the exit interview in the presence of E-2.	K 064		
K 066 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under	K 066		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 066	Continued From page 9 direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on the observation and interview, the facility failed to enforce the adopted smoking regulations in accordance with NFPA 101, 2000 Edition, Section 19.7.4. This deficient practice could affect 30 residents in the Kitchen/Dining Smoke Zone as well as an indeterminable number of staff and visitors, if fire were to start in the smoking area or the yard adjacent to the facility. Findings include: On 09/06/11 at 3:00 PM, while accompanied by E-1, at the Smoking Area adjacent to the Boiler Room / Ambulance Entrance it was noted that this area did not have a metal container with a self-closing lid. The area only had an open non-combustible ash tray. This situation could cause a fire to develop if cigarette butts were not contained in the ash tray and could affect the Great Room Smoke Zone residents. This observation was again acknowledged at the exit interview by E-1 in the presence of E-2.	K 066		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to provide proper storage of oxygen in accordance with NFPA 99. This deficient practice could affect 26 residents in the G-Wing Smoke Zone, as well as an indeterminable number of staff and visitors. Findings include: On 09/06/11 at 1:20 PM, while accompanied by E-1, observation determined that the G-Wing Smoke Zone, Oxygen Storage Room contained two (2) racks that contained oxygen cylinders. There was no signage on the racks or on the wall that indicated which cylinders were "Full" and which were "Empty". No signage was posted. This observation was again acknowledged by E-1 at the exit interview in the presence of E-2.	K 076		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 11 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to test and maintain the emergency generator set in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 1999 Edition; NFPA 110, 1999 Edition and failed to provide proper equipment, inspections and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4, NFPA 110, 1999 Edition and other referenced sections. This deficient practice could affect all residents in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: On 09/06/11 at 11:30 AM, during the review of the "Generator Logs and Maintenance Schedule", and an interview with E-1, it was determined that the facilities had a required "Load Bank Test" performed by V-1 on 12/14/10 on 12/15/10 (the facility has two generators). This surveyor could not determine that the Load Bank Test was performed according to the standards of NFPA 110, Section 6-4.2.2. 1. The generator is to be exercised at 25 percent	K 144		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 12 of nameplate rating for 30 minutes. 2. The generator is to be exercised at 50 percent of nameplate rating for 30 minutes. 3. The generator is to be exercised at 75 percent of nameplate rating for 60 minutes. The amperage nameplate rating for both generators were not listed on the Load Bank Testing Form. The time of the exercise did not correspond to the times and loads listed in the requirements. NFPA 110, Section 6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 110, Section 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.	K 144		

ATTACHMENT-12C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145395	A. BUILDING 02 - BUILDING 0202 B. WING _____	09/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REHAB & CARE CTR - JACKSON CO	1441 NORTH 14TH STREET MURPHYSBORO, IL 62966

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 13 This record review and interview was acknowledged at the exit interview with E-1 and E-2.	K 144		

ATTACHMENT-12C

FOR BHF USE

LL1

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0046920

Facility Name: Helia Healthcare of Carbondale

Address: 500 Lewis Lane (Number) Carbondale (City) 62901 (Zip Code)

County: Jackson

Telephone Number: (618) 529-5355 Fax # (618) 529-3189

HFS ID Number:

Date of Initial License for Current Owners: 11/01/04

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[X]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Cindy A. Tefteller Telephone Number: (618) 465-7717
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/10 to 12/31/10 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Michael Parentin
(Title) Chief Financial Officer

Paid Preparer

(Signed) See Accountants' Compilation Report (Date)
(Print Name and Title) Cindy A. Tefteller
(Firm Name & Address) C.J. Schlosser & Company, L.L.C.
233 East Center Drive, Alton, IL 62002
(Telephone) (618) 465-7717 Fax #(618) 465-7710

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

219

ATTACHMENT-12D

Facility Name & ID Number Helia Healthcare of Carbondale # 0046920 Report Period Beginning: 01/01/10 Ending: 12/31/10

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	118	Skilled (SNF)	118	43,070	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	118	TOTALS	118	43,070	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	11,953	3,953	4,742	20,648	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,953	3,953	4,742	20,648	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 47.94%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 11/01/04

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/01/04 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 118 and days of care provided 4,656

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/10 Fiscal Year: 12/31/10

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

220

ATTACHMENT - 12D

Facility Name & ID Number Helia Healthcare of Carbondale # 0046920 Report Period Beginning: 01/01/10 Ending: 12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,000 B. General Construction Type: Exterior Masonry Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

221

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Related Party Allocation - Helia Healthcare			$ 4,471	1
2					2
3	TOTALS			$ 4,471	3

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHMENT - 12D

Facility Name & ID Number Helia Healthcare of Carbondale # 0046920 Report Period Beginning: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related Party Allocation - Helia Healthcare		2006	2006	$ 36,787	$	25	$ 1,431	$ 1,431	$ 4,916	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Concrete			2005	1,575	158	10	158		841	9
10	Fire Sprinkler			2005	2,070	310	5	310		2,070	10
11	Nurses Station & Med Room			2005	20,510	2,051	10	2,051		10,426	11
12	Exterior Sign			2005	319	26	5	26		319	12
13	Cubicle Curtains			2005	1,432		3			1,432	13
14	Door Signs			2005	512		3			512	14
15	Weatherproof Lights			2006	4,719	472	10	472		2,360	15
16	Phone Lines			2006	1,001	201	5	201		1,001	16
17	3-4 Ton A/C Units			2006	7,500	1,500	5	1,500		6,750	17
18	New Nurses Station			2006	2,995	300	10	300		1,348	18
19	New Sprinkler System			2007	39,969	3,997	10	3,997		14,944	19
20	Roof Repair			2007	13,608	1,361	10	1,361		4,649	20
21	Compressor			2007	1,672	167	10	167		557	21
22	Front Building Sign			2007	1,271	127	10	127		456	22
23	Lowes- Tile			2008	738	74	10	74		203	23
24	Installed Sims 232 Card			2008	1,106	111	10	111		295	24
25	Roof Replacement			2008	14,548	1,455	10	1,455		3,152	25
26	Ceiling Tiles			2008	1,308	131	10	131		273	26
27	Fire Protection Annunciator for Front			2008	1,111	111	10	111		222	27
28	Plumbing Repair			2009	8,223	411	20	411		685	28
29	A/C Compressors			2009	2,489	166	15	166		249	29
30	Water Heater/ Expansion Tank			2009	1,155	115	10	115		116	30
31	Dry Pendent - Sprinkler System			2010	2,945	180	15	180		180	31
32	4-5 ton air handler			2010	3,000	125	20	125		125	32
33	Fire equip - new accelerator & check			2010	2,408	181	10	181		181	33
34	New locks			2010	770	82	7	82		82	34
35	Tear out existing pad and repour concrete			2010	2,500	111	15	111		111	35
36	20 KW Power generator			2010	9,750	812	5	812		812	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHMENT-12D

Facility Name & ID Number Helia Healthcare of Carbondale # 0046920 Report Period Beginning: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Related Party Allocation - Helia Healthcare		$	$		$	$	$	37
38	Water & Sewer Pipe Installation	2006	434		20	22	22	96	38
39	Plumbing & Heating Installation	2006	520		20	26	26	115	39
40	A/C Unit - 4 Ton	2007	1,253		10	125	125	459	40
41									41
42									42
43									43
44									44
45	Biohazard Shed	2010	1,649	96	10	96		96	45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 191,847	$ 14,831	[redacted]	$ 16,435	$ 1,604	$ 60,033	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

ATTACHMENT - 12

FOR BHF USE

LL1

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 4/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0051003

Facility Name: Cobden Rehabilitation and Nursing Center

Address: 430 South Front Street (Number) Cobden (City) 62920 (Zip Code)

County: Union County

Telephone Number: (708) 236-0000 Fax # (708) 236-0001

HFS ID Number:

Date of Initial License for Current Owners: 06/01/10

Type of Ownership:

[ ] VOLUNTARY,NON-PROFIT	[X] PROPRIETARY		[ ] GOVERNMENTAL	
[ ] Charitable Corp.	[ ] Individual		[ ] State	
[ ] Trust	[ ] Partnership		[ ] County	
IRS Exemption Code	[ ] Corporation		[ ] Other	
	[ ] "Sub-S" Corp.			
	[X] Limited Liability Co.			
	[ ] Trust			
	[ ] Other			

In the event there are further questions about this report, please contact:
Name: Dan Gaafar Telephone Number: (317) 237-5503
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/01/10 to 12/31/10 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name) Steven Blisko

(Title) Manager

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATON REPORT ATTACHED (Date)

(Print Name and Title) Dan Gaafar, Partner

(Firm Name & Address) Bradley and Associates, 201 S. Capitol Ave, Indianapolis, IN 46225

(Telephone) (317) 237-5500 Fax # (317) 237-5503

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

224

ATTACHMENT - 12D

Facility Name & ID Number Cobden Rehabilitation and Nursing Center # 0051003 Report Period Beginning: 06/01/10 Ending: 12/31/10

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	16	Skilled (SNF)	16	3,424	1
2		Skilled Pediatric (SNF/PED)			2
3	58	Intermediate (ICF)	58	12,412	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	74	TOTALS	74	15,836	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	2,075	156	430	2,661	8
9	SNF/PED					9
10	ICF	7,522	564	1,560	9,646	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	9,597	720	1,990	12,307	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.72%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 06/01/10

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 06/01/10 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 10 and days of care provided 463

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/10 Fiscal Year: 12/31/10

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHMENT - 12D

Facility Name & ID Number Cobden Rehabilitation and Nursing Center # 0051003 Report Period Beginning: 06/01/10 Ending: 12/31/10

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Southern Illinois Healthcare Realty

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1995	74	5/28/2010	$ 242,397	20	N/A	3
4	Additions							4
5								5
6								6
7	TOTAL		74		$ 242,397 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: [X] YES [ ] NO Terms: _____ *

10. Effective dates of current rental agreement:
Beginning 6/1/2010
Ending 5/31/2030

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/2011	$ 436,540
13.	12/31/2012	$ 436,540
14.	12/31/2013	$ 453,982

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ N/A Description: N/A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

FOR BHF USE

LL1

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0046920

Facility Name: Helia Healthcare of Carbondale

Address: 500 Lewis Lane (Number) Carbondale (City) 62901 (Zip Code)

County: Jackson

Telephone Number: (618) 529-5355 Fax # (618) 529-3189

HFS ID Number:

Date of Initial License for Current Owners: 11/01/04

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[X]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Cindy A. Tefteller Telephone Number: (618) 465-7717
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/10 to 12/31/10 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Michael Parentin
(Title) Chief Financial Officer

Paid Preparer

(Signed) See Accountants' Compilation Report (Date)
(Print Name and Title) Cindy A. Tefteller
(Firm Name & Address) C.J. Schlosser & Company, L.L.C.
233 East Center Drive, Alton, IL 62002
(Telephone) (618) 465-7717 Fax # (618) 465-7710

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

227

ATTACHMENT-12D

Facility Name & ID Number Helia Healthcare of Carbondale # 0046920 Report Period Beginning: 01/01/10 Ending: 12/31/10

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	118	Skilled (SNF)	118	43,070	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	118	TOTALS	118	43,070	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	11,953	3,953	4,742	20,648	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,953	3,953	4,742	20,648	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 47.94%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 11/01/04

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/01/04 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 118 and days of care provided 4,656

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/10 Fiscal Year: 12/31/10

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

228

ATTACHMENT - 12D

Facility Name & ID Number Hella Healthcare of Carbondale # 0046920 Report Period Beginning: 01/01/10 Ending: 12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,000 B. General Construction Type: Exterior Masonry Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

229

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Related Party Allocation - Hella Healthcare			$ 4,471	1
2					2
3	TOTALS			$ 4,471	3

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHMENT - 12D

FOR BHF USE

LL1

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0050997

Facility Name: Marion Rehabilitation and Nursing Center

Address: 1301 East Deyoung (Number) Marion (City) 62959 (Zip Code)

County: Williamson County

Telephone Number: (708) 236-0000 Fax # (708) 236-0001

HFS ID Number:

Date of Initial License for Current Owners: 06/01/10

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[X]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Dan Gaafar Telephone Number: (317) 237-5503
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/01/10 to 12/31/10 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Steven Bilsko
(Title) Manager

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) Dan Gaafar, Partner
(Firm Name & Address) Bradley and Associates, 201 S. Capitol Ave, Indianapolis, IN 46225
(Telephone) (317) 237-5500 Fax # (317) 237-5503

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

230

ATTACHMENT - 12D

Facility Name & ID Number Marion Rehabilitation and Nursing Center # 0050997 Report Period Beginning: 06/01/10 Ending: 12/31/10

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	125	Skilled (SNF)	125	26,750	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	125	TOTALS	125	26,750	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	15,608	2,364	2,692	20,664	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,608	2,364	2,692	20,664	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.25%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 06/01/10

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 06/01/10 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 53 and days of care provided 2,518

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/10 Fiscal Year: 12/31/10

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

231

ATTACHMENT - 12D

Facility Name & ID Number Marion Rehabilitation and Nursing Center # 0050997 Report Period Beginning: 06/01/10 Ending: 12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 16,500 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 12,225 2. Number of Years Over Which it is Being Amortized: 15

3. Current Period Amortization: 475 4. Dates Incurred: PRIOR TO 6/1/10

Nature of Costs: ORGANIZATIONAL COSTS
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Marion Rehabilitation and Nursing Center # 0050997 Report Period Beginning: 06/01/10 Ending: 12/31/10

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Southern Illinois Healthcare Realty, LLC

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1995	68	5/28/2010	$ 409,454	20		3
4	Additions	2001	57					4
5								5
6								6
7	TOTAL		125		$ 409,454 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized N/A
by the length of the lease N/A .

9. Option to Buy: [X] YES [ ] NO Terms: _____ *

10. Effective dates of current rental agreement:
Beginning 6/1/2010
Ending 5/31/2030

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/2011	$ 735,256
13.	12/31/2012	$ 735,256
14.	12/31/2013	$ 764,633

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ N/A Description: N/A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

233

ATTACHMENT - 12D

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued VIII)

Criterion 1110.230 - Project Purpose, Background and Alternatives

ALTERNATIVES

1) Document **ALL** of the alternatives to the proposed project:

Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.

The alternatives to this project are limited by the parameters of the situation and by the State's calculated bed need and the rules regarding existing utilization. Specifically, **Jackson County Board** seeks to discontinue Rehab and Care Center – Jackson County, however, it desires to do so in an orderly and prudent manner that includes ensuring accessibility, competition, and employment opportunities which together equate to maintaining and not further eroding quality. Quality is not only quality resident care but also improved physical environment. Finding an Applicant who will offer continued employment of Rehab and Care Center's existing staff is the only indicator that the same or similar level of care and service will be maintained. Finding an Applicant who will accept all existing residents without condition is the only indicator that the same or similar accessibility will be maintained. Finally, the only influence on quality and utilization of current care trends that the County has is to ensure competition through either the operations of Rehab and Care Center or its replacement. Due to the existing physical plant age and ever evolving life safety code issues, continued operations of the existing facility, even by a new provider, does not appear to be feasible. Therefore, in order to accommodate and ensure existing accessibility and quality the only alternative available is the replacement of the existing nursing home.

ATTACHMENT-13

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued IX)

Criterion 1110.230 - Project Purpose, Background and Alternatives

ALTERNATIVES (Continued ii)

TABLE FOUR		2010	
FACNAME	CITY	Nursing Beds	% Occ
Carbondale Rehab & Nursing Center	Carbondale	131	41.0%
Hella Healthcare of Carbondale	Carbondale	116	46.7%
Rehab & Care Ctr - Jackson Co. (1)	Murphysboro	120	110.7%
Hella Healthcare of Energy (2)	Energy	91	71.0%
Parkway Manor	Marion	119	78.5%
Cobden Rehab & Nursing Center	Cobden	74	77.1%
Source: 2010 IDPH Annual Questionnaire forms		653	69.9%

(1) Proposed replacement facility will discontinue 58 nursing care beds
(2) Discontinued 20 nursing care beds; facility now has 91 nursing care beds.

The variables to replacing Rehab and Care Center – Jackson County are also limited. This existing nursing home is currently licensed for 178 nursing care beds. However, due to the age of the structure and marketability issues the facility has been experiencing an average daily census of 121.5 residents for the latest twelve month period ending March 2012. Regardless of the existing license, the State's latest up-date to its *Inventory of Health Care Facilities and Services and Need Determinations* calculates an excess of 51 beds in the Jackson County Planning Area. Therefore, should Rehab and Care Center – Jackson County be discontinued without the replacement of beds, there will be a need for 127 nursing care beds. An additional indicator of need is the use rates of the other area facilities. It appears based upon area utilization as shown in table four herein, that area use rates are not at the optimal level of 90%. Therefore, the only possibility for replacement is to accommodate only the existing resident population and corresponding staff. Thus, for the proposed Applicants, the alternatives to the project are limited to replacing Rehab and Care Center – Jackson County facility with Manor Court of Carbondale or not to replace the facility.

ATTACHMENT-13

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued X)

Criterion 1110.230 - Project Purpose, Background and Alternatives

ALTERNATIVES (Continued iii)

REPLACING REHAB AND CARE CENTER - JACKSON COUNTY WITH MANOR COURT OF CARBONDALE

Cost

The cost of the proposed project is $13,757,750.

Patient Access

The most recent 12 month period ending March 2012 indicates that Rehab and Care Center – Jackson County experienced an average daily census of 121.5 residents. However, at the time of writing this application the facility had a census of 110 residents. With the optimal utilization rate of 90%, 110 residents equates to a 91.7% utilization rate for 120 beds. Therefore, patient accessibility will be maintained for these existing residents.

Quality

The issue of quality as presented here is only about maintaining the existing levels of services for the existing resident population as well as being able to maintain the competitive nature that kindles continuous quality achievement between the different long-term care providers. This item in no way questions the level of quality that the other area providers offer. It does, however, call into question the quality of life for residents in aging, more traditional and, at times, less marketable facilities. This is where Jackson County Board finds itself, i.e., it provides an outstanding level of service but the physical plant environment is quickly becoming obsolete. To counter act this, the proposed Applicants are keeping the existing staff and providing a new state-of-the-art physical plant for the residents, thus keeping the quality of the services provided

ATTACHMENT-13

consistent while improving the quality of life of both resident and the staff with the new building.

Financial Benefits

Benefits to this alternative include getting the County out of the long-term care business where it had reported a loss of $1,038,578 in fiscal year 2010 according to the latest Department of Healthcare and Family Services Medicaid Cost Report appended as **ATTACHMENT-13A.** and year to date data estimates current year losses of $647,072 (as of May 1st, 2012). The benefits are more than financial as well. The establishment of Manor Court of Carbondale will be on an existing campus setting in which residents will now have the ability to move freely within a continuum of care (based on medical and social needs) without having to leave family and friends. Having the replacement facility in a campus setting also provides economies-of-scale and an internal referral source that can help alleviate referral issues over the life of the facility.

The question concerning alternatives and financial benefits to a project is why Manor Court of Carbondale is a good project as compared to the continued operations of Rehab and Care Center – Jackson County? The answer is two-fold. First, a new building does not have the continuous maintenance and upkeep required as the existing 1960's building. Secondly, the proposed Applicants have economies-of-scale that enable it to more aptly own and operate long-term care facilities. Specifically, the proposed Applicant own and operate many licensed health care facilities; they have the support of RFMS, Inc, a administrative services company which can be called upon for advice, filling staffing needs, financial support and direction, construction

services, regulatory support, etc... The proposed project also has the economies-of-scale built into the project as the proposed nursing facility will be located on Liberty Village's campus that has independent living apartments and duplex villas. These other levels of care can share expenses and all residents can move freely between levels of care should their medical needs outweigh their programmatic needs or vice versa. This provides a built in feeder and allows for even greater marketability.

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

The proposed project is to serve as an off-site replacement of Rehab and Care Center – Jackson County. The need for the project is based on the identified need for said replacement facility as documented in the discontinuation criterion and in the issue of needing to continued to provide long-term care services for the existing residents of the County Home. Therefore, this alternative is not based solely or in part on improved quality of care except in how the improved physical plant will provide a more modern and efficient physical environment. Therefore, this item appears to be not germane.

That being said, it is commonly held that a more homelike and aesthetically pleasing environment tends to allow residents to heal or rehabilitate more quickly as well as giving staff a efficient and modern work environment which tends to increase job satisfaction resulting in increased job performance. It is a snowball effect, if the residents and staff are more satisfied, work enjoyment and healing tend to increase. However, there are also indicators of quality such as physical plant environments being current and state-of-the-art. One indicator of state-of-the-

art is the average size of each facility on a per bed basis. This is an indicator or evidence of a more traditional institutional physical plant design and layout that minimizes square footage and amenities.

The proposed project is proposing more private rooms (22 rooms or 44% of the additional beds) over and above the Department's minimum standards that only require three percent of the bed rooms to be private. Thus, the entire building, upon project completion, would only be required to have 4 bed rooms as private. In the proposed replacement facility, each of the Applicant's resident rooms will have its own bathroom. This is also contrary to the minimum standards as it allows two rooms to share a bathroom. The Applicant has multiple autonomous neighborhoods. These amenities require square footage that is not typical in older facilities. According to the Illinois Department of Health Care and Family Services Medicaid Cost Reports (2010), the average size of the existing providers gross square feet per bed (for which data is available) equates to 146.3 square feet per bed. The Applicant is proposing 65,345 gross square feet or 713 gross 545 square feet per bed. The existing facilities gross square feet per bed (for facilities which data is available) appear to be substantially less than the State's standard for long term care which

TABLE FIVE FACNAME	Nursing Beds	Yr Constructed Or Aquired	GSF	GSF per Bed
Carbondale Rehab & Nursing Center	131	*1995	N/A	
Helia Healthcare of Carbondale	118	*2000	30,000	254.2
Rehab & Care Ctr - Jackson Co. (1)	**178**	**1980**	**N/A**	
Helia Healthcare of Energy (2)	91	*1995	N/A	
Parkway Manor	119	2006	39,356	330.7
Cobden Rehab & Nursing Center	74	*1995	N/A	
	653	1991.8	34,678	146.3**

* Date of Acquisition not construction

**Only used facilities for which data was available.

Source: HFS Medicaid Cost Reports

ATTACHMENT-13

ranges from 435 to 715 square feet per bed. The Applicant has the square footage as compared to the existing facilities to create a more homelike environment for its residents. Thus, the proposed service will provide a higher quality of life which allows for greater flexibility, individuality, and privacy that can also contribute to the quality of care. Furthermore, this nursing unit is part of a campus setting. There are ancillary areas throughout the campus that can be used by residents or more realistically by their respective family members and loved ones, thereby creating more useful and available space. It should be noted that this item in no way denies the quality of care of the existing providers but rather only questions the quality of life of residents in the more traditional environments.

Facility Name & ID Number REHAB & CARE CENTER - JACKSON COUNTY # 0010330 Report Period Beginning: 12/1/09 Ending: 11/30/10

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 8,751,053	1
2	Discounts and Allowances for all Levels	(980,621)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,770,432	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,865	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	2,118	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 4,983	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	894	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 894	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	Copies, Postage, Vending	4,229	28
28a	Miscellaneous	43,969	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 48,198	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,824,507	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,693,456	31
32	Health Care	4,235,147	32
33	General Administration	2,190,800	33
	B. Capital Expense		
34	Ownership	280,465	34
	C. Ancillary Expense		
35	Special Cost Centers	365,762	35
36	Provider Participation Fee	97,455	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,863,085	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,038,578)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,038,578)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

ATTACHMENT-13A

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

   This project proposes the following:

New Construction Establishment/Replacment:

120 beds new construction / 65,345 gsf = 545 gsf/bed

. The current State Standard allows for a range of up to 713 gross square feet per bed. As such, it appears that the proposed project's physical space is in compliance with this criterion.

2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

      As noted above, the proposed project's size per square foot is within the limit for gross square feet per bed per the State's standards. Therefore, this item is not germane.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

      The proposed project's size per square foot within the limit for gross square feet per bed as per the State's standards; therefore, this item is not germane.

   c. The project involves the conversion of existing bed space that results in excess square footage.

      The project does not involve the conversion of existing bed space; therefore, this item is not germane.

ATTACHMENT-14

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE (CONTINUED II)

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

PROJECT SERVICES UTILIZATION:

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B.

The HFSRB has established utilization standards for General Long-Term Nursing Care facilities of 90% by the second full year of operation. Although this project is for the establishing of a new nursing facility, it is anticipated that Manor Court of Carbondale will reach the target rate within a week of opening its doors as this project is to serve as the replacement for the discontinuing Rehab and Care Center – Jackson County. As documented herein, this facility has realized an average daily census of 121.5 for the most recent twelve month period ending March 2012. As of the time of the writing of this application, the facility had a census of 110 residents. Therefore, whether the facility is at the current census level or its more customary use rates, the proposed 120 nursing care beds will be more than optimally utilized.

To document the proposed Applicants' ability to maintain the optimal occupancy rate of 90%, three letters of support for the project from the area's referral sources have been submitted. Appended as **ATTACHMENT-15A** are two letters from area hospitals. The letters are from Southern Illinois Healthcare's President and COE stating that SIH supports this skilled project and recognizes the "urgent quality need that exists for referral sources and the seniors of Jackson County". The second letter is Union County Hospital's CEO who cites the need for specialized geriatric services for not only the seniors of Jackson County but for its surrounding counties as well. This letter is referring to the specialized dementia unit that is planned for a good portion of the overall bed compliment. Two additional letters of support have been received from Dr. Dale

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE (CONTINUED III)

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

PROJECT SERVICES UTILIZATION (Continued ii):

Blaise who is also the medical director of Rehab and Care Center – Jackson County and Dr. Karen Strack. Dr. Blaise states that he has witnessed Jackson County seniors leaving the county to seek skilled services. Additionally, he anticipates that he alone could refer approximately 4-8 residents per month (which equates to 48-96 referrals annually) to the proposed facility should placements be available. Dr. Strack endorses the need to continue to have these beds available to the residents of the County. These two letters are appended as **ATTACHMENT-15B.**

ATTACHMENT-15

SOUTHERN ILLINOIS HEALTHCARE

April 13, 2012

Dear Illinois Health Facilities and Services Review Board:

I am writing on behalf of Southern Illinois Healthcare (SIH) to provide support for the expansion of Liberty Village of Carbondale. SIH is comprised of three hospitals and clinics. As CEO, I recognize the very real need for specialized skilled services for seniors in our community.

SIH is the largest of many referral sources for skilled services within the Jackson County community. By offering quality skilled care and specialized services the Liberty Village of Carbondale will provide SIH and other referral sources a quality alternative to maintain seniors within Jackson County.

Given the reimbursement challenges facing hospitals we, at SIH, recognize the importance of referring our patients to a quality skilled facility, capable of meeting the dynamic needs of a growing senior population. It is our vision to collaborate with Liberty Village of Carbondale to prevent unnecessary readmissions of our patients to acute settings. With a shared vision for quality, state of the art resources, and technology capable of streamlining the discharge/admission process, the expansion of the Liberty Village of Carbondale will serve to fill an immediate skilled void for the seniors of Jackson County and further attract seniors to the community.

Please accept SIH's support for this skilled project and recognize the urgent quality need that exists for referral sources and the seniors of Jackson County.

Sincerely,

Rex P. Budde
President and CEO

Executive Administration
1239 East Main Street | PO Box 3988
Carbondale, IL 62902-3988
TEL 618-457-5200
FAX 618-529-0568
www.sih.net

ATTACHMENT-15A

John Kniery

From: Moore, Barbie [bmoore@ltcsupport.net]
Sent: Monday, April 30, 2012 10:55 AM
To: Cox, Verna
Cc: Fike, Donald; John Kniery
Subject: FW: Discharges to SNF

Hi Verna,

The following is SIH info regarding discharges from their hospitals to SNF's in 2011.

Thanks,
Barbie

From: Lauralee Ryan/SIH [mailto:lauralee.ryan@sih.net]
Sent: Monday, April 30, 2012 10:51 AM
To: Moore, Barbie
Subject: Fw: Discharges to SNF

----- Forwarded by Lauralee Ryan/SIH on 04/30/2012 10:50 AM -----

From: Lauralee Ryan/SIH
To: bmoore@ltcsupport.net, Susan Roark/SIH@SIH
Cc: lauralee.ryan@sih.net <lauralee.ryan@sih.net>, Lynn Bree/SIH@SIH
Date: 04/30/2012 10:37 AM
Subject: Discharges to SNF

HERRIN HOSPITAL Count	37
MEMORIAL HOSPITAL OF CARBONDALE Count	317
ST. JOSEPH MEMORIAL HOSPITAL Count	104
Grand Count	458

Note: The numbers represent inpatient or observation patient accounts whose home county was Jackson, IL and were discharge disposition of 03 DC/Trans to Medicare Certified SNF, discharged in the 2011 calendar year. This is an account, not patient total, so if the patient returned to an SIH facility and was discharge to a SNF again, each encounter would be represented in these totals.

ATTACHMENT-15A

UNION COUNTY HOSPITAL

517 North Main Street
Anna, IL 62906
618/833-4511 ext. 4269
Fax: 618/833-8481

October 20, 2011

To Whom It May Concern:

I am writing this letter in support of the expansion project at Liberty Village of Carbondale. Liberty Village of Carbondale will offer unique geriatric services, including targeted Alzheimer's Care. Adding this, not-for-profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state-of-the-art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change.

The numerous community advantages for surrounding counties compel me to support the expansion project at Liberty Village of Carbondale. In addition to fostering a reputation for meeting the needs of the growing aged population in Jackson County, the Liberty Village of Carbondale will offer permanent employment for approximately 100 community members, as well as short-term employment for local trades during the construction phase of the project. This employment stimulus and plan for specialized geriatric services to care for current residents of the area are further reasons I support this growth opportunity.

Sincerely,

James R. Farris, FACHE
Chief Executive Officer

ATTACHMENT-15A

Medical Arts Clinic

Dale Blaise, MD
Emily Hanson, DO

SOUTHERN ILLINOIS MEDICAL SERVICES
19 E SHAWNEE DRIVE
SUITE 2
MURPHYSBORO, IL 62966
618.684.2172 T

Re: Certificate of Need Application for total replacement facility in Jackson County, IL

Dear Illinois Health Facilities and Services Review Board:

I am writing to support the expansion project at Liberty Village of Carbondale to replace the current Rehab & Care Center for Jackson County. As Medical Director for Rehab & Care Center of Jackson County for last 25 years I have witnessed a growing challenge to deliver care within the 52 year old building. In addition, regulatory and reimbursement issues have made it impossible for the County to continue serving seniors under the current model.

Furthermore, the outdated physical plant and financial woes of the current facility have lead Jackson County seniors to seek skilled services outside of the County. I anticipate my referrals alone will average 4-8 per month to the new facility and recognize the benefit for my patients to receive skilled therapy in a state of the art setting while remaining near family within the community.

Most importantly, it is the void of quality skilled facilities available to refer my patients for skilled needs within Jackson County that prompts me to request your prompt approval of the Certificate of Need Application for the replacement facility at the Liberty Village of Carbondale.

Thank you for your time and consideration.

Sincerely,

Dr. Dale Blaise
Medical Director
Rehab & Care Center of Jackson County

ATTACHMENT-15B

FAMILY PRACTICE
3331 West DeYoung, Suite 305 • Marion, Illinois 62959 • Phone: 618-985-9140 • Fax: 618-985-9143
KAREN STRACK, DO
ANN BROWNING, PA-C

April 25, 2012

To Whom It May Concern:

I have been a physician practicing in the Carbondale/Murphysboro area for thirty-three years. I have been actively involved in nursing home care my entire medical career. The Jackson County Nursing Home has been an important part of the Murphysboro community supplying jobs for people in and around Murphysboro while being close to their homes and limiting travel time and providing sustainable jobs in the community, which is slowly shrinking.

The residents of Jackson County have limited choices when it comes to nursing home care for their family members. For these people who have limited funds overall and inability to travel long distances to get to a nursing home the option of having a facility within a very short driving distance is important to maintain contact with loved ones. The Jackson County facility has already had a higher nurse to staff ratio and has always accepted more complicated patients for discharge receiving many transfers back from St. Louis for that recovery period. They have provided an excellent Alzheimer's Unit for those patients and have provided both short-term rehab and long-term extended care for residents. We are encouraging the state to consider allowing our county to have these beds available under new ownership since the county is no longer capable of supporting the Jackson County Nursing Home.

If you have any other questions, please do not hesitate to write or call.

Sincerely,

Karen Strack, D.O.

KS:dsb

ATTACHMENT-15B

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

PLEASE NOTE: The criteria for long-term care under this section has been repealed and replaced with criteria 1125. Since the new criteria does not have a application process, the Applicant is utilizing the 1110 and 1120 application form that has been in place and substituting the 1110.1700 criteria with the 1125 criteria and many sections have already been addressed in the existing application.

GENERAL LONG-TERM CARE

Criterion 1125.510 – Introduction

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

Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
☒ General Long Term Care	0*	120	120	N/A	0*

***As this project is changing locations with a new owner/operator the project is classified as an "establishment". However, Jackson County Board selected this Applicant and its proposal to replace the existing facility known as Rehab and Care Center – Jackson County as it will be discontinued after the last resident is transferred to the replacement home.**

2. READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and **submit the required documentation for the criteria:**

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

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED II)

Criterion 1125.520 – Background of the Applicant

Please find this section addressed under Section III, Part 1110.230.a), as this application form follows sections 1110 and 1120 and not the revised rules for long-term care under the new section 1125.

ATTACHMENT LTC-12

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED III)

Criterion 1125.530 - Planning Area Need

A. Identify the calculated number of beds needed (excess) in the planning area.

The State's calculated bed need shows an excess of 51 long-term care nursing beds in the Jackson County Planning Area. However, there are two parts to this application: the first part is the discontinuation of Rehab and Care Center – Jackson County's 178-nursing care beds. When 178 beds are put back into the inventory, then there is an outstanding need for 127 additional nursing care beds, which brings us to the second part of this application, i.e., the establishment of a 120 bed nursing care facility to replace Rehab and Care Center – Jackson County. Please refer to **ATTACHMENT LTC-13A** for a copy of the State's Inventory of Health Care Facilities and Services and Need Determinations and its April 18, 2012 Update to the Inventory.

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

The primary planning area is the Jackson County Planning Area within HSA V. With the signing of this application, the Applicant attest that the primary purpose of this project is to serve residents of the Jackson County Planning Area and that at least 50% of the residents will come from within the Planning Area. Thanks to the unique replacement nature of this establishment project coupled with the fact that the proposed Applicant has agreed to accept Rehab and Care Center – Jackson County's residents without condition, their patient origin data serves to document the primary purpose of the proposed project. The data, appended as **ATTACHMENT LTC-13B**, shows that more than half (65.2%) of the total admissions over the most recent two year period originate from within Jackson County, thus fulfilling this item.

Planning Area: Jackson

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
CARBONDALE REHAB AND NURSING CTR	CARBONDALE	Jackson County	131	23,223
6/1/2010 Name Change Name changed from Oak Grove Rehab and Skilled Care				
6/1/2010 CHOW Change of ownership occurred.				
HELIA HEALTHCARE OF CARBONDALE	CARBONDALE	Jackson County	118	22,326
REHAB & CARE CENTER - JACKSON COUNTY	MURPHYSBORO	Jackson County	178	48,172
		Planning Area Totals	**427**	**93,721**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
005	0-64 Years Old	186,898	521,200	358.6	215.2	573.7
	65-74 Years Old	254,491	48,300	5,269.0	3,161.4	8,430.4
	75+ Years Old	1,583,829	52,100	30,399.8	18,239.9	48,639.7

	2008 PSA Patient Days	2008 PSA Estimated Populations	2008 PSA Use Rates (Per 1,000)	2008 HSA Minimum Use Rates	2008 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	10,453	51,000	205.0	215.2	573.7	215.2	53,600	11,532			
65-74 Years Old	9,012	3,400	2,650.6	3,161.4	8,430.4	3,161.4	5,500	17,388			
75+ Years Old	74,256	3,300	22,501.8	18,239.9	48,639.7	22,501.8	4,200	94,508			
						Planning Area Totals		123,428	338.2	376	51

ATTACHMENT LTC-13A

LONG-TERM CARE FACILITY UPDATES

09/16/2011 - 04/18/2012

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	Name Change	10/01/2011	HERITAGE HEALTH-CARLINVILLE, CARLINVILLE	Name changed from Heritage Manor - Carlinville.	
Menard	Closure	07/08/2011	MENARD CONVALESCENT CENTER, PETERSBURG	Facility closed 07-08-2011, 86 nursing care beds removed from inventory.	
Montgomery	Name Change	10/01/2011	HERITAGE HEALTH-LITCHFIELD, LITCHFIELD	Name changed from Heritage Manor - Litchfield.	
Morgan/Scott	Closure	08/26/2011	CARE CENTER OF JACKSONVILLE, JACKSONVILLE	Facility closed 08-26-2011, 93 nursing care beds removed from inventory.	
	Name Change	10/01/2011	HERITAGE HEALTH-JACKSONVILLE, JACKSONVILLE	Name changed from Barton W. Stone - Jacksonville.	
Sangamon	Name Change	10/01/2011	HERITAGE HEALTH-SPRINGFIELD, SPRINGFIELD	Name changed from Heritage Manor - Springfield.	
	P-08-080	12/16/2011	CONCORDIA VILLAGE, SPRINGFIELD	Facility licensed.	
	Bed Change	12/19/2011	ST. JOSEPH'S HOME FOR AGED, SPRINGFIELD	Discontinued six sheltered care beds, total now 72 nursing care beds and 35 sheltered care beds.	
			Health Service Area 004		
Coles/Cumberland	CHOW	01/13/2012	MATTOON HEALTHCARE & REHAB CTR, MATTOON	Change of ownership occurred.	
Ford	Name Change	10/01/2011	HERITAGE HEALTH-GIBSON CITY, GIBSON CITY	Name changed from Heritage Manor - Gibson City.	
Livingston	Name Change	10/01/2011	HERITAGE HEALTH-DWIGHT, DWIGHT	Name changed from Heritage Manor - Dwight.	
McLean	Name Change	10/01/2011	HERITAGE HEALTH-NORMAL, NORMAL	Name changed from Heritage Manor - Normal.	
	Name Change	10/01/2011	HERITAGE HEALTH-BLOOMINGTON, BLOOMINGTON	Name changed from Heritage Manor - Bloomington.	
Macon	Name Change	10/01/2011	HERITAGE HEALTH-MOUNT ZION, MOUNT ZION	Name changed from Heritage Manor - Mount Zion.	
	CHOW	01/10/2012	ASPEN RIDGE CARE CENTER, DECATUR	Change of ownership occurred.	
	CHOW	01/10/2012	MCKINLEY COURT, DECATUR	Change of ownership occurred.	
	Bed Change	01/15/2012	HEARTLAND OF DECATUR, DECATUR	Added five nursing care beds, total now 117 nursing care beds.	
	P-12-005	04/17/2012	HICKORYPOINT CHRISTIAN VILLAGE, FORSYTH	Permit issued to add 17 nursing care beds, total now 64 nursing care beds.	New
Vermilion	Bed Change	01/09/2012	HAWTHORNE INN OF DANVILLE, DANVILLE	Discontinued six sheltered care beds and added six nursing care beds, total now 76 nursing care beds and 64 sheltered care beds.	
			Health Service Area 005		
Franklin	CHOW	01/18/2012	STONEBRIDGE SENIOR LIVING CTR, BENTON	Change of ownership occurred.	
Lawrence	Bed Change	03/22/2012	UNITED METHODIST VILLAGE, LAWRENCEVILLE	Discontinued 20 nursing care beds, total now 143 nursing care beds.	New
Marion	CHOW	01/18/2012	FRIENDSHIP HOUSE OF CENTRALIA, CENTRALIA	Change of ownership occurred.	
	CHOW	01/18/2012	FIRESIDE HOUSE OF CENTRALIA, CENTRALIA	Change of ownership occurred.	
Randolph	Name Change	01/26/2012	RED BUD REGIONAL CARE, RED BUD	Name changed from Red Bud Nursing Home.	
White	Bed Change	01/24/2012	ENFIELD REHAB & H.C.C., ENFIELD	Discontinued two nursing care beds, total now 47 nursing care beds.	
			Health Service Area 006		
Planning Area 6-A	Closure	05/06/2011	WINCREST NURSING CENTER, CHICAGO	Facility closed 05-06-2011, 82 nursing care beds removed from inventory.	
	CHOW	10/01/2011	CHALET LIVING & REHAB CENTER, CHICAGO	Change of ownership occurred.	
	Name Change	10/01/2011	CHALET LIVING & REHAB CENTER, CHICAGO	Name changed from Sherwin Manor Nursing Center.	
	Bed Change	11/10/2011	HERITAGE HEALTHCARE CENTER, CHICAGO	Discontinued one nursing care bed, total now 127 nursing care beds.	
Planning Area 6-C	Bed Change	09/26/2011	WASHINGTON & JANE SMITH COMM., CHICAGO	Discontinued two nursing care beds, total now 101 nursing care beds.	
			Health Service Area 007		
Planning Area 7-A	Bed Change	09/08/2011	MOORINGS HEALTH CENTER, THE, ARLINGTON HTS	Discontinued 23 sheltered care beds, total now 116 nursing care beds and 44 sheltered care beds.	

ATTACHMENT LTC-13A

LONG-TERM CARE BED INVENTORY UPDATES

09/16/2011 - 04/18/2012

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
	HEALTH SERVICE AREA 001		
Boone	305	279	26
Carroll	187	170	17
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	637	28
Whiteside	717	822	(105)
Winnebago	2,399	2,366	33
	HEALTH SERVICE AREA 002		
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	217	28
Knox	823	980	(157)
LaSalle	1,364	1,419	(55)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1,760	1,731	29
Tazewell	1,516	1,266	250
Woodford	655	592	63
	HEALTH SERVICE AREA 003		
Adams	1,188	1,495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1,344	1,254	90
	HEALTH SERVICE AREA 004		
Champaign	1,037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1,306	1,118	188
Macon	1,331	1,253	78
Moultrie	318	369	(51)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)
	HEALTH SERVICE AREA 005		
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	663	21
Hardin/Pope	95	113	(18)
Jackson	376	427	(51)
Jasper	82	82	0
Jefferson	424	346	78
Johnson/Massac	338	312	26
Lawrence	325	340	(15)
Marion	862	605	257

Zip Codes within a 30-Minute Travel Time Contour
of
the proposed Manor Court of Carbondale

CITY OF ORIGIN	ZIP CODE	Total Admits	30-min. Market In	Out
HARTFORD, KY	42347	1		1
KEWANEE, IL	61443	1		1
CHAMPAIGN, IL	61821	1		1
CUTLER, IL	62238	1		1
NEW ATHENS, IL	62264	1		1
PINCKNEYVILLE, IL	62274	1		1
STEELEVILLE, IL	62288	1		1
TAYLORVILLE, IL	62568	1		1
BENTON, IL	62812	2		2
CHRISTOPHER, IL	62822	1		1
DUQUOIN, IL	62832	6		6
SALEM, IL	62881	1		1
WEST FRANKFORT, IL	62896	1		1
CARBONDALE, IL	62901	23	23	
CARBONDALE, IL	62902	1	1	
CARBONDALE, IL	62903	1	1	
ALTO PASS, IL	62905	1		1
ANNA, IL	62906	2		2
AVA, IL	62907	7		7
CAMPBELL HILL, IL	62916	2		2
COBDEN, IL	62920	2	2	
DESOTO, IL	62924	3	3	
GORHAM, IL	62940	2	2	
GRAND TOWER, IL	62942	4	4	
HARRISBURG, IL	62946	1		1
HERRIN, IL	62948	2		2
JACOB, IL	62950	1		1
MAKANDA, IL	62958	2		2
MARION, IL	62959	3		3
METROPOLIS, IL	62960	25		25
MURPHYSBORO, IL	62966	99	99	
POMONA, IL	62975	1		1
ROYALTON, IL	62983	2	2	
ULLIN, IL	62992	1		1
VERGENNES, IL	62994	4		4
ZEIGLER, IL	62999	1		1
ST. GENEVIEVE, MO	63670	1		1
		210	137	73
			65.2%	34.8%

ATTACHMENT LTC-13B

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED IV)

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

According to the "applicability of review criteria, of the items below, an applicant only has to address (a) or (b), (c), and (d) or (e). Due to the unique nature of this project being for the establishment of a replacement facility, the Applicant will address items (a) and (b), (c), and (d). Item (e) is not applicable to this market area.

a) The number of beds proposed to establish a new general long-term care service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or if the applicant proposes to establish a new LTC facility, the applicant shall submit projected referrals. The applicant shall document subsection (c) and subsection (d) or (e).

Although the proposed Applicants are not related to **Jackson County Board**, the owner/operator of Rehab and Care Center – Jackson County, the **Jackson County Board** selected the proposed Applicants to establish a nursing care facility which will serve as the replacement of Rehab and Care Center – Jackson County who will then be discontinued upon the final resident being transferred to the proposed Manor Court of Carbondale.

The number of beds proposed (120) are necessary to accommodate the service demand experienced annually by the existing Rehab and Care Center – Jackson County. Appended as **ATTACHMENT LTC-14A**, are the last two published IDPH annual facility questionnaire forms for Rehab and Care Center – Jackson County. These facility annual questionnaire forms report total patient days for 2009 and 2010 of 48,914-days and 48,488-days respectively; which equates to an average daily census of 134-

TABLE SIX

RCCJC

Total Patient Days

April - March 2012

Month	Pt Days	ADC
April	3,674	122.5
May	3,818	123.2
June	3,745	124.8
July	3,943	127.2
August	3,860	124.5
September	3,738	124.6
October	3,749	120.9
November	3,566	118.9
December	3,706	119.5
January	3,757	121.2
February	3,367	116.1
March	3,564	115.0
Total	**44,487**	**121.5**

ATTACHMENT LTC-14

residents and 132.8-residents respectively. Furthermore, as part of this application, Jackson County Board has provided the most recent 12 month utilization data for the period ending March 2012; this data (refer to table six above) calculates into an average daily census of 121.5 residents throughout the year. All three full year average daily census numbers provide more than the required justification for the proposed 120 bed replacement.

b) If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals, as required in subsection (d) or (e).

Within the first week of opening, Manor Court of Carbondale anticipates 110 residents to be transferred to its newly established facility for the replacement of Rehab and Care Center – Jackson County. To document this appended as **ATTACHMENT LTC-14B**, is a copy of the minutes to the County Board meeting in which they selected via a vote the proposed Applicant's proposal for replacement of Rehab and Care Center – Jackson County with a newly established Manor Court of Carbondale. Appended as **ATTACHMENT LTC-14C** are six letters of support for this project from **Jackson County Board** members stating their rational for support. Finally, appended as **ATTACHMENT LTC-14D**, is a letter from Rehab and Care Center – Jackson County's administrator, Ms. Merle K. Taylor. This letter provides a comprehensive methodical outline of events and rational for the project from the County's point of view.

To document the proposed Applicants' ability to maintain the optimal occupancy rate of 90%, three letters of support for the project from the area's referral sources have been submitted. Appended as **ATTACHMENT LTC-14E** are two letters from area hospitals. The letters are from Southern Illinois Healthcare's President and COE stating that SIH supports this skilled

Section 1125.540 Service Demand – Establishment of General Long-Term Care (continued iii)

project and recognizes the "urgent quality need that exists for referral sources and the seniors of Jackson County. The second letter is Union County Hospital's CEO who cites the need for specialized geriatric services for not only the seniors of Jackson County but for its surrounding counties as well. This letter is referring to the specialized dementia unit that is planned for a good portion of the overall bed compliment. Two additional letters of support have been received from Dr. Dale Blaise who is also the medical director of Rehab and Care Center – Jackson County and Dr. Karen Strack. Dr. Blaise states that he has witnessed Jackson County seniors leaving the county to seek skilled services. Additionally, he anticipates that he alone could refer approximately 4-8 residents per month (46-60 patients annually) to the proposed facility should placements be available. Dr. Strack endorses the need to continue to have these beds available to the residents of the County. These two letters are appended as **ATTACHMENT LTC-14F.**

c) Historical Referrals

If the applicant is an existing facility and is proposing to establish this category of service, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility.

Although the proposed Manor Court of Carbondale is not an existing facility, Rehab and Care Center – Jackson County is and its historical referrals by referral source are appended as **ATTACHMENT LTC-14G**

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED VII)

Section 1125.540 Service Demand – Establishment of General Long-Term Care (continued iv)

d) Projected Referrals

An applicant proposing to establish a category of service or establish a new LTC facility shall submit the following:

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

2) An estimated number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

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

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

Within the first week of opening, Manor Court of Carbondale anticipates 110 residents to be transferred to its newly established facility for the replacement of Rehab and Care Center – Jackson County. Please refer to **ATTACHMENT LTC-14B**, which is a copy of the minutes to the County Board meeting in which they selected via a vote the proposed Applicant's proposal for replacement of Rehab and Care Center – Jackson County with a newly established Manor Court of Carbondale. Appended as **ATTACHMENT LTC-14C** are six letters of support for this project from **Jackson County Board** members stating their rational for support. Finally, appended as **ATTACHMENT LTC-14D**, is a letter from Rehab and Care Center – Jackson County's administrator, Ms. Merle K. Taylor. This letter provides a comprehensive methodical

Section 1125.540 Service Demand – Establishment of General Long-Term Care (continued v)

County's administrator, Ms. Merle K. Taylor. This letter provides a comprehensive methodical outline of events and rational for the project from the County's point of view.

To document the proposed Applicants' ability to maintain the optimal occupancy rate of 90%, three letters of support for the project from the area's referral sources have been submitted. Appended as **ATTACHMENT LTC-14E** are two letters from area hospitals. The letters are from Southern Illinois Healthcare's President and COE stating that SIH supports this skilled project and recognizes the "urgent quality need that exists for referral sources and the seniors of Jackson County. The second letter is Union County Hospital's CEO who cites the need for specialized geriatric services for not only the seniors of Jackson County but for its surrounding counties as well. This letter is referring to the specialized dementia unit that is planned for a good portion of the overall bed compliment. Two additional letters of support have been received from Dr. Dale Blaise who is also the medical director of Rehab and Care Center – Jackson County and Dr. Karen Strack. Dr. Blaise states that he has witnessed Jackson County seniors leaving the county to seek skilled services. Additionally, he anticipates that he alone could refer approximately 4-8 residents per month (46-60 patients annually) to the proposed facility should placements be available. Dr. Strack endorses the need to continue to have these beds available to the residents of the County. These two letters are appended as **ATTACHMENT LTC-14F.**

e) Projected Service Demand – Based on Rapid Population Growth

As previously stated, this item is not germane to this project or market area.

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 0004816
Health Service Area 005 Planning Service Area 077

Administrator
Merle K. Taylor

Contact Person and Telephone
MERLE K. TAYLOR
618-684-2138

Registered Agent Information

Date Completed
4/22/2010

FACILITY OWNERSHIP
COUNTY

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions deemed by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	22
Mental Illness	15
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	44
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 77

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	140	178	130	48	54	202
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	140	178	130	48	54	202

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	141
Total Admissions 2009	176
Total Discharges 2009	188
Residents on 12/31/2009	130
Identified Offenders	0

FACILITY UTILIZATION - 2009
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6255	31.7%	26559	38.0%	0	0	16099	0	48914	75.3%	75.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6255	31.7%	26559	38.0%	0	0	16099	0	48914	75.3%	75.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	14	66	0	0	0	0	0	0	14	66	80
TOTALS	28	101	0	0	0	0	0	0	28	101	130

Source:Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

10/8/2010

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 0004816
Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	72	0	0	41	0	130
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	72	0	0	41	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing	Skilled22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	22.00
Certified Aides	82.00
Other Health Staff	8.00
Non-Health Staff	50.00
Totals	156.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.0%	52.3%	0.0%	0.0%	24.7%	100.0%		0.0%
2,061,377	4,686,734	0	0	2,215,195	8,963,307	0	

*Charity Expense does not include expenses which may be considered a community benefit.

Source:Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

10/8/2010

ATTACHMENT TC-14A

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966
Reference Numbers Facility ID 0004816
Health Service Area 095 Planning Service Area 077

Administrator
Merle K. Taylor

Contact Person and Telephone
MERLE K. TAYLOR
618-684-2136

Registered Agent Information

Date Completed
2/24/2011

FACILITY OWNERSHIP
COUNTY

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 55 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	35
Mental Illness	28
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Muscolo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 94

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	140	178	126	52	90	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	140	178	126	52	90	178

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	130
Total Admissions 2010	160
Total Discharges 2010	164
Residents on 12/31/2010	126
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5497	16.7%	26082	43.2%	0	0	14929	0	48488	74.6%	74.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5497	16.7%	26082	43.2%	0	0	14929	0	48488	74.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	11	28	0	0	0	0	0	0	11	28	39
85+	11	60	0	0	0	0	0	0	11	60	71
TOTALS	30	96	0	0	0	0	0	0	30	96	126

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966
Reference Numbers Facility ID 0004816
Health Service Area 095 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	74	0	0	42	0	126
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	74	0	0	42	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	19.00
Certified Aides	84.00
Other Health Staff	0.00
Non-Health Staff	48.00
Totals	142.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.1%	45.7%	2.0%	0.0%	23.2%	100.0%		0.0%
2,000,710	3,136,798	137,151	0	1,592,826	6,869,495	0	

*Charity Expense does not include expenses which may be considered a community benefit

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

ATTACHMENT LTC-14A

JACKSON COUNTY SPECIAL BOARD MEETING
MARCH 21, 2012
6:00 P.M.

Invocation was given by Darnecea Moultrie; the Pledge of Allegiance was said by all.

The Chairman directed the clerk to call roll.

Members present: William Alstat, Orval Rowe, Dan Bost, Mark Holt, Frank Puttman, Will Stephens, Darnecea Moultrie, Bob Lorinskas, Julie Peterson, Gerald Compton, Candle Wester-Mittan, Edward Benyas, John Rendleman, John Evans

Rehab & Care Committee---Reported by Frank Puttman

A motion was made by Puttman, seconded by Moultrie, to accept the proposal from RFMS.

During discussion a call for question received from Holt, seconded by Moultrie.

On the vote to end discussion.

Roll call votes
yes: William Alstat, Orval Rowe, Dan Bost, Mark Holt, Frank Puttman, Will Stephens, Darnecea Moultrie, Gerald Compton, Edward Benyas, John Evans

No: Bob Lorinskas, Julie Peterson, Candle Wester-Mittan, John Rendleman

Motion carried.

On the original motion the vote was.

Roll call votes
yes: William Alstat, Orval Rowe, Dan Bost, Mark Holt, Frank Puttman, Will Stephens, Darnecea Moultrie, Gerald Compton, Edward Benyas, John Evans

ATTACHMENT LTC-14B

No: Bob Lorinskas, Julie Peterson, Candle Wester-Mittan

Abstain: John Rendleman

Motion carried.

A motion was made by Compton, seconded by Puttman, to recess until March 26, 2012.

Respectfully submitted by
Larry W. Reinhardt
County Clerk & Recorder

MEMORANDUM OF UNDERSTANDING
AS REGARDS JACKSON COUNTY
REHAB AND HEALTH CARE

This Memorandum of Understanding ("Memo") is by and between the County of Jackson, a unit of local Illinois government, (hereinafter the "County"), and Unlimited Development, Inc., an Illinois not-for-profit corporation, (hereinafter "UDI").

Definitions: The following are definitions used hereafter:

- "State Board" means the Illinois Health Facilities and Services Review Board.
- "County Facility" means the existing Rehab and Care Center of Jackson County located in Murphysboro, Illinois.
- "Certificate of Need" (hereinafter "CON") means the award of beds from the State Board to the County Facility or to UDI.
- "Inventory of Beds" means the inventory by the State Board, a copy of which is attached hereto, made a part hereof, and marked Exhibit A, for Jackson County.
- "License" or "Licensed Beds" means the license issued by the Illinois Department of Public Health to either UDI or the County Facility.

WITNESSETH:

WHEREAS, the parties to this Memo recognize the difficult financial environment faced by Illinois nursing homes, particularly county owned, primarily caused by the State's detrimental reimbursement policies; aggressive regulation and fine enforcement activities; and increased cost of doing business. Together these circumstances have made it impossible for a county nursing home to survive and, in particular, the County Facility described herein; and,

WHEREAS, the nursing home committee of the County requested that UDI review the circumstances under which the County Facility is currently operating. UDI has made presentations to the County relative to its review of the County's circumstances. Members of the nursing home committee of the County have made an on-site visit to a UDI facility in Maryville, Illinois, to observe and review the facility's physical plant and the operations of the Maryville facility; and,

WHEREAS, the County desires that any replacement facility permit the residents of Jackson County to have a high quality, esthetically pleasing and technologically advanced facility available to them to meet and treat their conditions; and,

WHEREAS, the County also desires that the employees of the County Facility be provided an opportunity to apply for employment at any new facility that would be developed by UDI; and,

WHEREAS, the County has a CON for 178 beds as set forth on Exhibit A; and,

WHEREAS, the County has an unrestricted license from the Illinois Department of Public Health as a skilled nursing facility in the amount of 178 beds.

CONSIDERATION. The parties agree that for Ten Dollars ($10.00) and other valuable consideration, the sufficiency of which is acknowledged by the parties, the parties agree as follows:

1. The "whereas" paragraphs are incorporated herein.

2. It is the County's intent to discontinue and cease operations of the County Facility.

3. UDI shall initiate and fully oversee the preparation and application to the State Board for a permit for the discontinuance of the CON awarded to the County Facility.

4. Simultaneously with the filing of the County's application, as set forth in the paragraph above, UDI shall apply for a CON of a minimum of 127 beds, which application shall be coordinated with the County's discontinuance of its CON.

5. All costs incident to the preparation of the applications to the State Board shall be the sole and only obligations of UDI, including the retention of any consultants for such purpose.

6. The County agrees to operate the County Facility until UDI constructs a new skilled nursing facility to be located on the west side of Carbondale, Illinois. Upon the completion and the issuance of licensure to the UDI facility, the County agrees to surrender its license to the Illinois Department of Public Health.

7. From the date that UDI is awarded the CON by the State Board, and thereafter for a period not to exceed 24 months, UDI shall pay to the County the sum of $45,000 per month in order to assist the County to keep and sustain its operations until the date of issuance of licensure to UDI. In the event UDI fails to obtain the CON by the December, 2012, meeting of the State Board, the County may cancel this Agreement instanter.

8. In the event that the County is unwilling to or incapable of sustaining its operations, UDI's obligations under paragraph 7 shall cease and terminate.

9. The County agrees to aid and assist UDI in assimilating letters of support for this project.

10. UDI agrees to interview for employment all current County Facility employees prior to its assumption of operations.

11. UDI agrees to offer placement to all residents of the County Facility upon receiving its license.

12. The County agrees to assist its residents in exercising their choices for placement.

13. Upon the issuance of licensure to UDI, the obligations of payment by UDI pursuant to paragraph 7 shall cease.

14. The parties agree that the effective date of this Memo is the date last signed by either of the parties.

15. The parties agree that the sole remedy for enforcement of this Memo available to either party is specific performance, and that any requirement, in the event that there is a demand for specific performance, shall be issued without bond.

COUNTY OF JACKSON

4-17-12
Date Executed

By _____
Its _____

UNLIMITED DEVELOPMENT, INC.

4-16-12
Date Executed

By _____
Its Secretary

EXHIBIT A

Illinois Health Facilities Planning Board
Illinois Department of Public Health

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Jackson

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2005 Patient Days	Sheltered Care Beds	Sheltered Care 2005 Patient Days
HELIA HEALTHCARE OF CARBONDALE	CARBONDALE	Jackson County	116	18,374	0	0
11/1/2004 Formerly "Carbondale Nursing and Rehab Center".						
OAK GROVE REHAB & SKILLED CARE	CARBONDALE	Jackson County	181	19,585	0	0
Formerly "Stycast Nursing House" and "The Abbey of Carbondale".						
REHAB & CARE CENTER - JACKSON COUNTY	MURPHYSBORO	Jackson County	178	53,333	0	0
9/19/2007 Bed Change Discontinued 24 nursing care beds; facility total now 178 nursing care beds.						
		Planning Area Totals	427	92,292	0	0

Health Service Area: 005

AGE GROUPS	2005 HSA Patient Days	2005 HSA Estimated Population	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates
0-64 Years Old	175,383	526,300	333.2	189.9	533.2
65-74 Years Old	229,908	47,700	5,029.5	3,017.7	8,047.2
75+ Years Old	1,586,914	53,800	31,411.0	18,846.6	50,257.7

	2005 PSA Patient Days	2015 PSA Estimated Population	2005 PSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Population	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (85% Occ.)	Excess Beds
0-64 Years Old	7,453	52,600	142.6	189.9	533.2	189.9	53,700	10,737			
65-74 Years Old	12,115	3,300	5,671.2	3,017.7	8,047.2	5,671.2	5,000	18,356			
75+ Years Old	72,592	3,400	21,330.0	18,846.6	50,257.7	21,330.0	3,800	81,244			
						Planning Area Totals		110,337	302.3	335	91

ATTACHMENT LTC-14B

OFFICE OF COUNTY BOARD
JACKSON COUNTY, ILLINOIS

April 18, 2012

Health Facilities and Services Review Board

To Whom It May Concern:

On behalf of the Jackson County Board, I am writing to provide information on the alternatives the board has examined prior to making the decision to close the Rehab & Care Center of Jackson County and to offer relocation for all residents to a new replacement facility on the campus of Liberty Village of Carbondale.

As Chairman of the Board I was able to oversee the due diligence involved for the evaluation and determination of the following as non-viable or inadequate solution for the seniors of Jackson County:

1. Continue operation in an outdated facility while operating at a huge financial loss;
2. Close the skilled nursing facility without a replacement option for its constituents or community; or
3. Sell the facility with unknown consequences.

The decision made by the Jackson County Board to close the skilled nursing facility and relocate its residents to a new replacement facility on the campus of the Liberty Village of Carbondale was the only option that secured a future for the residents and staff of the Rehab & Care Center as well as the seniors of Jackson County.

Although the county has yet to determine the exact use of the physical plant or its equipment, it will not be used for licensed nursing care services. The county will maintain all medical records reflective of care provided prior to transfer of residents to the new facility. These records will continue to be maintained by Jackson County for the time necessary, until said records may be destroyed in accordance with State and Federal Regulations.

As Chairman of the Jackson County Board, I ask that you recognize the immediate skilled need of our community as you consider approval of the Certificate of Need. I am respectfully requesting immediate approval based on the urgent needs of our current residents and Jackson County seniors.

Sincerely,

John D. Evans
Chairman

ATTACHMENT LTC-14C

JACKSON COUNTY COURTHOUSE • 1001 WALNUT STREET • MURPHYSBORO, ILLINOIS 62966 • TELEPHONE 618-687-7240

Frank B. Puttman
1114 Steven Lane
Murphysboro, IL 62966
(618) 684-4065 email: fputter@frontier.com

April 20, 2012

Illinois Health Facilities and Services Review Board
2nd Floor
525 W. Jefferson Street
Springfield, IL 62761

Members of the Review Board:

As chairman of the Rehab and Care Committee of the Jackson County Board, I support without any reservations the closing of our present facility and the construction of a new facility at the Liberty Village complex in Carbondale.

By doing so, our patients, employees and families will have a new beautiful facility only eight miles away from the current facility. This new facility will be within a mile of abundant medical services-physicians, specialists, Prairie Heart doctors, and even a new cancer center. The new facility at the Liberty Village campus in Carbondale will also address the needs of their current residents. As they grow older and their needs change from independent living to assisted living and later to rehab and nursing, they will have this new, modern option on site.

The original building in Murphysboro is 52 years old and the "new addition" is 40 years old. Our present building is costly to maintain and its design makes it difficult to meet new regulations. The county cannot afford to construct a new facility and the expenses of the present building are a drain on the county finances to the point it could lead the county to bankruptcy.

I believe the new facility is the only viable option. Our current county facility received the benefits of a real estate tax levy and participated in special state programs, but was unable to balance the budget for costs of care and repairs, let alone updating or renovating the facility. I do not see how anyone could purchase the facility, refurbish the building, and make updates as required and keep the facility open.

By allowing the development of the new rehab and nursing facility, we would be keeping our patients together and the employees with them to continue the tradition of exceptional care that our facility has been noted for. We do not want the patients scattered throughout southern Illinois, thus causing transportation problems for families and services provided by unfamiliar faces.

Our residents deserve security in a place to live and loving caregivers, not monthly uncertainty due to finances.

Sincerely,

Frank Puttman

Frank Puttman

ATTACHMENTLTC-14C

OFFICE OF
COUNTY BOARD
JACKSON COUNTY, ILLINOIS

May 7, 2012

Dear Health Facilities and Services Review Board:

As Chairman of Finance for the Jackson County Board I am writing to respectfully request your approval for the Certificate of Need permitting closure of the Rehab & Care Center of Jackson County and allowing for a replacement skilled facility to be built on the campus of Liberty Village of Carbondale.

My 22 years of service on the Jackson County Board lends me a unique perspective as to the challenges the Board has faced while attempting to comply with regulatory mandates, dwindling reimbursement, and a dated physical plant. My support of the replacement facility is a result of direct knowledge of consideration for other options, including, but not limited to selling the facility, closing the facility without a replacement facility, and least viable, continuing to operate the facility at a huge financial loss.

In my opinion selling the aged facility to another provider was not a satisfactory solution on the basis it was not feasible that another operator would succeed while facing the increasing regulatory & financial challenges of providing care in an outdated physical plant when a devoted Board of 14 individuals now faced the decision to close. Stringent regulatory mandates with reduced reimbursement and reduced tax incentives available to a new owner further evidenced the insecurities to residents and staff of pursuing this option.

Closing the nursing home without a replacement facility was an option also considered. However, that consideration yielded to my commitment, and that of my colleagues, to the seniors of Jackson County. This option was not desired because of the skilled care void in the community that would exist upon closure of the Rehab and Care Center of Jackson County.

Over many years the option to continue to operate the facility at a financial loss was selected as the consideration of choice due to the commitment to our county. In December 2010 the Jackson County Board hired a management company to assist with operations in an effort to continue to remain open. However, even with the assistance of a professional management group, the county continued to borrow money from alternate funds to keep the nursing home afloat. As the chair of Finance Committee, I contend continuing to operate at a $1.2millionaverage operating loss per year is no longer a viable option. The financial drain on the county has become insurmountable, eliminating the ability of the county to continue to operate the nursing home.

ATTACHMENT LTC-14C

The goal when evaluating options was to determine a solution that would secure a future for the residents and staff of Rehab & Care. After careful consideration of all options I support the decision to close Rehab and Care Center of Jackson County and transition the residents and staff to the replacement facility at Liberty Village of Carbondale.

It continues to be my desire that the change facing the residents and staff of Rehab Care and the community of Jackson County will result in a state of the art campus offering economic stimulus to the county and the quality of geriatric care the seniors of Jackson County deserve.

By granting the Certificate of Need as requested you will be offering recognition to the Jackson County Board for its decision and be fulfilling the vision to provide a secure future with a quality continuum of care to the seniors of Jackson County.

Sincerely,

William Alstat
Finance Chair

ATTACHMENT LTC-14C

OFFICE OF COUNTY BOARD
JACKSON COUNTY, ILLINOIS

May 8, 2012

Health Facilities and Services Review Board:

As a member of the Jackson County Board, I am writing to respectfully request your approval for the Certificate of Need permitting closure of the Rehab & care Center of Jackson County and allowing for a replacement skilled facility to be built on the campus of Liberty Village of Carbondale.

The options evaluated included continuing operations in an outdated facility while operating at a huge financial loss; closing the facility without a replacement option for its constituents or community; selling the facility with unknown consequences; or closing the facility and offering relocation for all residents to a new replacement facility.

The goal when evaluating the options was to determine a solution that would secure a future for the residents and staff of Rehab & Care. After careful consideration of all options I support the decision to close Rehab and Care Center of Jackson County and transition the residents and staff to the replacement facility at Liberty Village of Carbondale.

It continues to be my desire that the change facing the residents and staff of Rehab Care and the community of Jackson County will result in a state of the art campus offering economic stimulus to the county and the quality of geriatric care the seniors of Jackson County deserve.

By granting the Certificate of Need as requested you will be offering recognition to the Jackson County Board for its decision and be fulfilling the vision to provide a secure future with a quality continuum of care to the seniors of Jackson County.

Sincerely,

Mark Holt

Mark Holt

ATTACHMENT LTC-14C

JACKSON COUNTY COURTHOUSE • 1001 WALNUT STREET 2745 MURPHYSBORO, ILLINOIS 62966 • TELEPHONE 618 687 7340

OFFICE OF COUNTY BOARD
JACKSON COUNTY, ILLINOIS

May 1, 2012

To Whom It May Concern:

I Dan Bost, Jackson County Board Member representing District Two am in full support for the transition of the Rehab & Care Center of Jackson County to RFMS & Associates.

Though this skilled nursing facility has served the community very well since its establishment, we as Jackson County Government can no longer continue to operate the facility in the future without serious detriment to other mandated government services.

I am confident that the plan of transition to the new facility that RFMS & Associates will construct on the Carbondale Liberty Village campus will allow continuance and future enhancement of the care of Jackson County's elderly.

Best Regards,

Dan Bost, District 2
Jackson County Board

ATTACHMENT LTC-14C

OFFICE OF COUNTY BOARD
JACKSON COUNTY, ILLINOIS

I would like to express my support for the planned transition of the Jackson County Rehab and Care Center to R.F.M.S. and associates. As part of this process the "Certificate of Need" will need to be transferred from one entity to another. I am quite certain that the agencies involved will see the wisdom of allowing such a transfer to occur after evaluation of the current situation.

Currently, the Jackson County Rehab and Care Center is operating at a deficit, and has been for quite some time. As you know, Medicaid reimbursement rates have been dismal and do not look to get better in the near future. These reimbursements have not only been below the cost of providing care, but have been late more often than not. This has placed a financial strain on Jackson County that ultimately forced us out of the Skilled Care Business.

Furthermore, the Jackson County Rehab and Care Center was completed in the 1960's. Although it's a fine building for its age, ever evolving building codes have become more and more difficult to stay ahead of. Renovations have been undertaken to keep up, but at a steep financial price. This has been an added factor in our decision to transition out of the operation of the Rehab and Care Center.

The residents of Jackson County deserve a new skilled care facility and with the release of the Certificate of Need to R.F.M.S. that can become a reality. R.F.M.S. has promised that all Jackson County Rehab and Care Employees will be given an opportunity to work at the new facility, and all patients currently in the County's care would be accepted at the new facility as well. They have a solid track record of building and operating skilled care facilities across the nation, and have been very professional throughout the negotiations.

With this in mind I would again express my support of R.F.M.S. and their plans to develop a new skilled care facility in Carbondale.

Sincerely

Will Stephens, Murphysboro
Jackson County Board
District 3

ATTACHMENTTC-14C

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

April 16, 2012

Illinois Health Facilities and
Services Review Board
2nd Floor
525 W. Jefferson Street
Springfield, IL 62761

Dear Board Members:

My name is Merle Taylor and I am the Administrator at the Rehab & Care Center of Jackson County in Murphysboro, IL. The County has employed me in this facility for almost 30 years, and as the Administrator since 1999.

Our facility is county owned and was built by the county in 1958/1959 opening in 1960. Over the years, numerous capital projects have been completed in an attempt to keep the facility updated and modern. Rehab & Care Center of Jackson County is licensed for 178 skilled beds and currently averages between 110 and 120 residents per day. We accept pay sources including Private, Medicare, Medicaid, Hospice and Insurance. We are also a contract facility with the Veteran's Administration. Approximately 65% of our census is comprised of Medicaid recipients.

The facility employs approximately 120 individuals. As county employees, we are eligible for the same excellent benefits as all

other county employees: retirement & disability through the Illinois Municipal Retirement Fund; health insurance; and a generous leave policy for vacation, holidays, sick days and personal days. Our wages are also much higher than what you find in surrounding skilled nursing facilities.

Unfortunately over the past decade the county has struggled with increasing mandated costs for personnel, life safety code capital requirements, as well as reimbursement that does not meet expenses to operate this 52 year old facility. It is also becoming more difficult to upgrade our "old" building to meet life safety code requirements due to the construction type.

As far back as 1997/1998 the County has periodically explored the possibility of exiting the nursing home business. It was clear, even then, that the county would not be able to sustain the needs of the facility and provide services mandated in the county. Unfortunately, the nursing home is not a "mandated" service that the county must provide. As years have passed, not only have mandates increased and state payments to the facility decreased and slowed, the same has occurred with mandates and payments to the County as a whole. Jackson County did hire a management firm effective 12/1/2010 in an attempt to turn the facility around financially. However, with the high personnel costs, mandated life safety code expenses and the slow down in Medicaid payments, the facility has continued to struggle financially, and ultimately borrowed funds from the County to meet financial obligations in the past year.

When the Jackson County Board began exploring exiting the facility in earnest this past fall, there were two issues the county agreed on. Choosing the best option to provide the best care to our Residents, and attempt to take care of the staff as well as possible. With the options that were before the Board, they chose to review past practices of the organizations that were interested in the facility. The only fair way to do so was to review DPA cost report data that was filed with the Department of Health and Human Services. The County was able to review each organizations staff to resident ratios as well as average wages and benefits paid to their staff. This is the information that helped the county to make the decision to accept the proposal that would transfer our residents and staff to the proposed facility at Liberty Village of Carbondale.

In my opinion, the County made a very responsible decision. I know that any company interested in our facility could promise the moon, but mandated public information tells a much more compelling story. I believe that the County has chosen an organization that truly cares about their residents and staff. I am excited that our community has the opportunity to offer a health care campus that will include several levels of care including a skilled nursing facility. It is much easier for individuals to relocate from independent living, to assisted living, to skilled nursing care within the same organization. This will be a unique option for our County residents.

I am asking that you please support the request from Liberty Village of Carbondale, to build a new facility in Carbondale to replace the county owned facility in Murphysboro. Your consideration is greatly appreciated.

Sincerely,

Merle K. Taylor
Administrator

ATTACHMENT LTC-14D

SOUTHERN ILLINOIS HEALTHCARE

April 13, 2012

Dear Illinois Health Facilities and Services Review Board:

I am writing on behalf of Southern Illinois Healthcare (SIH) to provide support for the expansion of Liberty Village of Carbondale. SIH is comprised of three hospitals and clinics. As CEO, I recognize the very real need for specialized skilled services for seniors in our community.

SIH is the largest of many referral sources for skilled services within the Jackson County community. By offering quality skilled care and specialized services the Liberty Village of Carbondale will provide SIH and other referral sources a quality alternative to maintain seniors within Jackson County.

Given the reimbursement challenges facing hospitals we, at SIH, recognize the importance of referring our patients to a quality skilled facility, capable of meeting the dynamic needs of a growing senior population. It is our vision to collaborate with Liberty Village of Carbondale to prevent unnecessary readmissions of our patients to acute settings. With a shared vision for quality, state of the art resources, and technology capable of streamlining the discharge/admission process, the expansion of the Liberty Village of Carbondale will serve to fill an immediate skilled void for the seniors of Jackson County and further attract seniors to the community.

Please accept SIH's support for this skilled project and recognize the urgent quality need that exists for referral sources and the seniors of Jackson County.

Sincerely,

Rex P. Budde
President and CEO

Executive Administration
1239 East Main Street | PO Box 3988
Carbondale, IL 62902-3988

TEL 618-457-5200
FAX 618-529-0568

www.sih.net

ATTACHMENT LTC-14E

UNION COUNTY HOSPITAL

517 North Main Street
Anna, IL 62906
618/833-4511 ext. 4269
Fax: 618/833-8481

October 20, 2011

To Whom It May Concern:

I am writing this letter in support of the expansion project at Liberty Village of Carbondale. Liberty Village of Carbondale will offer unique geriatric services, including targeted Alzheimer's Care. Adding this, not-for-profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state-of-the-art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change.

The numerous community advantages for surrounding counties compel me to support the expansion project at Liberty Village of Carbondale. In addition to fostering a reputation for meeting the needs of the growing aged population in Jackson County, the Liberty Village of Carbondale will offer permanent employment for approximately 100 community members, as well as short-term employment for local trades during the construction phase of the project. This employment stimulus and plan for specialized geriatric services to care for current residents of the area are further reasons I support this growth opportunity.

Sincerely,

James R. Farris, FACHE
Chief Executive Officer

ATTACHMENT LTC-14E

Medical Arts Clinic

SIMS

Dale Blaise, MD
Emily Hanson, DO

SOUTHERN ILLINOIS MEDICAL SERVICES
19 E SHAWNEE DRIVE
SUITE 2
MURPHYSBORO, IL 62966
618.684.2172 T

Re: Certificate of Need Application for total replacement facility in Jackson County, IL

Dear Illinois Health Facilities and Services Review Board:

I am writing to support the expansion project at Liberty Village of Carbondale to replace the current Rehab & Care Center for Jackson County. As Medical Director for Rehab & Care Center of Jackson County for last 25 years I have witnessed a growing challenge to deliver care within the 52 year old building. In addition, regulatory and reimbursement issues have made it impossible for the County to continue serving seniors under the current model.

Furthermore, the outdated physical plant and financial woes of the current facility have lead Jackson County seniors to seek skilled services outside of the County. I anticipate my referrals alone will average 4-8 per month to the new facility and recognize the benefit for my patients to receive skilled therapy in a state of the art setting while remaining near family within the community.

Most importantly, it is the void of quality skilled facilities available to refer my patients for skilled needs within Jackson County that prompts me to request your prompt approval of the Certificate of Need Application for the replacement facility at the Liberty Village of Carbondale.

Thank you for your time and consideration.

Sincerely,

Dr. Dale Blaise
Medical Director
Rehab & Care Center of Jackson County

ATTACHMENT LTC-14F

FAMILY PRACTICE
3331 West DeYoung, Suite 305 • Marion, Illinois 62959 • Phone: 618-985-9140 • Fax: 618-985-9143

KAREN STRACK, DO
ANN BROWNING, PA-C

April 25, 2012

To Whom It May Concern:

I have been a physician practicing in the Carbondale/Murphysboro area for thirty-three years. I have been actively involved in nursing home care my entire medical career. The Jackson County Nursing Home has been an important part of the Murphysboro community supplying jobs for people in and around Murphysboro while being close to their homes and limiting travel time and providing sustainable jobs in the community, which is slowly shrinking.

The residents of Jackson County have limited choices when it comes to nursing home care for their family members. For these people who have limited funds overall and inability to travel long distances to get to a nursing home the option of having a facility within a very short driving distance is important to maintain contact with loved ones. The Jackson County facility has already had a higher nurse to staff ratio and has always accepted more complicated patients for discharge receiving many transfers back from St. Louis for that recovery period. They have provided an excellent Alzheimer's Unit for those patients and have provided both short-term rehab and long-term extended care for residents. We are encouraging the state to consider allowing our county to have these beds available under new ownership since the county is no longer capable of supporting the Jackson County Nursing Home.

If you have any other questions, please do not hesitate to write or call.

Sincerely,

Karen Strack, D.O.

KS:dsb

ATTACHMENT LTC-14F

RCCJC ADMISSION DEMOGRAPHICS
4/17/2010 THRU 4/17/2012

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
TW	HARTFORD, KY	42347	MARION VA HOSPITAL	MARION, IL
NR	KEWANEE, IL	61443	ST. FRANCIS MEDICAL CTR	CAPE GIRARDEAU, IL
HS	CHAMPAIGN, IL	61821	CARLE CLINIC	CHAMPAIGN, IL
MC	CUTLER, IL	62238	BARNES JEWISH HOSP	ST. LOUIS, MO
AG	NEW ATHENS, IL	62264	ST. ELIZABETH'S HOSPITAL	BELLEVILLE, IL
GP	PINCKNEYVILLE, IL	62274	PINCKNEYVILLE COMM. HOSPITAL	PINCKNEYVILLE, IL
ED	STEELEVILLE, IL	62288	HERRIN REHAB	HERRIN, IL
NL	TAYLORVILLE, IL	62568	FAMILY	
PC	BENTON, IL	62812	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JS	BENTON, IL	62812	MARION VA HOSPITAL	MARION, IL
RM	CHRISTOPHER, IL	62822	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
LB	DUQUOIN, IL	62832	LANDMARK HOSPITAL	CAPE GIRARDEAU, MO
FD	DUQUOIN, IL	62832	MARSHALL BROWNING HOSPITAL	DUQUOIN, IL
CE	DUQUOIN, IL	62832	FAMILY	
CE	DUQUOIN, IL	62832	DUBOIS HOSPITAL @ ST. LOUIS	ST. LOUIS, MO

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
JM	DUQUOIN, IL	62832	VNA TIP HOSPICE	MURPHYSBORO, IL
JR	DUQUOIN, IL	62832	MARSHALL BROWNING HOSPITAL	DUQUOIN, IL
RS	SALEM, IL	62881	MARION VA HOSPITAL	MARION, IL
NS	WEST FRANKFORT, IL	62896	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JB	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
BB	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
DB	CARBONDALE, IL	62901	SELF	
MC	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
EC	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
IC	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JE	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
EG	CARBONDALE, IL	62901	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
HH	CARBONDALE, IL	62901	PHYSICIAN-DR. MIGONE	MURPHYSBORO, IL
TJ	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
AJ	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
GK	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
LL	CARBONDALE, IL	62901	FAMILY	

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
NM	CARBONDALE, IL	62901	PHYSICIAN-DR. BLAISE	MURPHYSBORO, IL
DM	CARBONDALE, IL	62901	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
WM	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
WS	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MS	CARBONDALE, IL	62901	SELF	
OS	CARBONDALE, IL	62901	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MT	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MU	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JW	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MW	CARBONDALE, IL	62901	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
BN	CARBONDALE, IL	62902	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
RT	CARBONDALE, IL	62903	PHYSICIAN-DR. BLAISE	MURPHYSBORO, IL
SL	ALTO PASS, IL	62905	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
RA	ANNA, IL	62906	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
LB	ANNA, IL	62906	HARRISBURG MEDICAL CENTER	HARRISBURG, IL
WC	AVA, IL	62907	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
EE	AVA, IL	62907	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
BF	AVA, IL	62907	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
OG	AVA, IL	62907	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
VK	AVA, IL	62907	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
RP	AVA, IL	62907	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
HS	AVA, IL	62907	FAMILY	
ME	CAMPBELL HILL, IL	62916	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JS	CAMPBELL HILL, IL	62916	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
EM	COBDEN, IL	62920	SOUTHEAST MISSOURI HOSPITAL	CAPE GIRARDEAU, MO
RR	COBDEN, IL	62920	UNION COUNTY HOSPITAL	ANNA, IL
SC	DESOTO, IL	62924	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
FS	DESOTO, IL	62924	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
CY	DESOTO, IL	62924	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
PK	GORHAM, IL	62940	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JS	GORHAM, IL	62940	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
AB	GRAND TOWER, IL	62942	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
EM	GRAND TOWER, IL	62942	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
JR	GRAND TOWER, IL	62942	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
FW	GRAND TOWER, IL	62942	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
BM	HARRISBURG, IL	62946	HERRIN REHAB	HERRIN, IL
TB	HERRIN, IL	62948	HERRIN REHAB	HERRIN, IL
GS	HERRIN, IL	62948	MARION VA HOSPITAL	MARION, IL
RS	JACOB, IL	62950	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
BB	MAKANDA, IL	62958	FAMILY	
PS	MAKANDA, IL	62958	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
GS	MARION, IL	62959	FAMILY	
RM	MARION, IL	62959	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
CS	MARION, IL	62959	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
BH	METROPOLIS, IL	62960	WESTERN BAPTIST HOSPITAL	PADUCAH, KY
HH	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
DT	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
GH	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
EH	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
DW	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
CM	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
DK	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
SS	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
RG	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
JK	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
RH	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
LH	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
KT	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
CQ	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
CW	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
RB	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
LM	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
RH	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
RD	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
EH	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
RT	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
DC	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
WT	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
WW	METROPOLIS, IL	62960	IDPH/SOUTHGATE NURSING & REHAB	METROPOLIS, IL
EA	MURPHYSBORO, IL	62966	HERRIN REHAB	HERRIN, IL
DA	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
SA	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
AA	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
PA	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MA	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
RA	MURPHYSBORO, IL	62966	HERRIN REHAB	HERRIN, IL
AB	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
DB	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JB	MURPHYSBORO, IL	62966	ST. LOUIS UNIVERSITY HOSPITAL	ST. LOUIS, MO
WB	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
PB	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
EB	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
DB	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MB	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
HC	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
JC	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
WC	MURPHYSBORO, IL	62966	HERRIN REHAB	HERRIN, IL
EC	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
FC	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
RC	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
IC	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
WC	MURPHYSBORO, IL	62966	BARNES JEWISH HOSPITAL	ST. LOUIS, MO
EC	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
DC	MURPHYSBORO, IL	62966	SELF	
RC	MURPHYSBORO, IL	62966	MARION VA HOSPITAL	MARION, IL
CD	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
HD	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MD	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
AE	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
DE	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
HE	MURPHYSBORO, IL	62966	HERRIN REHAB	HERRIN, IL
EF	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
DG	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
GG	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
SG	MURPHYSBORO, IL	62966	PHYSICIAN-DR. BLAISE	MURPHYSBORO, IL
BG	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
BG	MURPHYSBORO, IL	62966	SELF	
RH	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
JH	MURPHYSBORO, IL	62966	MARION VA HOSPITAL	MARION, IL
CH	MURPHYSBORO, IL	62966	HERRIN REHAB	HERRIN, IL
BH	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
LH	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
BH	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
CH	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
EH	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MI	MURPHYSBORO, IL	62966	ST. LOUIS UNIVERSITY HOSPITAL	ST. LOUIS, MO
JJ	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
RJ	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
EJ	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
JK	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
JL	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
EL	MURPHYSBORO, IL	62966	FAMILY	
DM	MURPHYSBORO, IL	62966	BARNES JEWISH HOSPITAL	ST. LOUIS, MO
WM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
AM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
DM	MURPHYSBORO, IL	62966	ST. FRANCIS MEDICAL CENTER	CAPE GIRARDEAU, MO
MM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
CM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MM	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
HM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
RM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
VM	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
DP	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MP	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JP	MURPHYSBORO, IL	62966	HERRIN REHAB	HERRIN, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
HP	MURPHYSBORO, IL	62966	SOUTHEAST MISSOURI HOSPITAL	CAPE GIRARDEAU, MO
WP	MURPHYSBORO, IL	62966	BOULEVARD HEALTHCARE	CHICAGO, IL
MR	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MR	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MR	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
NR	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
BR	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MS	MURPHYSBORO, IL	62966	BARNES JEWISH HOSPITAL	ST. LOUIS, MO
ES	MURPHYSBORO, IL	62966	FAMILY	
KS	MURPHYSBORO, IL	62966	FAMILY	
DS	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
FS	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
PS	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
GS	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
AS	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
CS	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
RT	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
BU	MURPHYSBORO, IL	62966	BARNES JEWISH HOSPITAL	ST. LOUIS, MO
JV	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
RV	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
JW	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
JW	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
DW	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
ZW	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
LW	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
DW	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
EW	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
BW	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
DW	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
RW	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
KY	MURPHYSBORO, IL	62966	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
JY	MURPHYSBORO, IL	62966	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
MH	POMONA, IL	62975	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
JM	ROYALTON, IL	62983	HERRIN REHAB	HERRIN, IL

RESIDENT INITIALS	CITY OF ORIGIN	ZIP CODE	REFERRING SOURCE	REFERRING SOURCE CITY, STATE
MS	ROYALTON, IL	62983	ST. LOUIS UNIVERSITY HOSPITAL	ST. LOUIS, MO
OS	ULLIN, IL	62992	FAMILY	
VB	VERGENNES, IL	62994	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
LD	VERGENNES, IL	62994	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
NP	VERGENNES, IL	62994	ST. JOSEPH MEMORIAL HOSPITAL	MURPHYSBORO, IL
FT	VERGENNES, IL	62994	MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE, IL
MA	ZEIGLER, IL	62999	MEDCO CENTER OF PADUCAH	PADUCAH, KY
RS	ST. GENEVIEVE, MO	63670	JOHN COCHRAN VA HOSPITAL	ST. LOUIS, MO

ATTACHMENT LTC-14G

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED IX)

Section 1125.570 Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

The project as proposed is not your typical establishment project in which the Applicant has to identify and document the need for a start-up service and as such it will improve access for planning area residents. The project being presented is improving the over-bedded situation identified in the April 18, 2012 update to the Inventory of Health Care Facilities and Services and Need Determinations in which the Jackson County Planning Area has an excess of 51 nursing care beds and creates a need for 7 additional nursing beds in the Planning Area. The project also proposes to maintain accessibility to existing services as it is serving as an offsite replacement facility under different owner/operating entities.

Therefore, the service restriction is that there are 110 existing residents who have chosen Rehab and Care Center – Jackson County as their home and preferred health care provider of long-term care services. Under severe financial duress, the Jackson County Board has chosen to ensure that these residents will continue to be cared for in the manner in which they have become accustomed and that they chose. Should the County Home close without the proposed replacement, the residents would be dispersed most likely to out of area facilities as they had already chosen not to live in the other area facilities. The difference between this project and a typical project for establishment is that there are at least 110 residents who desire to make the proposed project their new home with the conformability of keeping the existing staff that who have taken care of them for so long and have become friends and family to the residents.

ATTACHMENT LTC-17

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED X)

Section 1125.570 Service Accessibility (continued ii)

a) Supporting Documentation

Patient/resident location information by zip code;

The resident location information is unique to this project as the actual location is not identified by zip code but instead all residents are located within one existing and soon to be discontinued facility. Refer to **ATTACHMENT LTC-17A** for a copy of the 2010 IDPH Annual Facility Questionnaire Form for Rehab and Care Center – Jackson County for documentation of historical patient days that calculate an average daily census of 132.8 residents in 2010. Additionally, the facility has reported that its most current 12-month patient days ending March 2012 equate to an average daily census of 121.5 residents.

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966
Reference Numbers Facility ID 6004616
Health Service Area 005 Planning Service Area 077

Administrator
Merle K. Taylor

Contact Person and Telephone
MERLE K. TAYLOR
618-684-2136

Registered Agent Information

Date Completed
2/24/2011

FACILITY OWNERSHIP
COUNTY

CONTINUING CARE COMMUNITY	No
LIFE CARE FACILITY	No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	35
Mental Illness	28
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 94

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	140	178	126	52	90	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	140	178	126	52	90	178

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	130
Total Admissions 2010	160
Total Discharges 2010	164
Residents on 12/31/2010	126
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct	Medicaid Pat. days	Medicaid Occ. Pct	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct	Peak Beds Set Up Occ. Pct
Nursing Care	5487	16.7%	25052	43.2%	0	0	14928	0	45458	74.6%	74.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5487	16.7%	25052	43.2%	0	0	14928	0	45458	74.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	11	28	0	0	0	0	0	0	11	28	39
85+	11	60	0	0	0	0	0	0	11	60	71
TOTALS	30	96	0	0	0	0	0	0	30	96	126

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966
Reference Numbers Facility ID 6004616
Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	74	0	0	42	0	126
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	74	0	0	42	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	19.00
Certified Aides	64.00
Other Health Staff	0.00
Non-Health Staff	48.00
Totals	142.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.1%	46.7%	2.0%	0.0%	23.2%	100.0%		0.0%
2,000,710	3,136,706	137,151	0	1,592,826	6,869,495	0	

*Charity Expense does not include expenses which may be considered a community benefit.

ATTACHMENT LTC-17A

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011

This is a formal request by IHFSRB for full, complete and accurate information as stated herein. This request is made under the authority of the Health Facilities Planning Act [20ILCS 3960/]. Failure to respond may result in sanctions including the following:

"A person subject to this Act who fails to provide information requested by the State Board or State Agency within 30 days of the a formal written request shall be fined an amount not to exceed $1,000 for each 30-day period, or fraction thereof, that the information is not received by the State Board or State Agency." [20 ILCS 3960/14.1(b)(6)]

This questionnaire is divided into several parts:

Part I
Information on your facility and facility utilization
THIS PART MUST BE REPORTED FOR CALENDAR YEAR 2011

Part II
Financial and Capital Expenditures data for your facility
THIS PART MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU

Part III
Immunization for Influenza and Pneumonia

Part IV
Older Adult Services Survey

The Long Term Care Questionnaire must be completed and submitted by March 7, 2012.

Facilities failing to submit this questionnaire within the required time frame will be reported to the Illinois Health Facilities and Services Review Board for its consideration of the imposition of sanctions mandated by the Act.

Please contact this office with any questions or concerns related to this survey. You may contact us by e-mail at DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

Next > Save

inquisite

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011

Welcome to the IHFSRB Electronic Long Term Care Facility Questionnaire.
INSTRUCTIONS FOR COMPLETING THIS SURVEY

NOTE:
Validation rules have been set up for some items; if your responses do not meet the validation rules, or if you have not filled in some required fields, you will not be allowed to proceed to the next page.

Navigating and Saving:
There are 3 buttons at the bottom of each survey page except the last one.
'Next' takes you to the next page of the survey
'Back' returns you to the previous survey page.
'Save' saves work in progress if you need to stop before finishing.

YOU DO NOT NEED TO SAVE AFTER EACH PAGE.
ONLY SAVE IF YOU NEED TO STOP BEFORE COMPLETING THE SURVEY.

IMPORTANT:
When you save your work, the unfinished survey is stored on our server with a new, random address. You will be prompted to set a bookmark or Favorite in our web browser.
YOU MUST DO THIS; YOU CANNOT ACCESS YOUR SAVED FORM WITHOUT IT.
The link provided in your e-mail WILL NOT access the saved form, only a blank survey. When you are ready to continue, use the bookmark or favorite to open the form. You will be returned to the place where you left off.

Saving the form also allows you to send the link created to another person, if needed. Since the link is to a file saved on our survey system, all the other person needs is the link to access the saved form.

The Submit form button on the last page transmits your survey responses to our database. Once the survey has been submitted, no further access or changes are allowed. If you find that you have submitted the form with incomplete or incorrect information, contact this office immediately.

Thank you for your cooperation.
Please contact this office by telephone at 217/782-3516 or by Email to DPH.FacilitySurvey@illinois.gov with any questions.

Page 2 of 15

< Back | Next > | Save

inquisite

ATTACHMENT LTC-17A

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part I - Facility and Utilization Data

Please read the instructions for each question for clarification to understand the nature of the necessary response. All numeric fields are pre-filled with zeroes. As appropriate, complete all questions with required data. Validation rules are included to assist you in entering accurate and consistent data throughout the Questionnaire. All row and columns asking for entry of a total value are compared to the sum of the row and/or column. If entered values do not conform to the validation rules, please verify and enter the correct values.

Question 1 - Is your facility designated as any of the following:
Use this link to access definitions: <Definitions>

- ☐ **Life Care Facility**
- ☐ **Continuing Care Retirement Community**

Question 2 - Indicate conditions that prevent admission to your facility. Check all that apply. At least one box must be checked. Please note that if None (No Restrictions) is checked, no other boxes should be checked. <Definitions>

☑ **Aggressive/Anti-Social**	☐ **Non-Mobile**
☑ **Chronic Alcoholism**	☐ **Other Government Recipient***
☑ **Developmentally Disabled**	☐ **Under 65 Years of Age**
☑ **Drug Addiction**	☐ **Unable to Self-Medicate**
☐ **Medicaid Recipient**	☑ **Ventilator Dependency**
☐ **Medicare Recipient**	☐ **Infectious Disease Requiring Isolation**
☑ **Mental Illness**	☐ **Other Restrictions**
☐ **Non-Ambulatory**	☐ **None (No Restrictions)**

* 'Other Government Recipient' includes individuals whose primary source of payment is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, or other government-sponsored programs.

Question 3 - If your facility ownership requires a Registered Agent with the Illinois Secretary of State, indicate the name, address and telephone number of this person or company (must be an Illinois resident or company).

Name of Registered Agent:
Address of Registered Agent
City, State and Zip Code (plus Four):
Telephone Number:

< Back | Next > | Save

inquisite

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part I - Facility and Utilization Data

Question 4 - Please report the number of Full-Time Equivalent Employees (FTEs), paid directly by your facility. DO NOT report the number of hours worked. Use the first pay period in December 2011 to account for your employees.

Due to the broad range of services provided in LTC facilities, IDPH is leaving the definition of 'Other Healthcare Personnel' broad enough to include all categories of healthcare staff not covered in the six listed major categories of personnel.

EMPLOYMENT CATEGORIES		FULL TIME EQUIVALENTS (FTEs)
Administrators		1
Physicians		0
Director of Nursing		1
Registered Nurses		10
LPNs		19
Certified Aides		54
Other Health Personnel		0
Other Non-Health Personnel		43
Totals	128	128

Please indicate the number of hours in the work week for a full-time employee: 37.5

Page 5 of 15

< Back | Next > | Save

inquisite

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board(IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part I - Facility and Utilization Data

Question 5 - Resident Information for 2011

Beds	1. Nursing Care	2. Sheltered	3. Total	
1.Licensed Beds - 12/31/2011	178	0	178	178
2.Peak Beds Set Up - 2011*	178	0	178	178
3.Peak Beds Occupied - 2011*	138	0	138	138
4.Beds Set Up - 12/31/2011	178	0	178	178
5.Beds Occupied - 12/31/2011	120	0	120	120

* PEAK BEDS SET UP is the highest number of beds setup and staffed for use at any time during the year.
PEAK BEDS OCCUPIED is the highest number of beds in use at any time during the year.
AVAILABLE BEDS will be calculated as "Licensed Beds less Beds Occupied on December 31, 2011" [20 ILCS 3960/13]

Males			
6. Under 18	0	0	0
7. 18 - 44	1	0	1
8. 45 - 59	2	0	2
9. 60 - 64	1	0	1
10. 65 - 74	6	0	6
11. 75 - 84	9	0	9
12. 85 & Over	9	0	9
13. Total Males	28	0	28
Females	28	0	28
14. Under 18	0	0	0
15. 18 - 44	0	0	0
16. 45 - 59	0	0	0
17. 60 - 64	1	0	1
18. 65 - 74	7	0	7
19. 75 - 84	22	0	22
20. 85 & Over	62	0	62
21. Total Females	92	0	92
	92	0	92
22. Total Residents	120	0	120
	120	0	120

	1. Nursing Care	2. Sheltered	3. Total
Patient Days for 2011	*Patient day values should be based on resident count for CALENDAR YEAR 2011.*		
23. Medicare Patient Days	5443	n/a	5443
24. Medicaid Patient Days	25422	n/a	25422
25. Other Public Pay Patient Days	1553	0	1553

ATTAHCMENT LTC-17A

26. Private Insurance Patient Days	0	0	0
27. Private Pay Patient Days	12935	0	12935
28. Charity Care* Patient Days	0	0	0
29. Total All Patient Days	45353	0	45353
Room Rates			
30. Private Room Rate	155.00	0	n/a
31. Shared Room Rate	120.00	0	n/a

Racial Group Each resident in your facility on the last day of the year should be accounted for and counted only once.

32.Asian	0	0	0
33.Amer. Indian/Nat. Alaskan	0	0	0
34.Black/African American	8	0	8
35.Hawaiian/Pacific Islander	0	0	0
36.White	112	0	112
37.Race Unknown	0	0	0
38.Total All Races	120	0	120

Ethnicity Each resident in your facility on the last day of the year should be accounted for and counted only once.

39.Hispanic or Latino	0	0	0
40.Not Hispanic or Latino	120	0	120
41.Ethnicity Unknown	0	0	0
42.Total All Ethnicity	120	0	120

Primary Payment Source*	**1. Nursing Care**	**2. Sheltered**	**3. Total**
43.Medicare	12	n/a	12
44.Medicaid	76	n/a	76
45.Other Public	0	0	0
46.Private Insurance	0	0	0
47.Private Pay	32	0	32
48.Charity Care	0	0	0
49.Total Residents	120	0	120

"OTHER PUBLIC" includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.
'PRIVATE PAY' includes money from a private account AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.
'INSURANCE' refers to payment made through private insurance policies.
"Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3] **Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.**

< Back | Next > | Save

inquisite

ATTACHMENT LTC-17A

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IDPH)
Long-Term Care Facility Questionnaire for 2011
Part I - Facility and Utilization Data

Question 6 - Admissions and Discharges during the Calendar Year 2011.

Short-Term discharges to the hospital for Acute or Sub-Acute Care or releases to visit friends and relatives by residents who are expected to return to the facility are not to be counted as discharges or re-admissions. Count only those residents initially admitted and those permanently discharged from your facility. A resident who has been permanently discharged and later re-enters the facility may be counted as a new admission.

The sum of Lines A + B, minus Line C must equal Line D. The total number of residents recorded on Line D MUST NOT EXCEED the total number of licensed beds your facility has reported on Line 1 of QUESTION III. The total residents reported on line D must equal the total residents reported in Question IV and Question III, Lines 20a, 33, 37 and 44.

A. Residents on the FIRST DAY of the 2011. 125

Indicate the number of residents in your facility at the BEGINNING of the day on January 1, 2011 on Line A. The resident count should be the same as the resident count your facility reported to the Department on December 31, 2010.

B. Total Admissions DURING Calendar Year 2011. 178

Indicate the total number of residents your facility admitted during 2011 on Line B.

C. Total Discharges DURING Calendar Year 2011. 183

Indicate the total number of residents your facility discharged during 2011 on Line C. Remember, this value is final discharges only, not administrative discharges of any type.

D. Residents on the LAST DAY of 2011. 120

Indicate the total number of residents your facility had on December 31, 2011.

< Back | Next > | Save

inquisite

ATTACHMENT LTC-17A

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part I - Facility and Utilization Data

Question 7 - Primary Diagnosis of Residents on DECEMBER 31, 2011.

Report the number of residents in your facility at the END OF THE LAST DAY OF 2011 by their PRIMARY diagnosis. COUNT ALL RESIDENTS - COUNT EACH RESIDENT ONLY ONCE. The primary diagnosis of a resident is the MAJOR health problem for which a resident is receiving care. Alongside each diagnostic group is the range of International Classification of Diseases codes contained within the particular diagnostic group. Use only the classifications listed – if a diagnosis does not fit into a listed classification include it in OTHER MEDICAL CONDITIONS.
NOTE: ALZHEIMER'S DISEASE – For the purpose of this questionnaire only – ALL RESIDENTS with a PRIMARY diagnosis of ALZHEIMER'S DISEASE are to be placed in the ICD-9 CODE 290.1 & 331.0.

ICD-9 CM Numbers	Primary Diagnosis	Number of Residents
140-239	Neoplasms	0
240-279	Endocrine/Metabolic Disorders	4
280-289	Blood Disorders	0
290.1 & 331.0	Alzheimer's Disease (All with Primary Diagnosis of Alzheimer's)	28
293-297,300	Mental Illness (Does not include Alzheimer's Disease)	19
299,315-319	Developmental Disabilities (Does not include Alzheimer's Disease)	0
320-389	Nervous System Disorders (Does not include Alzheimer's Disease)	3
390-459	Circulatory System Disorders	10
460-519	Respiratory System Disorders	1
520-579	Digestive System Disorders	1
580-629	Genitourinary System Disorders	0
680-709	Skin Disorders	0
710-739	Musculo-Skeletal Disorders	52
800-999	Injuries and Poisonings	0
	Other Medical Conditions	2
	Non-Medical Conditions	0
	Total Residents	120

Question 8 - Residents on December 31, 2011, whose Diagnosis included Mental Illness.

Report the number of residents in your facility on December 31, 2011, whose diagnosis included Mental Illness (ICD-9 CODE 293-297.300). Include all the residents reported with Primary Diagnosis of Mental Illness in Question 7, and all residents with a diagnosis of Mental Illness in addition to their Primary Diagnosis.

Residents with Diagnosis of Mental Illness 59

Question 9 - Residents on December 31, 2011, who were Identified Offenders*

Report the number of residents in your facility on December 31, 2011, who were categorized as 'Identified Offenders*'.

Residents who were Identified Offenders 0

* Any resident so identified through a criminal history background check as required by the Nursing Home Care Act (210 ILCS 45/2-201.5) paragraphs b and c.

Click 'Next' to proceed to Part II - Financial and Capital Expenditures Data

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part II - Financial & Capital Expenditures Data

THE DATA REQUESTED BY THIS QUESTIONNAIRE ARE AUTHORIZED PURSUANT TO THE ILLINOIS HEALTH FACILITIES PLANNING ACT [20 ILCS 3960/5.3]

We have made fundamental changes in the way we are collecting the data, intended to make responses easier and the data more accurate.

Part II - Financial and Capital Expenditures data for your facility MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.
THESE DOLLAR AMOUNTS ARE FOUND IN YOUR MOST RECENT ANNUAL FINANCIAL STATEMENTS WHICH INCLUDES YOUR INCOME STATEMENT STATEMENT AND BALANCE SHEET.
FINANCIAL STATEMENTS ARE DEFINED AS AUDITED FINANCIAL STATEMENTS, REVIEW OR COMPILATION FINANCIAL STATEMENTS, OR TAX RETURN FOR THE MOST RECENT FISCAL YEAR AVAILABLE TO YOU.

If you have any problems providing the data requested, please contact this office by e-mail at DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

Indicate the Starting and Ending Dates of your Fiscal Year (mm/dd/yyyy)

Starting 12/1/2010 **Ending** 11/30/2011

Source of Financial Data Used

Audited Financial Statements

Page 9 of 15

< Back | Next > | Save

inquisite

ATTACHMENT LTC-17A

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part II - Financial & Capital Expenditures Data

A. CAPITAL EXPENDITURES

Provide the following information for all projects / capital expenditures IN EXCESS OF $303,000 obligated by or on behalf of the health care facility for your reported Fiscal Year (click the link below the table for definitions of terms):

	Description of Project / Capital Expenditure	Amount Obligated	Method of Financing	CON Project Number (if reviewed)
1.	Storefront, Entrance, Window Replacement	290,640	Energy Savings Grant/	N/A
2.			Cash	
3.	Install Sprinkler System	269,020.00	Cash	N/A
4.				
5.				
6.				
7.				
8.				
9.				
10.				

<Definitions>

Report the TOTAL of ALL Capital Expenditures for your reported Fiscal Year (include expenditures below $303,000):

TOTAL CAPITAL EXPENDITURES FOR YOUR REPORTED FISCAL YEAR (including those below $303,000) 342,783.00

Page 10 of 15

< Back | Next > | Save

inquisite

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part II - Financial & Capital Expenditures Data

B. NET REVENUES BY PAYMENT SOURCE FOR YOUR REPORTED FISCAL YEAR

	Fiscal Year Net Revenues
Medicare	2,362,813.00
Medicaid	3,471,230.00
Other Public Pay*	459,673.00
Private Insurance*	0
Private Payment*	144,664.70
TOTAL NET REVENUES FOR REPORTED FISCAL YEAR	6,438,380.70

No Tax levies

* 'OTHER PUBLIC PAY' includes all forms of direct public payment EXCLUDING Medicare and Medicaid. DMH/DD and Veterans Administration funds and other public funds paid directly to a facility should be recorded here.
'PRIVATE INSURANCE' refers to payment made through private insurance policies.
'PRIVATE PAYMENT' includes money from a private account AND any government funding made out and paid to the resident which is then transferred to the facility to pay for services.

C. ACTUAL COST OF CHARITY CARE SERVICES PROVIDED IN YOUR REPORTED FISCAL YEAR

"Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. [20 ILCS 3960, Section 3]
Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

	Amount
Actual Cost of Services Provided to Charity Care Residents in Reported Fiscal Year	0

< Back | Next > | Save

inquisite

ATTACHMENT LTC-17A

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part III - Influenza/Pneumonia Vaccinations

The Immunization Section of the Illinois Department of Public Health requests that you provide the following information regarding the immunization policies and immunization status of your staff and residents in regards to influenza and pneumococcal pneumonia. Thank you.

	Yes	No
Does your facility have a written policy for administering influenza vaccine to RESIDENTS?	◉	○
Does your facility have a written policy for administering pneumococcal vaccine to RESIDENTS?	◉	○
Does your facility have a written policy for vaccinating STAFF MEMBERS against influenza?	◉	○
Does your facility have a written policy for vaccinating STAFF MEMBERS against pneumococcal pneumonia?	○	◉
Does your facility have a written policy for use of amantadine and/or rimantadine during an influenza outbreak?	○	◉

	Number Receiving Influenza Vaccine	Number NOT Receiving Influenza Vaccine
Record the number of RESIDENTS who received influenza vaccine during the time period from October, 2011 through January, 2012	114	17

	Number Receiving Pneumococcal Vaccine	Number NOT Receiving Pneumococcal Vaccine
Record the number of CURRENT RESIDENTS who have received a pneumococcal vaccine in the years 2006 through 2011	89	33

Page 12 of 15

< Back | Next > | Save

inquisite

ATTACHMENT LTC-17A

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFSRB)
Long-Term Care Facility Questionnaire for 2011
Part IV - Older Adult Services Survey

The Older Adult Services Advisory Committee, created by Public Act 093-1031, is required to gather information about services being provided to older adults in the State of Illinois as part of its mandate to "promote a transformation of Illinois' comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services".

1. What outpatient or community based services to clients, other than your nursing home residents, does your facility or affiliated agency offer?

Outpatient/Community-Based Services.	Average Daily Number of Clients Served in the Previous Month
Outpatient Physical Therapy	0
Outpatient Occupational Therapy	0
Outpatient Speech Therapy	0
In House Respite Care Program 24 Hours or More	0
In House Respite Care Program Less than 24 Hours Per Day	0
Adult Day Care Services Not Part of Respite Care Program	0
Alzheimer's Adult Day Care Services Not Part of Respite Care Program	0
Home Health Care for Medicare or Medicaid Clients	0
Home Care Services for Private Pay Clients	0
Homemakers and Personal Care Assistants	0
Home Delivered Meals Program	0
Transportation Services for Persons in the Community	0
Outpatient Wound Care and/or Specialized Wound Care	0
Outpatient Dialysis	0
Community Family Caregiver Training or Support*	0
Community Nutrition Site	0
Outpatient Telephone Reassurance for Community Seniors	0
Private Duty Nursing Services	0

* For Community Members Other than Residents' Family Members

2. What Other Outpatient/Community Services Does Your Facility Offer?

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFRSB)
Long-Term Care Facility Questionnaire for 2011

Please provide the following contact information for the individual responsible for the preparation of this questionnaire:

Contact Person Name	MERLE K. TAYLOR
Contact Person Job Title	Administrator
Contact Person Telephone	618-684-2136
Contact Person E-Mail Address	mktrccjc@yahoo.com

Please provide the following information for the Facility Administrator/CEO of the facility:

Administrator's Name	MERLE K. TAYLOR
Administrator's Title	Administrator
Administrator Telephone	618-684-2136
Administrator E-Mail Address	mktrccjc@yahoo.com

THANK YOU FOR COMPLETING THE ON-LINE LONG-TERM CARE QUESTIONNAIRE.
If you have any comments on the survey, please enter them in the space below.

Page 14 of 15

< Back | Next > | Save

inquisite

Responses saved. Add this page to your favorites or bookmarks.

Illinois Health Facilities and Services Review Board (IHFRSB)
Long-Term Care Facility Questionnaire for 2011

CERTIFICATION OF SURVEY DATA

Pursuant to the Health Facilities Planning Act (20 ILCS 3960/13), the State Board requires "all health facilities operating in the State to provide such reasonable reports at such times and containing such information as is needed" by the Board to carry out the purposes and provisions of this Act. By completing this section, the named individual is certifying that he/she has read the foregoing document, that he/she is authorized to make this certification on behalf of this facility, and that the information contained in this report is accurate, truthful and complete to the best of his/her knowledge and belief. Please note that the State Board will be relying on the information contained in this document as being truthful and accurate information. Any misrepresentations will be considered material.

☑ I certify that the information in this report is accurate, truthful and complete to the best of my knowledge.

Person Certifying	Merle K. Taylor		
Job Title	Administrator	Certification Date	3/6/2012

WE STRONGLY RECOMMEND THAT YOU PRINT OUT EACH PAGE OF THIS FORM WITH YOUR ANSWERS FOR FUTURE REFERENCE.

ONCE YOU HAVE SUBMITTED THE FORM, NO FURTHER ACCESS OR CHANGES ARE POSSIBLE.

YOU CANNOT RETRACT OR CHANGE A SUBMITTED FORM, SO BE SURE TO VERIFY YOUR ANSWERS BEFORE CLICKING ON THE 'SUBMIT FORM' BUTTON.

WHEN YOU HAVE REVIEWED AND PRINTED YOUR RESPONSES, CLICK THE 'SUBMIT FORM' BUTTON TO SEND YOUR COMPLETED QUESTIONNAIRE BACK TO OUR OFFICE. YOU WILL BE ROUTED TO A CONFIRMATION PAGE.

IF YOU HAVE ANY PROBLEMS, PLEASE CONTACT THIS OFFICE IMMEDIATELY AT 217-782-3516 OR BY EMAIL AT DPH.FACILITYSURVEY@ILLINOIS.GOV

< Back | Submit Form | Save

inquisite

ATTACHMENT LTC-17A

CONFIRMATION OF RECEIPT OF ANNUAL LTC QUESTIONNAIRE

Thank you for submitting your facility survey information.
Your information has been received by the Illinois Health Facilities and Services Review Board.

If you would like to print out a dated confirmation receipt, CLICK HERE

ATTACHMENT LTC-17A

CONFIRMATION OF RECEIPT OF IDPH LTC QUESTIONNAIRE

Information for 2011 from your LTC facility has been received by the Illinois Health Facilities and Services Review Board.

Thank you for your cooperation.

Please print out a copy of this confirmation notice for your records.

March 6, 2012

ATTACHMENT LTC-17A

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XI)

Section 1125.580 Unnecessary Duplication/Maldistribution

a) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

Although this project is classified as a project for the establishment of a new service, it should be noted that in actuality this project is downsizing and replacing Rehab and Care Center – Jackson County. As such it is only proposing to provide for the County's existing population. Therefore, this project will not result in unnecessary duplication of services.

1) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

Appended as **ATTACHMENT LTC-18A,** is a listing of all zip codes within the required 30-minute travel time contour.

2) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

Appended as **ATTACHMENT LTC-18A** are also the population statistics for each identified zip code area.

3) The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

TABLE SEVEN

FACNAME	ADDRESS	CITY	ZIP	Nursing Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
Carbondale Rehab & Nursing Center	120 North Tower Road	Carbondale	62901	131	1	0.57
Hella Healthcare of Carbondale	500 S Lewis Ln	Carbondale	62901	118	9	3.82
Rehab & Care Ctr - Jackson Co.	**1441 N 14th St**	**Murphysboro**	**62966**	**178**	**14**	**7.13**
Hella Healthcare of Energy **(1)**	210 East College	Energy	62933	91	25	15.7
UDI 1, LLC d/b/a Parkway Manor	3116 Williamson County Parkway	Marion	62959	119	25	16.14
Cobden Rehab & Nursing Center	430 South Front Street	Cobden	62920	74	26	18.37
				711		

(1) Discontinued 20 nursing care beds; facility now has 91 nursing care beds.

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development
Inventory of Health Care Facilities and Services and Need Determinations - 2011 - Long-Term Care Services
www.mapquest.com

ATTACHMENT LTC-18

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XII)

Section 1125.580 Unnecessary Duplication/Maldistribution (Continued II)

b) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

The service area is currently over-bedded according to the latest update to the State's Inventory of Health Care Facilities and Services and Need Determinations (April 18, 2012) by 51 beds. Please refer to **ATTACHMENT LTC-18B** for the update. In addition, the cumulative use rates of the area facilities shows that the use rates are not at or near the optimal use rate of 90% as set forth per Section 1125.210(c) (refer to the utilization chart appended as **ATTACHMENT – LTC-18C**). However, the proposed project does not completely rectify the situation but it does significantly improve it. Specifically, the proposed project reduces the total planning area bed complement by 58-nursing beds. This creates a calculated need for seven additional nursing care beds. In proposing only 120 beds and a target utilization rate of 90% equates to having an average daily census of only 108 residents. This is significantly less than the historical average daily census which has ranged from 121.5 residents to 134 residents. This theoretically creates demand for service for other area providers. Hence, there appears to be an existing maldistribution of nursing care beds in the 30-minute market area but the proposed project improves the situation.

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XIII)

Section 1125.580 Unnecessary Duplication/Maldistribution (Continued iii)

c) The applicant shall document that, within 24 months after project completion, the proposed project:

1) Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and

2) Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

The service area is currently over-bedded according to the latest update to the State's Inventory of Health Care Facilities and Services and Need Determinations (April 18, 2012) by 51 beds. Please refer to **ATTACHMENT LTC-18B** for the update. In addition, the cumulative use rates of the area facilities shows that the use rates are not at or near the optimal use rate of 90% as set forth per Section 1125.210(c) (refer to the utilization chart appended as **ATTACHMENT – LTC-18C**). However, the proposed project does not completely rectify the situation but it does significantly improve it. Specifically, the proposed project reduces the total planning area bed complement by 58-nursing beds. This creates a calculated need for seven additional nursing care beds. In proposing only 120 beds and a target utilization rate of 90% equates to having an average daily census of only 108 residents. This is significantly less that the historical average daily census which has ranged from 121.5 residents to 134 residents. This is a difference between the proposed average daily census and the historical range calculates to between nearly 5,000 to 9,500 patient days. This reduction of licensed beds coupled with the reduction in overall utilization documents that as a result of this project, utilization rates of area providers at, above, or below the State's target utilization rate will not be negatively impacted.

Zip Codes within a 30-Minute Travel Time Contour
of
the proposed Manor Court of Carbondale

ZIPs within 30-minute market contour

ZIP Code	Country/Region	Population: total (2007) by ZIP Code
62280	United States	431
62901	United States	22381
62902	United States	4310
62903	United States	3319
62918	United States	9919
62920	United States	2972
62924	United States	3219
62932	United States	1949
62933	United States	1244
62942	United States	680
62966	United States	18556
	Totals	71012

Source: Microsoft MapPoint North America 2009

ATTACHMENT LTC-18A
ATTACHMENT-18A

LONG-TERM CARE FACILITY UPDATES

09/16/2011 - 04/18/2012

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	Name Change	10/01/2011	HERITAGE HEALTH-CARLINVILLE, CARLINVILLE	Name changed from Heritage Manor - Carlinville.	
Menard	Closure	07/08/2011	MENARD CONVALESCENT CENTER, PETERSBURG	Facility closed 07-08-2011, 86 nursing care beds removed from inventory.	
Montgomery	Name Change	10/01/2011	HERITAGE HEALTH-LITCHFIELD, LITCHFIELD	Name changed from Heritage Manor - Litchfield.	
Morgan/Scott	Closure	08/26/2011	CARE CENTER OF JACKSONVILLE, JACKSONVILLE	Facility closed 08-26-2011, 93 nursing care beds removed from inventory.	
	Name Change	10/01/2011	HERITAGE HEALTH-JACKSONVILLE, JACKSONVILLE	Name changed from Barton W. Stone - Jacksonville.	
Sangamon	Name Change	10/01/2011	HERITAGE HEALTH-SPRINGFIELD, SPRINGFIELD	Name changed from Heritage Manor - Springfield.	
	P-08-080	12/16/2011	CONCORDIA VILLAGE, SPRINGFIELD	Facility licensed.	
	Bed Change	12/19/2011	ST. JOSEPH'S HOME FOR AGED, SPRINGFIELD	Discontinued six sheltered care beds, total now 72 nursing care beds and 35 sheltered care beds.	
			Health Service Area 004		
Coles/Cumberland	CHOW	01/13/2012	MATTOON HEALTHCARE & REHAB CTR, MATTOON	Change of ownership occurred.	
Ford	Name Change	10/01/2011	HERITAGE HEALTH-GIBSON CITY, GIBSON CITY	Name changed from Heritage Manor - Gibson City.	
Livingston	Name Change	10/01/2011	HERITAGE HEALTH-DWIGHT, DWIGHT	Name changed from Heritage Manor - Dwight.	
McLean	Name Change	10/01/2011	HERITAGE HEALTH-NORMAL, NORMAL	Name changed from Heritage Manor - Normal.	
	Name Change	10/01/2011	HERITAGE HEALTH-BLOOMINGTON, BLOOMINGTON	Name changed from Heritage Manor - Bloomington.	
Macon	Name Change	10/01/2011	HERITAGE HEALTH-MOUNT ZION, MOUNT ZION	Name changed from Heritage Manor - Mount Zion.	
	CHOW	01/10/2012	ASPEN RIDGE CARE CENTER, DECATUR	Change of ownership occurred.	
	CHOW	01/10/2012	MCKINLEY COURT, DECATUR	Change of ownership occurred.	
	Bed Change	01/15/2012	HEARTLAND OF DECATUR, DECATUR	Added five nursing care beds, total now 117 nursing care beds.	
	P-12-005	04/17/2012	HICKORYPOINT CHRISTIAN VILLAGE, FORSYTH	Permit issued to add 17 nursing care beds, total now 64 nursing care beds.	New
Vermilion	Bed Change	01/09/2012	HAWTHORNE INN OF DANVILLE, DANVILLE	Discontinued six sheltered care beds and added six nursing care beds, total now 76 nursing care beds and 64 sheltered care beds.	
			Health Service Area 005		
Franklin	CHOW	01/18/2012	STONEBRIDGE SENIOR LIVING CTR, BENTON	Change of ownership occurred.	
Lawrence	Bed Change	03/22/2012	UNITED METHODIST VILLAGE, LAWRENCEVILLE	Discontinued 20 nursing care beds, total now 143 nursing care beds.	New
Marion	CHOW	01/18/2012	FRIENDSHIP HOUSE OF CENTRALIA, CENTRALIA	Change of ownership occurred.	
	CHOW	01/18/2012	FIRESIDE HOUSE OF CENTRALIA, CENTRALIA	Change of ownership occurred.	
Randolph	Name Change	01/26/2012	RED BUD REGIONAL CARE, RED BUD	Name changed from Red Bud Nursing Home.	
White	Bed Change	01/24/2012	ENFIELD REHAB & H.C.C., ENFIELD	Discontinued two nursing care beds, total now 47 nursing care beds.	
			Health Service Area 006		
Planning Area 6-A	Closure	05/06/2011	WINCREST NURSING CENTER, CHICAGO	Facility closed 05-06-2011, 82 nursing care beds removed from inventory.	
	CHOW	10/01/2011	CHALET LIVING & REHAB CENTER, CHICAGO	Change of ownership occurred.	
	Name Change	10/01/2011	CHALET LIVING & REHAB CENTER, CHICAGO	Name changed from Sherwin Manor Nursing Center.	
	Bed Change	11/10/2011	HERITAGE HEALTHCARE CENTER, CHICAGO	Discontinued one nursing care bed, total now 127 nursing care beds.	
Planning Area 6-C	Bed Change	09/26/2011	WASHINGTON & JANE SMITH COMM., CHICAGO	Discontinued two nursing care beds, total now 101 nursing care beds.	
			Health Service Area 007		
Planning Area 7-A	Bed Change	09/08/2011	MOORINGS HEALTH CENTER, THE, ARLINGTON HTS	Discontinued 23 sheltered care beds, total now 116 nursing care beds and 44 sheltered care beds.	

ATTACHMENT LTC-18B

LONG-TERM CARE BED INVENTORY UPDATES
09/16/2011 - 04/18/2012

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
	HEALTH SERVICE AREA 001		
Boone	305	279	26
Carroll	187	170	17
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	637	28
Whiteside	717	822	(105)
Winnebago	2,399	2,366	33
	HEALTH SERVICE AREA 002		
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	217	28
Knox	823	980	(157)
LaSalle	1,364	1,419	(55)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1,760	1,731	29
Tazewell	1,516	1,266	250
Woodford	655	592	63
	HEALTH SERVICE AREA 003		
Adams	1,188	1,495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1,344	1,254	90
	HEALTH SERVICE AREA 004		
Champaign	1,037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1,306	1,118	188
Macon	1,331	1,253	78
Moultrie	318	369	(51)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)
	HEALTH SERVICE AREA 005		
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	663	21
Hardin/Pope	95	113	(18)
Jackson	376	427	(51)
Jasper	82	82	0
Jefferson	424	346	78
Johnson/Massac	338	312	26
Lawrence	325	340	(15)
Marion	862	605	257

Utilization Chart of Facilities
within 30-Minutes Travel Time Contour

FACID	FACNAME	CITY	2010 Nursing Gen Beds	2010 Nursing Occupancy	2009 Nursing Beds	2009 Nursing Occupancy	2008 Nursing Beds	2008 Nursing Occupancy	2007 Nursing Beds	2007 Nursing Occupancy
6009203	Carbondale Rehab & Nursing Center	Carbondale	131	41.0%	131	42.8%	131	48.6%	131	43.8%
6001408	Helia Healthcare of Carbondale	Carbondale	118	46.7%	118	48.6%	118	51.8%	118	54.6%
6004816	**Rehab & Care Ctr - Jackson Co. (1)**	**Murphysboro**	**120**	**110.7%**	**178**	**75.3%**	**178**	**74.1%**	**178**	**72.0%**
6005870	Helia Healthcare of Energy (2)	Energy	91	71.0%	111	62.4%	96	78.4%	96	73.2%
6014385	Parkway Manor	Marion	119	78.5%	119	83.5%	119	85.1%	119	86.3%
6004469	Cobden Rehab & Nursing Center	Cobden	74	77.1%	74	79.5%	74	74.1%	74	85.4%
			653	**69.9%**	731	**65.0%**	716	**68.2%**	716	**67.9%**

(1) Proposed replacement facility will discontinue 58 nursing care beds
(2) Discontinued 20 nursing care beds; facility now has 91 nursing care beds.

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development
Inventory of Health Care Facilities and Services and Need Determinations - 2011 - Long-Term Care Services
www.mapquest.com

CARBONDALE REHAB & NURSING CENTER
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901
Reference Numbers Facility ID 6000203
Health Service Area 005 Planning Service Area 077

Administrator
Terri Pasquino

Contact Person and Telephone
Lon Levitner
618-549-3355

Registered Agent Information
Lawrence Y. Schwartz
5170 N. McCormick Blvd Suite 210
Skokie, IL 60076

Date Completed
2/28/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	56
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	87	56	87	56	75	24	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	87	56	87	56	75	24	131

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	56
Total Admissions 2010	73
Total Discharges 2010	73
Residents on 12/31/2010	56
Identified Offenders	1

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3021	34.5%	12154	25.4%	0	235	4178	0	19588	41.0%	81.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3021	34.5%	12154	25.4%	0	235	4178	0	19588	41.0%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	8	12	0	0	0	0	0	0	8	12	18
85+	2	20	0	0	0	0	0	0	2	20	22
TOTALS	20	36	0	0	0	0	0	0	22	36	58

CARBONDALE REHAB & NURSING CENTER
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901
Reference Numbers Facility ID 6000203
Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	34	0	1	10	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	34	0	1	10	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	102
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	13.00
Non-Health Staff	17.00
Totals	62.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.0%	41.1%	0.0%	3.2%	14.7%	100.0%		0.0%
1,337,804	1,338,453	0	103,522	479,982	3,260,211	0	

*Charity Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/1/2010	Name changed from Oak Grove Rehab and Skilled Care
CHOW	6/1/2010	Change of ownership occurred.

ATTACHMENT LTC-18C

mapquest

Notes

Carbondale Rehab & Nursing Center

Trip to:

120 N Tower Rd

Carbondale, IL 62901-1929

0.57 miles / 1 minute

A **2950 Westridge Pl**, Carbondale, IL 62901-1092

1.	Start out going **northeast** on **Westridge Pl** toward **N Westridge Dr.** Map	**0.01 Mi** *0.01 Mi Total*
2.	**Westridge Pl** becomes **N Westridge Dr.** Map	**0.3 Mi** *0.3 Mi Total*
3.	Turn **right** onto **Murphysboro Rd / Old Highway 13.** Map	**0.03 Mi** *0.3 Mi Total*
4.	Take the 1st **left** onto **N Tower Rd.** Map	**0.3 Mi** *0.6 Mi Total*
5.	**120 N TOWER RD** is on the **right.** Map	

B **120 N Tower Rd**, Carbondale, IL 62901-1929

Total Travel Estimate: **0.57 miles - about 1 minute**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT LTC-18C

HELIA HEALTHCARE OF CARBONDALE
600 SOUTH LEWIS LANE
CARBONDALE, IL. 62901
Reference Numbers Facility ID 6016186
Health Service Area 005 Planning Service Area 077

Administrator
GINA GRAHAM

Contact Person and Telephone
GINA GRAHAM
618-529-5356

Registered Agent Information

Date Completed
4/18/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	PEAK BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	118	67	118	50	68	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	118	67	118	50	68	118	118

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	51
Total Admissions 2010	57
Total Discharges 2010	58
Residents on 12/31/2010	50
Identified Offenders	3

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4856	11.3%	12005	27.9%	0	2	3256	0	20119	46.7%	46.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4856	11.3%	12005	27.9%	0	2	3256	0	20119	46.7%	46.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	15	35	0	0	0	0	0	0	15	35	50

HELIA HEALTHCARE OF CARBONDALE
600 SOUTH LEWIS LANE
CARBONDALE, IL. 62901
Reference Numbers Facility ID 6016186
Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	31	0	0	11	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	31	0	0	11	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	80.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
53.7%	31.1%	0.0%	0.7%	14.5%	100.0%		0.0%
2,042,574	1,182,845	1,433	26,233	551,892	3,804,977	0	

*Charity Expense does not include expenses which may be considered a community benefit.

ATTACHMENT LTC-18C

mapquest

Trip to:
500 S Lewis Ln
Carbondale, IL 62901-3448
3.82 miles / 9 minutes

Notes
Helia Healthcare of Carbondale

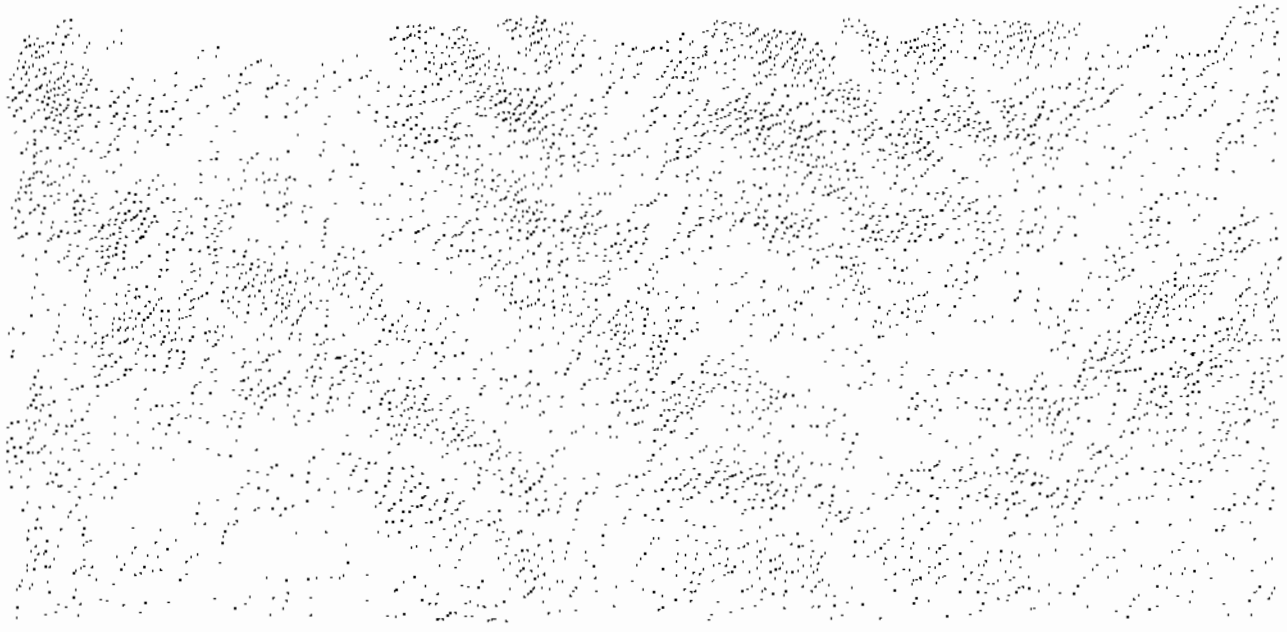
A 2950 Westridge Pl, Carbondale, IL 62901-1092

1. Start out going **northeast** on **Westridge Pl** toward **N Westridge Dr.** Map	**0.01 MI** *0.01 Mi Total*
2. **Westridge Pl** becomes **N Westridge Dr.** Map	**0.3 MI** *0.3 Mi Total*
3. Turn **left** onto **Murphysboro Rd / Old Highway 13.** Map	**0.5 MI** *0.7 Mi Total*
4. Turn **slight right** onto **IL-13 E / W Main St.** Continue to follow **IL-13 E.** Map	**2.6 MI** *3.4 Mi Total*
5. Turn **slight right** onto **E Walnut St / Old US-13 Hwy.** Map	**0.2 MI** *3.5 Mi Total*
6. Take the 1st **right** onto **S Lewis Ln.** Map	**0.3 MI** *3.8 Mi Total*
7. **500 S LEWIS LN** is on the **right.** Map	

B 500 S Lewis Ln, Carbondale, IL 62901-3448

Total Travel Estimate: **3.82 miles - about 9 minutes**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use



ATTACHMENT LTC-18C

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL 62966
Reference Numbers Facility ID 6004816
Health Service Area 005 Planning Service Area 077

Administrator
Merle K Taylor

Contact Person and Telephone
MERLE K TAYLOR
618-684-2136

Registered Agent Information

Date Completed
2/24/2011

FACILITY OWNERSHIP
COUNTY
CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	35
Mental Illness	29
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 94

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	140	178	126	52	90	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	140	178	126	52	90	178

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	130
Total Admissions 2010	160
Total Discharges 2010	164
Residents on 12/31/2010	126
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5497	16.7%	26062	43.2%	0	0	14929	0	46488	74.8%	74.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5497	16.7%	26062	43.2%	0	0	14929	0	46488	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	11	28	0	0	0	0	0	0	11	28	39
85+	11	60	0	0	0	0	0	0	11	60	71
TOTALS	30	96	0	0	0	0	0	0	30	96	126

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

REHAB & CARE CTR - JACKSON CO.
1441 NORTH 14TH STREET
MURPHYSBORO, IL 62966
Reference Numbers Facility ID 6004816
Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	74	0	0	42	0	126
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	74	0	0	42	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126
ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	19.00
Certified Aides	84.00
Other Health Staff	0.00
Non-Health Staff	48.00
Totals	142.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.1%	45.7%	2.0%	0.0%	23.2%	100.0%		0.0%
2,000,710	3,139,786	137,161	0	1,592,826	6,869,435	0	

*Charity Expense does not include expenses which may be considered a community benefit.

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

ATTACHMENT LTC-18C

mapquest

Trip to:

1441 N 14th St
Murphysboro, IL 62966-2982
7.13 miles / 14 minutes

Notes
Rehab & Care Center - Jackson County

A 2950 Westridge Pl, Carbondale, IL 62901-1092

1. Start out going **northeast** on **Westridge Pl** toward **N Westridge Dr**. Map	**0.01 Mi**	*0.01 Mi Total*
2. **Westridge Pl** becomes **N Westridge Dr**. Map	**0.3 Mi**	*0.3 Mi Total*
3. Turn **right** onto **Murphysboro Rd / Old Highway 13**. Continue to follow **Murphysboro Rd**. Map	**4.6 Mi**	*4.8 Mi Total*
4. **Murphysboro Rd** becomes **IL-127 / Old Highway 13**. Map	**0.3 Mi**	*5.1 Mi Total*
5. Turn **right** onto **IL-127 / S 5th St**. Map	**0.3 Mi**	*5.5 Mi Total*
6. Turn **left** onto **IL-149 / IL-13-Br**. Map	**0.3 Mi**	*5.8 Mi Total*
7. Turn **right** onto **N 11th St / IL-13-Br**. Continue to follow **IL-13-Br**. Map	**0.4 Mi**	*6.2 Mi Total*
8. Turn **right** onto **N 14th St / IL-13-Br**. Map	**0.9 Mi**	*7.1 Mi Total*
9. **1441 N 14TH ST** is on the left. Map		

B 1441 N 14th St, Murphysboro, IL 62966-2982

Total Travel Estimate: **7.13 miles - about 14 minutes**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT LTC-18C

HELIA HEALTHCARE OF ENERGY
210 EAST COLLEGE, P.O. BOX 519
ENERGY, IL. 62933
Reference Numbers Facility ID 6005870
Health Service Area 005 Planning Service Area 199

Administrator
CHRIS HAAKE

Contact Person and Telephone
CHRIS HAAKE
618-942-7014

Date Completed
3/2/2011

Registered Agent Information
Business Filings Incorporated
600 S Second
Springfield, IL 62704

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Diseases	7
Mental Illness	24
Developmental Disability	2
Circulatory System	4
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	111	111	69	111	64	47	55	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	69	111	64	47	55	96

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	66
Total Admissions 2010	36
Total Discharges 2010	38
Residents on 12/31/2010	64
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ Pct.
Nursing Care	1437	7.2%	19754	58.4%	0	0	2278	122	23589	58.2%	58.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1437	7.2%	19754	58.4%	0	0	2278	122	23589	58.2%	58.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	4	0	0	0	0	0	0	4	4	8
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	10	5	0	0	0	0	0	0	10	5	15
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	30	34	0	0	0	0	0	0	30	34	64

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

HELIA HEALTHCARE OF ENERGY
210 EAST COLLEGE, P.O. BOX 519
ENERGY, IL. 62933
Reference Numbers Facility ID 6005870
Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	51	0	0	4	1	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	51	0	0	4	1	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPNs	6.00
Certified Aides	19.00
Other Health Staff	4.00
Non-Health Staff	14.00
Totals	49.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.0%	73.8%	0.2%	0.0%	6.9%	100.0%		0.0%
568,936	2,212,009	7,213	0	208,022	2,996,180	0	

*Charity Expense does not include expenses which may be considered a community benefit.

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

ATTACHMENT LTC-18C

mapquest

Trip to:
210 E College St
Energy, IL 62933-3568
15.70 miles / 25 minutes

Notes
Helia Healthcare of Energy

2950 Westridge Pl, Carbondale, IL 62901-1092

1. Start out going **northeast** on **Westridge Pl** toward **N Westridge Dr.** Map	**0.01 MI** *0.01 Mi Total*
2. **Westridge Pl** becomes **N Westridge Dr.** Map	**0.3 MI** *0.3 Mi Total*
3. Turn **left** onto **Murphysboro Rd / Old Highway 13.** Map	**0.5 MI** *0.7 Mi Total*
4. Turn **slight right** onto **IL-13 E / W Main St.** Continue to follow **IL-13 E.** Map	**12.8 MI** *13.6 Mi Total*
5. Turn **left** onto **N Refuge Rd / IL-148.** Continue to follow **IL-148.** Map	**2.0 MI** *15.6 Mi Total*
6. Turn **right** onto **E College St.** Map	**0.09 MI** *15.7 Mi Total*
7. **210 E COLLEGE ST** is on the **right.** Map	

210 E College St, Energy, IL 62933-3568

Total Travel Estimate: **15.70 miles - about 25 minutes**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT LTC-18C

UDI 1, LLC DBA PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959
Reference Numbers Facility ID 6014385
Health Service Area 005 Planning Service Area 199

Administrator
YOLANDA FISHER

Contact Person and Telephone
YOLANDA FISHER
618-993-9000

Registered Agent Information
Michael Bibo 01215122
285 South Farnham St.
Galesburg, IL 61401

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY No

Date Completed
2/23/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	11
Skin Disorders	6
Musculo-skeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	PEAK BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	119	108	119	104	15	119	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	119	108	119	104	15	119	60

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	101
Total Admissions 2010	365
Total Discharges 2010	362
Residents on 12/31/2010	104
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13946	32.1%	7197	23.8%	0	208	12742	0	34093	78.5%	78.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13946	32.1%	7197	23.8%	0	208	12742	0	34093	78.5%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	11	26	0	0	0	0	0	0	11	26	37
85+	8	51	0	0	0	0	0	0	8	51	59
TOTALS	22	82	0	0	0	0	0	0	22	82	104

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

UDI 1, LLC DBA PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959
Reference Numbers Facility ID 6014385
Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	22	0	0	41	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	22	0	0	41	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aides	50.00
Other Health Staff	29.00
Non-Health Staff	26.00
Totals	140.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.3%	9.2%	0.0%	0.5%	31.0%	100.0%		0.0%
5,232,912	811,076	1,043	47,514	2,736,674	8,831,221	0	

*Charity Expense does not include expenses which may be considered a community benefit.

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

ATTACHMENT LTC-18C

mapquest

Notes

UDI 1, LLC D/B/A PARKWAY MANOR

Trip to:

3116 Williamson County Pky

Marion, IL 62959-5212

16.14 miles / 25 minutes

2950 Westridge Pl, Carbondale, IL 62901-1092

1.	Start out going **northeast** on **Westridge Pl** toward **N Westridge Dr.** Map	**0.01 Mi**
2.	**Westridge Pl** becomes **N Westridge Dr.** Map	**0.3 Mi**
3.	Turn **left** onto **Murphysboro Rd / Old Highway 13.** Map	**0.5 Mi**
4.	Turn **slight right** onto **IL-13 E / W Main St.** Continue to follow **IL-13 E.** Map	**14.9 Mi**
5.	Turn **left** onto **Skyline Dr.** Map	**0.3 Mi**
6.	Turn **slight right** onto **Williamson County Pky.** Map	**0.2 Mi**
7.	**3116 WILLIAMSON COUNTY PKY** is on the **left.** Map	

3116 Williamson County Pky, Marion, IL 62959-5212

Total Travel Estimate: **16.14 miles - about 25 minutes**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT LTC-18C

COBDEN REHAB & NURSING CENTER
430 SOUTH FRONT STREET
COBDEN, IL 62920
Reference Numbers Facility ID 6004469
Health Service Area 005 Planning Service Area 161

Administrator
GAYLE L YATES

Contact Person and Telephone
GAYLE L YATES
618-893-4214

Date Completed
3/29/2011

Registered Agent Information
Lawrence Y. Schwartz Attorney at law
8170 N McCormick Blvd., Suite 219
Skokie, IL 60076

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
Nervous System Non Alzheimer	5
Alzheimer Disease	14
Mental Illness	34
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 34

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	64	74	59	15	10	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	64	74	59	15	10	74

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	61
Total Admissions 2010	37
Total Discharges 2010	39
Residents on 12/31/2010	59
Identified Offenders	5

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	994	29.4%	16214	60.0%	2317	0	1332	0	20827	77.1%	77.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	994	29.4%	16214	60.0%	2317	0	1332	0	20827	77.1%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	14	5	0	0	0	0	0	0	14	5	19
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	36	23	0	0	0	0	0	0	36	23	59

COBDEN REHAB & NURSING CENTER
430 SOUTH FRONT STREET
COBDEN, IL 62920
Reference Numbers Facility ID 6004469
Health Service Area 005 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	45	8	0	4	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	45	8	0	4	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	101	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	62.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expenses*	Charity Care Expense as % of Total Net Revenue
14.3%	66.5%	14.0%	0.0%	5.2%	100.0%		0.0%
342,048	1,593,310	336,690	0	124,832	2,396,878	0	

*Charity Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/1/2010	Name changed from City Care Center of Cobden.
CHOW	6/1/2010	Change of ownership occurred.

ATTACHMENT LTC-18C

mapquest

Trip to:
430 S Front St
Cobden, IL 62920-2415
18.37 miles / 26 minutes

Notes
Cobden Rehab & Nursing Center

A	**2950 Westridge Pl**, Carbondale, IL 62901-1092	
●	1. Start out going **northeast** on **Westridge Pl** toward **N Westridge Dr.** Map	**0.01 MI** *0.01 Mi Total*
↑	2. **Westridge Pl** becomes **N Westridge Dr.** Map	**0.3 MI** *0.3 Mi Total*
↱	3. Turn **right** onto **Murphysboro Rd / Old Highway 13.** Map	**0.03 MI** *0.3 Mi Total*
↰	4. Take the **1st left** onto **N Tower Rd.** Map	**1.0 MI** *1.3 Mi Total*
↰	5. Turn **left** onto **CR-13 / Chautauqua Rd.** Continue to follow **CR-13.** Map	**1.0 MI** *2.4 Mi Total*
↱	6. Turn **right** onto **S McLaughtery Rd / CR-13.** Map	**1.0 MI** *3.4 Mi Total*
↰	7. Turn **left** onto **CR-16 / W Pleasant Hill Rd.** Map	**1.0 MI** *4.4 Mi Total*
↱ 51	8. Turn **right** onto **S Illinois Ave / US-51.** Continue to follow **US-51.** Map	**11.6 MI** *16.0 Mi Total*
↱	9. Turn **right** onto **CR-1 / Bell Hill Rd.** Continue to follow **CR-1.** Map	**1.8 MI** *17.9 Mi Total*
↱	10. Turn **right** onto **CR-1 / E Poplar St.** Map	**0.09 MI** *18.0 Mi Total*
↰	11. Turn **left** onto **Old US-51 Hwy / N Front St.** Map	**0.4 MI** *18.4 Mi Total*
■	12. **430 S FRONT ST** is on the **right.** Map	
B	**430 S Front St**, Cobden, IL 62920-2415	

Total Travel Estimate: **18.37 miles - about 26 minutes**

©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT LTC-18C

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XIV)

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

2. Provide the following documentation:

   - The name and qualification of the person currently filling the position, if applicable; and
   - Letters of interest from potential employees; and
   - Applications filed for each position; and
   - Signed contracts with the required staff; or
   - A narrative explanation of how the proposed staffing will be achieved.

Although this project is classified as being for the establishment of a new nursing care facility, it is more appropriately a replacement facility. As such, the staffing for this project is currently in-place. A copy of the existing and proposed staffing pattern is appended as **ATTACHMENT LTC-19A.** It is estimated that there will be a reduction of 35.1 full time equivalent positions lost due to attrition. Appended as **ATTACHMENT LTC-19B** is a letter from Rehab and Care Center – Jackson County's administrator describing the total number of individuals currently employed and the number of job applicants on file, and that it has experienced little difficulty in attracting applicants for available positions.

Manor Court of Carbondale
#23A Staffing by Full Time Equivalents

	Existing	Proposed
# of Residents	**119**	**108**

	FTEs	FTEs
Activity Director	2.0	1.0
Activity Aides	2.0	2.5
Social Service	2.0	1.5
Total Act/Soc Serv	**6.0**	**5.0**
DON	1.0	1.0
ADON	1.0	1.0
MDS Coord	1.0	1.0
Nrsg Admin Assistants	4.0	0.0
Med Records	1.0	1.0
Special Care Unit Coord	1.0	1.0
RN	7.0	6.0
LPN	13.0	9.0
CNA & Shift Coord	52.0	37.0
Total Nursing	**81.0**	**57.0**
Food Serv Super	1.0	1.0
Cooks & Assistants	14.5	10.0
Total Food Service	**15.5**	**11.0**
Housekeeping Super	0.0	1.0
Housekeeping	6.5	5.0
Laundry	6.6	2.5
Total Hskpg/Laundry	**13.1**	**8.5**
Maintenance	3.0	2.0
Total Maintenence	**3.0**	**2.0**
Administrator	1.0	1.0
Assist Administrator	0.0	1.0
Bookkeeper	1.0	1.0
Reception/Clerical	3.0	2.0
Marketing Dir	1.0	1.0
Total Administration	**6.0**	**6.0**
Total Payroll	**124.6**	**89.5**

ATTACHMENT LTC-19A

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

April 19, 2012

Illinois Health Facilities and
Services Review Board
2nd Floor
525 W. Jefferson Street
Springfield, IL 62761

RE: Staffing Availability

Dear Board Members:

The Rehab & Care Center of Jackson County in Murphysboro, IL currently employs approximately 120 individuals. At such time as our facility would transfer to the proposed Liberty Village Campus in Carbondale, individuals employed at that time will be given the opportunity to be considered for employment in the new facility.

Our facility has little difficulty attracting applicants for available positions. In the past year we have received approximately 52 nursing assistant applications; 36 LPN applications; 12 RN applications; and 120 applications for support services (housekeeping, laundry, dietary, maintenance and clerical).

Sincerely,

Merle K. Taylor
Administrator

ATTACHMENT LTC-19B

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XV)

Criterion 1125.600 Bed Capacity

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

This project is for the establishment of 120 nursing beds. Therefore, this item is not germane.

ATTACHMENT LTC-20

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XVI)

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT LTC-21A** are twenty-eight letters of community support for the proposed establishment of Manor Court of Carbondale as a replacement for Rehab and Care Center – Jackson County. These letters are from U.S. Congressman Jerry F. Costello, State Senator David Luechtefeld, State Representative Mike Bost, Murphysboro's Mayor Ron Williams, Carbondale's Mayor Jowl Fritzler, Carbondale's Economic Development Coordinator Gary Williams, Souther Illinoiis Healthcare's President and CEO Rex P. Budde, Union County Hospital's CEO James R. Farris, Dr. Dale Blaise, Dr. Karen Strack, Liberty Village of Carbondale's manager Julie A. Woolard, Dr. Nathan L. Chapman, SIU's Health Care Management Internship Coordinator Sandra Nagel Beebe, Senior Adult Services Director Hanry Long, John A. Logan College President Dr. Robert Mees and Director of Nursing Marilyn Falaster, Roy E. Abrahamson, Carbondale's Chamber of Commerce Executive Director Sherry Ratcliffe, Nancy L, Fager, Carol A. Redmond, Neal H. Jacobson, Lila Hall, Marion Olsson, Jack and Kay Wissmann, Mary Brigham, Donna Manering, Deloyd Litten, Gerald Haecker, and Marilyn Sanders.

ATTACHMENT LTC- 21

JERRY F. COSTELLO
12TH DISTRICT, ILLINOIS
www.costello.house.gov
PLEASE RESPOND TO THE OFFICE CHECKED BELOW:

COMMITTEES & SUBCOMMITTEES:
TRANSPORTATION & INFRASTRUCTURE
AVIATION (CHAIRMAN)
RAILROADS, PIPELINES, AND HAZARDOUS MATERIALS
WATER RESOURCES AND ENVIRONMENT
SCIENCE AND TECHNOLOGY
ENERGY AND ENVIRONMENT

Congress of the United States
House of Representatives
Washington, DC 20515–1312

April 19, 2012

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson
Springfield, Illinois 62702

Dear Members of the Illinois Health Facilities and Services Review Board:

I would like to offer my support of the Certificate of Need application filed for the expansion project at Liberty Village of Carbondale.

Liberty Village of Carbondale will offer unique geriatric services as a not for profit skilled alternative to the existing retirement apartments and elite villas of Liberty Estates. This expansion of services will complete a state of the art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change.

I would like to offer my support of this application to that of local and Jackson County officials and would encourage its serious consideration. Please do not hesitate to contact me if you need additional information or if I can be of assistance in any other way.

Sincerely,

Jerry F. Costello
Member of Congress

JFC/dm

ATTACHMENT LTC-21A

☐ 2406 RAYBURN HOB
WASHINGTON, DC 20515
TEL: (202) 225-5661
FAX: (202) 225-0285

☐ 144 LINCOLN PLACE CT., STE. 4
BELLEVILLE, IL 62221
TEL: (618) 233-8026
FAX: (618) 233-8765

☐ 2060 DELMAR AVE., STE. 8
GRANITE CITY, IL 62040
TEL: (618) 451-7065
FAX: (618) 451-2126

☐ 250 WEST CHERRY ST.
CARBONDALE, IL 62901
TEL: (618) 529-3791
FAX: (618) 549-3768

☐ 8787 STATE ST., STE. 102
E. ST. LOUIS, IL 62203
TEL: (618) 397-8833
FAX: (618) 397-7065

☐ 1330 SWANWICK ST.
CHESTER, IL 62233
TEL: (618) 826-3043
FAX: (618) 826-1923

☐ 201 E. NOLEN ST.
W. FRANKFORT, IL 62896
TEL: (618) 937-6402
FAX: (618) 937-3307

DISTRICT OFFICES:
700 N. FRONT
P. O. BOX 517
OKAWVILLE, IL 62271
PHONE: 618/243-9014
FAX: 618/243-5376

DISTRICT OFFICES:
300 E. MAIN
CARBONDALE, IL 62901
PHONE: 618/529-3866
FAX: 618/529-2768

SENATOR DAVID LUECHTEFELD
ASSISTANT MINORITY LEADER

SPRINGFIELD OFFICE:
103B STATE HOUSE
SPRINGFIELD, IL 62706
PHONE: 217/782-8137
FAX: 217/782-4079

August 2, 2011

To Whom It May Concern:

I am writing in support of the expansion project at Liberty Village of Carbondale. Liberty Village of Carbondale will offer unique geriatric services, coupling targeted Alzheimer's Care with their specialized brand of skilled therapy-The Bounce Back Program. Adding this, not for profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state of the art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change. Currently the seniors of Jackson County must travel to Marion or Centralia to receive the unique skilled therapy the Bounce Back program offers.

The numerous community advantages for Jackson County and the surrounding area compel me to support the expansion project of Liberty Village of Carbondale. In addition to fostering a reputation for meeting the needs of the growing aged population in Jackson County, the Liberty Village of Carbondale will offer permanent employment for approximately 100 community members as well as short-term employment for local trades during the construction phase of the project. This employment stimulus and plan for specialized skilled geriatric services to care for current residents of the area and promote relocation of seniors to Jackson County are further reasons I support this growth opportunity.

Sincerely,

David Luechtefeld
State Senator
58th District

ATTACHMENT LTC-21A

CAPITOL OFFICE
202-N STRATTON BUILDING
SPRINGFIELD, IL 62706
(217) 782-0387

DISTRICT OFFICE
300 E. MAIN
CARBONDALE, IL 62901
(618) 457-5787

April 16, 2012

To Whom It May Concern:

I am writing in support of the expansion project at Liberty Village of Carbondale. Liberty Village of Carbondale will offer unique geriatric services, coupling targeted Alzheimer's Care with their specialized brand of skilled therapy – The Bounce Back Program. Adding this, not for profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state of the art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change. Currently, the seniors of Jackson County must travel to Marion or Centralia to receive the unique skilled therapy the Bounce Back program offers.

The numerous community advantages for Jackson County and the surrounding area compel me to support the expansion project of Liberty Village of Carbondale. In addition to fostering a reputation for meeting the needs of the growing aged population in Jackson County, the Liberty Village of Carbondale will offer permanent employment for approximately 100 community members as well as short term employment for local trades during the construction phase of the project. This employment stimulus and plan for specialized skilled geriatric services to care for current residents of the area and promote relocation of seniors to Jackson County are further reasons I support this growth opportunity.

Sincerely,

Mike Bost
State Representative
115th District

MB/mb

ATTACHMENT LTC-21A

CITY OF
MURPHYSBORO, ILLINOIS

Visit us at www.murphysboro.com

DAUM ADMINISTRATION BUILDING
1101 WALNUT STREET • MURPHYSBORO, IL 62966
618-684-4961

Home of General John A. Logan Memorial Day Founder

LETTER OF SUPPORT FOR RFMS

April 10, 2012

Ms. Barbie Moore RN-BC
Regional Nurse
Support Services

Dear Ms. Moore;

As Mayor of The City of Murphysboro, Illinois it is a pleasure to support the development of the Liberty Village Skilled Care Facility as part of your campus in Carbondale, Illinois. As a community, we are saddened to see the Jackson County Rehab & Care Center close, but knowing the residents and staff here will have the opportunity to be a part of a quality new facility, we are comforted that the transition will be made easier by the caring attitude of RFMS.

The closing of the Jackson County Rehab & Care Facility could leave many families without a satisfactory home for their loved ones in our area. RFMS has a wonderful reputation for quality service and facilities that will serve the region for generations to come. Filling your facility from within the area will not be a problem as families look to provide the best care possible.

Sincerely,

Ron Williams

Ron Williams, Mayor
City of Murphysboro, Illinois

ATTACHMENT LTC-21A

CITY OF
MURPHYSBORO, ILLINOIS

Visit us at www.murphysboro.com

DAUM ADMINISTRATION BUILDING
1101 WALNUT STREET • MURPHYSBORO, IL 62966
618-684-4961

Home of General John A. Logan Memorial Day Founder

LETTER OF SUPPORT FOR RFMS

April 10, 2012

Ms. Barbie Moore RN-BC
Regional Nurse
Support Services

Dear Ms. Moore;

As Mayor of The City of Murphysboro, Illinois it is a pleasure to support the development of the Liberty Village Skilled Care Facility as part of your campus in Carbondale, Illinois. As a community, we are saddened to see the Jackson County Rehab & Care Center close, but knowing the residents and staff here will have the opportunity to be a part of a quality new facility, we are comforted that the transition will be made easier by the caring attitude of RFMS.

The closing of the Jackson County Rehab & Care Facility could leave many families without a satisfactory home for their loved ones in our area. RFMS has a wonderful reputation for quality service and facilities that will serve the region for generations to come. Filling your facility from within the area will not be a problem as families look to provide the best care possible.

Sincerely,

Ron Williams

Ron Williams, Mayor
City of Murphysboro, Illinois

ATTACHMENT LTC-21A

Joel Fritzler, Mayor
200 South Illinois Avenue
Post Office Box 2047
Carbondale, Illinois 62902
Telephone: 618-457-3229
Fax: 618-457-3283
www.explorecarbondale.com

September 5, 2011

Ms. Julie Woolard, Manager
Liberty Village of Carbondale
2950 W. Westridge Place
Carbondale, IL 62901

Dear Ms. Woolard,

I am writing in support of your proposed expansion project at Liberty Village of Carbondale.

The services that Liberty Village would be providing with the new facilities are needed by, not only Carbondale residents but, all residents of Southern Illinois. The advantages for Carbondale and the surrounding area that this project would provide strongly compel me to support the project. In addition to fostering a reputation for meeting the needs of the growing aged population of Carbondale and Southern Illinois, the offer of permanent employment for approximately 100 community members is very much welcomed. Another benefit that this project would provide to Southern Illinois is that it would promote the relocation of seniors to Carbondale.

Let me know if there is anyone that I can speak with to encourage their support to allow this project to proceed forward.

Sincerely,

Joel Fritzler, Mayor

200 South Illinois Avenue
P.O. Box 2047
Carbondale, Illinois 62902-2047
Telephone: 618-549-5302
Fax: 618-457-3283
www.ci.carbondale.il.us

To Whom It May Concern:

I am writing in support of the expansion project at Liberty Village of Carbondale.

The numerous community advantages for Carbondale and the surrounding area compel me to support the expansion project of Liberty Village of Carbondale. In addition to fostering a reputation for meeting the needs of the growing aged population of Carbondale, the Liberty Village of Carbondale will offer permanent employment for approximately 100 community members as well as short-term employment for local trades during the construction phase of the project. This employment stimulus and plan for specialized skilled geriatric services to care for current residents of the area and promote relocation of seniors to Carbondale are further reasons I support this growth opportunity.

Sincerely,

Gary Williams
Economic Development Coordinator
City of Carbondale
200 S. Illinois Ave., Carbondale, IL 62902
PH: (618) 457-3286
FAX: (618) 457-3289
gwilliams@ci.carbondale.il.us

ATTACHMENT LTC-21A

SOUTHERN ILLINOIS HEALTHCARE

April 13, 2012

Dear Illinois Health Facilities and Services Review Board:

I am writing on behalf of Southern Illinois Healthcare (SIH) to provide support for the expansion of Liberty Village of Carbondale. SIH is comprised of three hospitals and clinics. As CEO, I recognize the very real need for specialized skilled services for seniors in our community.

SIH is the largest of many referral sources for skilled services within the Jackson County community. By offering quality skilled care and specialized services the Liberty Village of Carbondale will provide SIH and other referral sources a quality alternative to maintain seniors within Jackson County.

Given the reimbursement challenges facing hospitals we, at SIH, recognize the importance of referring our patients to a quality skilled facility, capable of meeting the dynamic needs of a growing senior population. It is our vision to collaborate with Liberty Village of Carbondale to prevent unnecessary readmissions of our patients to acute settings. With a shared vision for quality, state of the art resources, and technology capable of streamlining the discharge/admission process, the expansion of the Liberty Village of Carbondale will serve to fill an immediate skilled void for the seniors of Jackson County and further attract seniors to the community.

Please accept SIH's support for this skilled project and recognize the urgent quality need that exists for referral sources and the seniors of Jackson County.

Sincerely,

Rex P. Budde
President and CEO

Executive Administration
1239 East Main Street | PO Box 3988
Carbondale, IL 62902-3988

TEL 618-457-5200
FAX 618-529-0568

www.sih.net

ATTACHMENT LTC-21A

UNION COUNTY HOSPITAL

517 North Main Street
Anna, IL 62906
618/833-4511 ext. 4269
Fax: 618/833-8481

October 20, 2011

To Whom It May Concern:

I am writing this letter in support of the expansion project at Liberty Village of Carbondale. Liberty Village of Carbondale will offer unique geriatric services, including targeted Alzheimer's Care. Adding this, not-for-profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state-of-the-art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change.

The numerous community advantages for surrounding counties compel me to support the expansion project at Liberty Village of Carbondale. In addition to fostering a reputation for meeting the needs of the growing aged population in Jackson County, the Liberty Village of Carbondale will offer permanent employment for approximately 100 community members, as well as short-term employment for local trades during the construction phase of the project. This employment stimulus and plan for specialized geriatric services to care for current residents of the area are further reasons I support this growth opportunity.

Sincerely,

James R. Farris, FACHE
Chief Executive Officer

ATTACHMENT LTC-21A

Medical Arts Clinic

SIMS

Dale Blaise, MD
Emily Hanson, DO

SOUTHERN ILLINOIS MEDICAL SERVICES
19 E SHAWNEE DRIVE
SUITE 2
MURPHYSBORO, IL 62966
618.684.2172 T

Re: Certificate of Need Application for total replacement facility in Jackson County, IL

Dear Illinois Health Facilities and Services Review Board:

I am writing to support the expansion project at Liberty Village of Carbondale to replace the current Rehab & Care Center for Jackson County. As Medical Director for Rehab & Care Center of Jackson County for last 25 years I have witnessed a growing challenge to deliver care within the 52 year old building. In addition, regulatory and reimbursement issues have made it impossible for the County to continue serving seniors under the current model.

Furthermore, the outdated physical plant and financial woes of the current facility have lead Jackson County seniors to seek skilled services outside of the County. I anticipate my referrals alone will average 4-8 per month to the new facility and recognize the benefit for my patients to receive skilled therapy in a state of the art setting while remaining near family within the community.

Most importantly, it is the void of quality skilled facilities available to refer my patients for skilled needs within Jackson County that prompts me to request your prompt approval of the Certificate of Need Application for the replacement facility at the Liberty Village of Carbondale.

Thank you for your time and consideration.

Sincerely,

Dr. Dale Blaise
Medical Director
Rehab & Care Center of Jackson County

ATTACHMENT LTC-21A

FAMILY PRACTICE
3331 West DeYoung, Suite 305 • Marion, Illinois 62959 • Phone: 618-985-9140 • Fax: 618-985-9143

KAREN STRACK, DO
ANN BROWNING, PA-C

April 25, 2012

To Whom It May Concern:

I have been a physician practicing in the Carbondale/Murphysboro area for thirty-three years. I have been actively involved in nursing home care my entire medical career. The Jackson County Nursing Home has been an important part of the Murphysboro community supplying jobs for people in and around Murphysboro while being close to their homes and limiting travel time and providing sustainable jobs in the community, which is slowly shrinking.

The residents of Jackson County have limited choices when it comes to nursing home care for their family members. For these people who have limited funds overall and inability to travel long distances to get to a nursing home the option of having a facility within a very short driving distance is important to maintain contact with loved ones. The Jackson County facility has already had a higher nurse to staff ratio and has always accepted more complicated patients for discharge receiving many transfers back from St. Louis for that recovery period. They have provided an excellent Alzheimer's Unit for those patients and have provided both short-term rehab and long-term extended care for residents. We are encouraging the state to consider allowing our county to have these beds available under new ownership since the county is no longer capable of supporting the Jackson County Nursing Home.

If you have any other questions, please do not hesitate to write or call.

Sincerely,

Karen Strack, D.O.

KS:dsb

ATTACHMENT LTC-21A

Liberty Village of Carbondale

May 4, 2012

To Whom It May Concern:

I am writing in support of the expansion project on my campus at Liberty Village of Carbondale. The benefit to the seniors currently living at the Estates and in the Retirement homes will far exceed what is currently offered in Jackson County. Last year 22 tenants from my campus needed skilled care services and nearly all of them left Jackson County to seek those services.

I have seen and heard from many seniors in the area the need for a new skilled facility in Jackson County. Some have even moved from Southern Illinois because of this need.

The Skilled Care facility to be built on campus will be a benefit to the seniors living at Liberty Village of Carbondale so they can maintain a home environment while receiving care. I feel this project would benefit the seniors of Southern Illinois as well as the surrounding areas.

Sincerely,

Julie Woolard

Julie A. Woolard,
Manager
Liberty Village of Carbondale

2950 W. Westridge Place • Carbondale, Illinois 62901
Phone 618/351-6557 • Fax 618/529-8508

ATTACHMENT LTC-21A

REHAB & CARE CENTER
OF JACKSON COUNTY
1441 N. 14TH STREET
MURPHYSBORO, IL 62966
(618) 684-2136

May 3, 2012

Illinois Health Facilities and
Services Review Board
2nd Floor
525 W. Jefferson Street
Springfield, IL 62761

Dear Board Members:

I have had the unique opportunity to work with the Rehab & Care Center of Jackson County since 2000. I say unique, as it is very rare to find a long-term care facility that will utilize a dentist to provide oral health care within the facility. The facility contracts with me to provide routine and emergency oral health maintenance. They also maintain a relationship with the SIU Dental Hygiene Program providing an excellent clinical site for our future dental technicians.

It is unfortunate that the County is in a financial position that no longer allows support for the Rehab & Care Center. I am in the facility weekly to provide services and have witnessed first hand the excellent relationship between the residents and staff. There are few other long-term care facilities in our region that provide this quality of care that our seniors deserve.

My understanding is that Jackson County has the opportunity to obtain a new, modern facility in Carbondale, IL. I believe that the firm proposing to build this facility also has a very positive reputation for providing a high level of care to the residents of our county. With this in mind, I fully support the desire to allow Liberty Village of Carbondale to construct the new facility in Carbondale. Please approve the Certificate of Need Application as quickly as possible, so that the future of our seniors is secured with an excellent provider in a new facility.

Thank you for your consideration.

Sincerely,

Dr Nathan L Chapman DMD

Nathan L. Chapman, DMD
Dental Consultant
Rehab & Care Center
Of Jackson County

ATTACHMENT LTC-21A

being the only place in Illinois with dental facilities. This is an honor and a benefit that should be highly promoted.

Quality of Life has been a continuous goal for Healthy People 1990, 2000, 2010, and 2020. Let us keep southern Illinois in the forefront in our state for promoting a healthier lifestyle for our seniors. Thank you for your time and consideration.

To a future of smiles,

Sandie N. Beebe

Sandra Nagel Beebe, RDH, PhD
Senior Lecturer Dental Hygiene/
Health Care Management Internship Coordinator
SAH, ASA, MC 6615
Southern Illinois University Carbondale
Carbondale, IL 62901

618 453-7202 off
618 453-7020 FAX
sbeebe@siu.edu

ATTACHMENT LTC-21A

Senior Adult Services
409 N. Springer
Carbondale, IL 62901
*Tel (618) 457-4151 * Fax (618) 457-4154*
senioradultservices@yahoo.com

July 29, 2011

To Whom It May Concern:

I am writing in support of the expansion project at Liberty Village of Carbondale. The blend of targeted, stage appropriate Alzheimer's Care complimented by their specialized brand of skilled therapy-The Bounce Back Program is a combination of services not currently offered in Jackson County. Adding this, not for profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state of the art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change. Currently the seniors of Jackson County must travel to Marion or Centralia to receive the unique skilled therapy the Bounce Back program offers.

I have the opportunity to work closely with the seniors of Jackson County and recognize the limited quality of skilled services being provided in our area. The unique short term skilled therapy that will be offered by expanding Liberty Village of Carbondale will provide the growing aged population of our county specialized services, convenience, and quality that is not currently available to them.

Sincerely,

Henry Long
Director

Patrick N Laws

Patrick Laws
Senior Adult Services

United Way

ATTACHMENT LTC-21A

JOHN A. LOGAN COLLEGE
700 Logan College Road
Carterville, Illinois 62918

January 4, 2012

Ms. Julie Woolard, Manager
Liberty Village of Carbondale
2950 W. Westridge Place
Carbondale, Illinois 62901

Dear Ms. Woolard:

We are writing in support of the expansion project at Liberty Village of Carbondale. Liberty Village of Carbondale will offer unique geriatric services, coupling targeted Alzheimer's Care and skilled therapy- *The Bounce Back Program*. Adding this, not-for-profit skilled alternative to the existing retirement apartments and elite villas of Liberty Estates, will complete a state-of-the art campus, for which seniors will be provided excellence in continuity of care and ability to transition on campus, as their care and supportive needs change. Currently the seniors of Jackson County must travel to Marion or Centralia to receive the unique skilled therapy *The Bounce Back Program* offers.

John A. Logan College Nursing programs would benefit from an additional clinical site with the skilled nursing and rehabilitation facility. Our Associate Degree Nursing, Licensed Practical Nursing and Certified Nursing Assistant programs would be greatly enhanced. We are currently unable to consistently utilize nursing homes in Jackson County for Certified Nursing Assistant program clinical experience due to Illinois Department of Public Health violations. Illinois Department of Public Health requires no CNA instruction can occur while a facility has violations.

The numerous community advantages for Jackson County and the surrounding area compel us to support the expansion project of Liberty Village of Carbondale. In addition to fostering a reputation for meeting the needs of the growing aged population in Jackson County, the Liberty Village of Carbondale will offer permanent employment for approximately 100 community members; as well as short-term employment for local trades during the construction phase of the project. This employment stimulus and plan for specialized skilled geriatric services to care for current residents of the area and promote relocation of seniors to Jackson County are further reasons we support this growth opportunity.

Sincerely,

Dr. Robert Mees, President
John A. Logan College

Marilyn Falaster, RN, MSN
Director of Nursing

DIRECT EXTENSION ACCESS: (618) 985-2828 or 457-7676
OPERATOR: (618) 985-3741, 549-7335, 542-8612, 937-3438, TTY 985-2752
WEB SITE: http://www.jalc.edu

ATTACHMENT LTC-21A

John A. Logan College does not discriminate on the basis of race, religion, color, national origin, disability, age, sexual orientation, or gender orientation.

Roy & Marianne Abrahamson

504 Hancock Court
Liberty Village
Carbondale, IL 62901
618 549-3471
E-Mail: reamea@siu.edu

August 29, 2011

Mrs. Julie Woolard
Manager, Liberty Village
2950 Westridge Place
Carbondale, IL 62901

Re.: Construction of a Therapy and Alzheimer Care Center

Dear Julie,

My wife and I wish to express our support for the expansion project at Liberty Village in Carbondale. The plan to construct a skilled therapy center coupled with a state of the arts center for Alzheimer patients is quite impressive. The idea of having a garden-like area with a winding pathway for Alzheimer patients to use and enjoy sounds most progressive! We hope that the proposed project is approved by all concerned so that construction may begin in the near future. It will truly make Liberty Village in Carbondale a unique place where senior citizens may live and enjoy the full benefit of care as their needs may change in time.

Best wishes,

Roy E. Abrahamson

Professor Emeritus
Art Education
School of Art & Design
SIU-C

ATTACHMENT LTC-21A

CARBONDALE
CHAMBER of COMMERCE

August 22nd, 2011

To Whom It May Concern:

I am writing on behalf of the expansion project at Liberty Village of Carbondale. Currently our local seniors of Jackson County have to travel to the towns of Marion and Centralia in order to receive the unique skilled therapy The Bounce Back Program will provide. This program, which is currently not offered in Jackson County, will provide Liberty Village with a state of the art campus in hand with care and support for the seniors in need.

The growth opportunities from an employment state will provide our community with multiple advantages. The expansion will provide community members with 100 permanent positions. The qualities of life provided to the seniors in our community along with the benefits the community will receive due to job growth are further reasons why I support this opportunity.

Kind Regards,

Sherry Ratcliffe
Executive Director

ATTACHMENT LTC-21A

Nancy L. Fager
3883 Town Creek Road
Murphysboro, IL 62966-5371

May 3, 2012

Illinois Health Facilities and
Services Review Board

To Whom It May Concern:

My name is Nancy Fager, and I am writing to you in support of RFMS's application for the Certificate of Need to build a new facility, which would replace the current Rehab and Care Center of Jackson County (RCCJC), located in Murphysboro.

My aunt, Helen Hale, is a resident at RCCJC, and I have Power of Attorney for her care. Aunt Helen is in the late stages of Parkinson's Disease and has resided at RCCJC since May, 2008. After the death of her first husband in 1988, Helen remarried and due to her advancing condition, she and her husband moved into assisted living. After her second husband died, she moved to Murphysboro in assisted living, but in 2008 was required to seek skilled nursing care 24/7. At the time she needed to be admitted, we were not able to get directly into RCCJC and she had to be admitted to a facility in Carbondale for two days. We didn't have much of a choice at that time, but after only two nights, if I had not been able to get her admitted to RCCJC, I would have had to take her out of the county to either Marion, IL or Cape Girardeau, MO. Even though beds were available at both Carbondale facilities, I knew that they both were aged facilities and were in dire need of updating and cleaning. Helen was well aware of her surroundings and was adamant about getting out of the facility. Fortunately, we were able to get her into RCCJC and have been extremely satisfied with this facility.

Aunt Helen has had her share of ups and downs, but that all is a part of her advancing condition. She has received excellent care from the staff of RCCJC. We have discussed the process of the County Board making decisions about RCCJC and its future. While there may be beds available in the two Carbondale facilities, we (Helen & I) have discussed that neither facility would be an option for us should a new facility not become a reality. I have also had conversations with other residents and their family members who told me that there was no option to them for skilled nursing locally, other than RCCJC.

Once the decision was made by the County Board to accept RFMS's proposal, I have had conversations with several people who feel that it would be wonderful to have a new facility with

State of the Art equipment, even though it would be moving to Carbondale. I know that Aunt Helen receives A-1 care at the facility now, but I know that when the staff is able to have all new equipment and a new facility they will take more pride in their jobs and provide even better care to the residents.

With an aging population in Jackson County, having a brand new skilled nursing facility is by far the best decision. The other two facilities in Jackson County are aged and in dire need of repairs. Not knowing the exact age of the other facilities, I definitely know that from my personal experience with one of them, and friends' experiences with the other, I understand why they are never to full capacity. When a facility is in poor physical condition and poor equipment, it is difficult to get staff excited about coming to work and also provide excellent care to the residents.

Due to the financial situation of Jackson County, the Board made the decision to *discontinue* operating a "nursing home." With this situation at hand, if the Certificate of Need is not approved for a new facility, the residents of Jackson County are left with two aging facilities.

I am passionate about my aunt receiving the best care available and know that the only way to assure she receives that care is to have her in a new facility. I urge you to approve the Certificate of Need applied for by RFMS to build a new facility in Carbondale.

Thank you for your time!

Sincerely,

Nancy L. Fager
(618) 303-3883

AUGUST 16, 2011

TO WHOM IT MAY CONCERN:

I AM WRITING IN SUPPORT OF THE EXPANSION PROJECT AT LIBERTY VILLAGE OF CARBONDALE. THE BLEND OF TARGETED, STAGE APPROPRIATE ALZHEIMER'S CARE COMPLIMENTED BY THEIR SPECIALIZED BRAND OF OF SKILLED THERAPY - "THE BOUNCE BACK PROGRAM" IS A COMBINATION OF SERVICES NOT CURRENTLY OFFERED IN JACKSON COUNTY. ADDING THIS, NOT FOR PROFIT SKILLED ALTERNATIVE, TO THE EXISTING RETIREMENT APARTMENTS AND ELITE VILLAS OF LIBERTY ESTATES WILL COMPLETE
A STATE OF THE ART CAMPUS FOR WHICH SENIORS WILL BE PROVIDED EXCELLENCE IN CONTINUITY OF CARE AND ABILITY TO TRANSITION ON CAMPUS AS THEIR CARE AND SUPPORTIVE NEEDS CHANGE. CURRENTLY, THE SENIORS OF JACKSON COUNTY MUST TRAVEL TO MARION OR CENTRALIA TO RECEIVE THE UNIQUE SKILLED THERAPY THE "BOUNCE BACK PROGRAM OFFERS.

THE PROJECT WILL PROVIDE THE GROWING AGED POPULATION OF OUR COUNTY SPECIALIZED SERVICES, CONVENIENCE, AND QUALITY THAT IS NOT CURRENTLY AVAILABLE TO THEM.

Sincerely
Dave A. Edmond
500 Hancock St.
Carbondale, IL

ATTACHMENT LTC-21A

August 12, 2011

Neal Jacobson
308 South Pecan Street
De Soto, Il. 62924

Re: Liberty Village Expansion Project

To Whom It May Concern:

My father moved into Liberty Village in Carbondale, Illinois from Chicago, Illinois when he was 88 years old. He has enjoyed his apartment and the independence he has been able to maintain for himself. He has a heart condition and recently ran into problems that caused him to have an extended stay in the hospital. He needed occupational therapy and physical therapy to regain his strength before we could even bring him to our home to convalesce. There were no good choices for him in Carbondale so he had to go out of town for these services. He just recently was able to return to his apartment.

I am writing to you in support of expanding Liberty Village in Carbondale, Illinois. There is a tremendous need for skilled therapy care in Carbondale, Illinois. As my wife and I have provided assistance to other elderly people who required this care, we are acutely aware of the need for a local facility of this type. The elderly and their families would greatly benefit from this project as would my father.

Please feel free to contact me if I may be of further assistance.

Sincerely,

Neal H. Jacobson

August 12, 2011

To Whom It May Concern:

This letter is written in favor of a State-of-the-Art Alzheimer care and support center in connection with a Rehabilitation unit. This complex is to be built at the Senior Citizen Retirement complex known as Liberty Village of Carbondale, Illinois.

I understand that this is to be a specialized and targeted support unit for alzheimer patients which is not readily available in this area. The rehabilitation services are to be available to all as needed.

I envision myself as one who may be in need of such a facility in the not too distant future.

Sincerely,

Lila Hall

Lila Hall
484 Concord Ct.
Carbondale, Il 62901

ATTACHMENT LTC-21A

August, 11, 2011

Dear Mrs Woolard.

There is a real need for a rehab and Alzheimers facility to be built in Carbondale. There are no such accommodations here or in the immediate area. It would be logical and very beneficial to build such a facility on the Carbondale Liberty Village campus.

Rehab patients have to travel to other towns for treatment. And when families have to take in an Alzheimers parent it causes great stress and disruption of family life to say the least, especially when that person cannot be left alone.

This letter is greatly in support of a rehab and an Alzheimers facility to be built on the Carbondale Liberty Village campus.

Sincerely,

Marion Olsson

Marion Olsson
A Liberty Villa
511 Lexington Court
Carbondale, Il. 62901

ATTACHMENT LTC-21A

August 10, 2011

Ms. Julie Woolard
Liberty Village of Carbondale
2950 W. Westridge Place
Carbondale, IL 62901

Dear Ms. Woolard:

This letter is written in support of a Rehabilitation & Alzheimer's facility to be built on the Liberty Village of Carbondale complex.

This valuable addition to the Carbondale area would provide much needed support for those suffering from Alzheimer's disease.

The facility would provide quality, convenient assistance to our area that is not currently available.

In addition, the jobs created building and maintaining the facility would be a real welcome to our area hard-hit by unemployment.

In total, a Rehabilitation & Alzheimer's facility would be a valuable asset and excellent investment for Carbondale, Jackson County and State of Illinois.

Regards,

Jack – Kay Wissmann
506 Hancock Court
Carbondale, IL 62901

ATTACHMENT LTC-21A

August 8, 2011

To: Edwin Enterprises

From: Mary Brigham
Owner of Villa at Liberty Village

I was delighted to hear that Edwin Enterprises plans to build an Alzheimer rehabilitation facility at Liberty Village in Carbondale, Illinois. Such a facility is badly needed in this southern Illinois area. Occupancy would not be a problem, and it would be a humane thing for you to do since there are many alzheimer patients who do not receive adequate care. I am not in that group yet but probably will be in a few years. Please do all you can to make this a reality.

Mary Brigham
2800 West Westridge Place
Carbondale IL 62901

ATTACHMENT LTC-21A

August 8, 2011

To Whom It May Concern:

I am writing in support of the expansion project at Liberty Village of Carbondale. The blend of targeted, stage appropriate Alzheimer's Care complimented by their specialized brand of skilled therapy-The Bounce Back Program is a combination of services not currently offered in Jackson County. Adding this, not for profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state of the art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change. Currently the seniors of Jackson County must travel to Marion or Centralia to receive the unique skilled therapy the Bounce Back program offers.

My Father currently resides at the apartments of the Liberty Village of Carbondale. He and I recognize the limited quality of skilled services being provided in our area and had a personal experience when my Dad needed skilled services not offered in Carbondale. He relocated to Liberty Village of Marion to receive skilled therapy. Thankfully, my Dad progressed well with therapy and returned to his apartment. However, there was significant inconvenience that could have been avoided had there been skilled services offered at Liberty Village of Carbondale. The unique short term skilled therapy that will be offered by expanding Liberty Village of Carbondale will provide the growing aged population of our county specialized services, convenience, and quality that is not currently available to them.

Sincerely,

Donna Manering

Donna Manering

ATTACHMENT LTC-21A

August 2, 2011

Dear Mrs. Woolard

This letter is to show my support for a Rehab and Alzheimer's Facility to be built on the Carbondale Liberty Village Campus.

I have had experience with needing rehab therapy and had to travel to Marion Liberty Village to receive the therapy I needed. Due to their excellent rehab program I was able to return to Carbondale and live in my apartment.

I have also had experience with needing an Alzheimer's facility for my wife. Carbondale does not have an adequate facility dedicated to helping people with Alzheimer's so my wife is currently in a facility in Murphysboro.

It would have been a lot easier on my daughter if I would have had therapy in Carbondale instead of travelling to Marion but there are no adequate rehab programs in Carbondale.

Travelling to see my wife would also be easier if she was on the campus with me.

This facility will be a wonderful asset to Carbondale and the Liberty Village of Carbondale campus and is greatly needed.

Sincerely,

DeLoyde Litton

Deloyd Litton
2950 Westridge Place
Carbondale, Illinois 62901

ATTACHMENT LTC-21A

August 1, 2011

Dear Mrs. Woolard

Please accept this letter of support for a rehab facility to be built on the Carbondale Liberty Village Campus.

I have had experience with needing rehab therapy and had to travel to Marion Liberty Village to receive the therapy I needed. Due to their excellent rehab program I was able to return to Carbondale and live in my apartment.

If Carbondale Liberty Village would have had a rehab facility my family and I would not have had to travel so far to receive the therapy I needed to get well.

Carbondale is in need of a rehab facility and this would be a wonderful addition to the Carbondale Campus.

Sincerely,

Gerald J. Haecker

Gerald Haecker
2950 Westridge Place
Carbondale, Illinois 62901

ATTACHMENT LTC-21A

July 29, 2011

To Whom It May Concern:

I am writing in support of the expansion project at Liberty Village of Carbondale. The blend of targeted, stage appropriate Alzheimer's Care complimented by their specialized brand of skilled therapy-The Bounce Back Program is a combination of services not currently offered in Jackson County. Adding this, not for profit skilled alternative, to the existing retirement apartments and elite villas of Liberty Estates will complete a state of the art campus for which seniors will be provided excellence in continuity of care and ability to transition on campus as their care and supportive needs change. Currently the seniors of Jackson County must travel to Marion or Centralia to receive the unique skilled therapy the Bounce Back program offers.

I have the opportunity to work closely with the seniors of Jackson County and recognize the limited quality of skilled services being provided in our area. The unique short term skilled therapy that will be offered by expanding Liberty Village of Carbondale will provide the growing aged population of our county specialized services, convenience, and quality that is not currently available to them.

Sincerely,

Marilyn Sanders

ATTACHMENT LTC-21A

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XVII)

Criterion 1125.620 - Project Size

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

1. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

2. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix A;

3. The project involves the conversion of existing bed space that results in excess square footage.

Please find this section addressed under Section III, Part 1110.234), as this application form follows Part 1110 and Part 1120 and not the revised rules for long-term care under the new section, Part 1125. It should be noted that the proposed project is in compliance with this criterion as the full bed compliment of 120 nursing beds will be provided in 65,345 gross square feet which calculates to 545 gross square feet per bed well within the upper range limit of 713 gross square feet per bed.

ATTACHMENT LTC-22

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XVIII)

Section 1125.630 Zoning

The applicant shall document one of the following:

a) The property to be utilized has been zoned for the type of facility to be developed;

Appended as **ATTACHMENT LTC-23A** is a letter from Carbondlae's Senior Planner Chris Wallace of the city's Planning Services Division. This letter indicates that zoning is complete and with exception of approval of final construction drawings and final site plan, the project is ready to be developed.

b) Zoning approval has been received; or (NOT GERMANE)

c) A variance in zoning for the project is to be sought. (NOT APPLICABLE)

ATTACHMENT LTC-23

200 South Illinois Avenue
P.O. Box 2047
Carbondale, Illinois 62902-2047
Telephone: 618-549-5302
Fax: 618-457-3283
www.ci.carbondale.il.us

January 23, 2012

Don Fike
Edwin Enterprises, LLC
285 S. Farnham Street
Galesburg, IL 61401

RE: Liberty Village Phase One (PC 98-09)

Dear Mr. Fike,

On June 9, 1998, the Carbondale City Council adopted Ordinance No. 98-32 approving a Land Use Intensity Number of 4.2 for the property located on Westridge Place. A copy of the ordinance is attached. The Land Use Intensity (LUI) number and the associated preliminary plan allows for the development of multiple duplexes and two large facilities for the elderly. Recently, we met to discuss the possibility of building a nursing home on Lot 17 of the Liberty Village Section One Subdivision. After reviewing our records I found that Liberty Village was approved to build a 62,330 square foot facility on Lot 17. Therefore, I have concluded that the proposed nursing home would be in compliance with both the established LUI and the preliminary plan.

Before any construction may begin, the City must approve the final construction drawings for the proposed facility. This will include reviewing all building and site plans for the facility. I look forward to working with you in the future on this project, if you should have any questions regarding this matter, please fell welcome to contact me in the Planning Services Division at (618)457-3248.

Sincerely,

Chris Wallace, AICP
Senior Planner
Planning Services Division

Cc. PC 98-09

ATTACHMENT LTC-23A

Planning

CITY OF CARBONDALE, ILLINOIS

ORDINANCE NO. 98-32

AN ORDINANCE TO ESTABLISH A LAND USE INTENSITY RATIO NUMBER FOR CERTAIN TERRITORY WITHIN THE ZONING JURISDICTION OF THE CITY OF CARBONDALE, ILLINOIS

ADOPTED BY THE CITY COUNCIL

OF THE CITY OF CARBONDALE, ILLINOIS

THE 9TH DAY OF JUNE, 1998

Published in pamphlet form by authority of the City Council of the City of Carbondale, Jackson County, Illinois, this 10th day of June, 1998.

CERTIFICATE OF PUBLICATION

I, Janet M. Vaught, the duly qualified and acting City Clerk of the City of Carbondale, Illinois, and the official custodian of the records of said City, do hereby certify that this Ordinance was published in pamphlet form by authority of the City Council on the 10th day of June, 1998.

CARBONDALE, ILLINOIS INCORPORATED 1913

Janet M. Vaught, City Clerk
City of Carbondale, Illinois

ATTACHMENT LTC-23A

ORDINANCE NO. 98-32

AN ORDINANCE TO ESTABLISH A LAND USE INTENSITY RATIO NUMBER FOR CERTAIN TERRITORY WITHIN THE ZONING JURISDICTION OF THE CITY OF CARBONDALE, ILLINOIS

WHEREAS, a Petition has been filed with the City of Carbondale requesting that certain property owned by Douglas LeFevre, within the 1.5 mile zoning jurisdiction of the City of Carbondale be established a Land Use Intensity (LUI) Ratio Number of 4.2 for a 16.27 acre tract of land; and,

WHEREAS, a notice of the hearing stating its purpose was published in the *Southern Illinoisan* on the 17th day of May, 1998, being at least (15) days prior to said hearing; and,

WHEREAS, the administrative official posted a notice on said property and served notice on all the property owners within 250 feet of said property according to Section 15-2-95B and Section 15-2-95C of the Revised Code of the City of Carbondale; and,

WHEREAS, a hearing of the Planning Commission of the City of Carbondale was called at 7:00 p.m. on the 3rd day of June, 1998, at City Council Chambers in said City to consider the zoning classifications for said property; and,

WHEREAS, the Planning Commission conducted said hearing pursuant to the notice given and to the laws of the State of Illinois; and,

WHEREAS, said Planning Commission thereafter filed with the City Council a report of its hearing disclosing its findings of fact and its recommendation, said recommendation being as follows: to approve the establishment of a LUI ratio number of 4.2 (PC 98-09); and,

WHEREAS, the City Council of the City of Carbondale has considered the findings of fact filed by the Planning Commission, the record of the Commission's public hearing, and the provisions of the zoning ordinance, and based thereon, finds that said property should have established a Land Use Intensity Ratio Number not to exceed 4.2.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CARBONDALE, ILLINOIS AS FOLLOWS:

ATTACHMENT LTC-23A

Section 1. That the real property described herein be established a Land Use Intensity number not to exceed 4.2.

Section 2. That the real property is described as follows:

GENERAL DESCRIPTION

A parcel of 2.84 acres, more or less, located west of 501 Westridge Drive.

LEGAL DESCRIPTION

Part of the Southeast Quarter of the Southwest Quarter of Section 18, Township 9 South, Range 1 West of the 3rd Principal Meridian, Jackson County, Illinois, described as follows:

Commencing at the Northeast corner of the Southeast Quarter of the Southwest Quarter of Section 18, Township 9 South, Range 1 West of the 3rd Principal Meridian, in Jackson County, Illinois; thence west along the north line of said Quarter Quarter on a bearing of S-89°58'44"-W a distance of 644 feet to the point of beginning for this description; from said point of beginning thence continuing S-89°58'44"-W, a distance of 330 feet to a point; thence S-0°01'16"-E, a distance of 375 feet to a point; thence N-89°58'44"-E, a distance of 330 feet to a point; thence N-0°01'16"-W, a distance of 375 feet to the point of beginning and containing 2.84 acres, more or less.

AND

GENERAL DESCRIPTION

Two parcels of 13.43 acres, more or less, located west of 501 Westridge Drive.

LEGAL DESCRIPTION

Part of the Southeast Quarter of the Southwest Quarter of Section 18, Township 9 South, Range 1 West of the 3rd Principal Meridian, Jackson County, Illinois, described as follows:

ATTACHMENT LTC-23A

Beginning at the northeast corner of the southeast Quarter of the Southwest Quarter of Section 18, Township 9 South, Range 1 West of the 3rd Principal Meridian, in Jackson County, Illinois; thence west along the north line of said Quarter Quarter on a bearing of S-89°58'44"-W a distance of 644 feet to a point; thence S-0°01'16"-E, a distance of 552.2 feet to a point; thence N-89°51'44"-E, a distance of 61.94 feet to a point; thence S-0°01'16"-E, a distance of 142.0 feet to a point; thence N-89°49'33"-E, a distance of 467.89 feet to a point; thence N-00°35'03"-W a distance of 441.50 feet to a point; thence east on a bearing of N-89°51'57"-E a distance of 112.05 feet to a point; thence southeasterly along a curve concave to the southwest, said curve having a radius point that lies on a bearing of S-00°08'03"-E a distance of 125.00 feet an arc distance of 8.92 feet to the east line of said Quarter Quarter; thence north along said east line on a bearing of N-00°35'03"-W a distance of 251.74 feet to the point of beginning of the land herein described, containing 8.89 acres, more or less.

AND

Part of the Southwest Quarter of the Southeast Quarter of Section 18, Township 9 South, Range 1 West of the 3rd Principal Meridian, Jackson County, Illinois, described as follows:

Beginning at the northwest corner of said Quarter Quarter; thence east along the north line of said Quarter Quarter with a bearing of N-89°51'57"-E a distance of 478.80 feet, thence south with a bearing of S-02°40'57"-W a distance of 500.09 feet to the north right-of-way line of Westridge Place, formerly Robinson Circle, thence west along the north line of Westridge Place with a bearing of S-89°34'47"-W a distance of 179.80 feet; thence northwesterly along said north right-of-way line along a curve concave to the northeast, said curve having a radius of 40 feet and a mid-point that lies on a bearing of N-00°27'46"-W, an arc distance of 50.54 feet to the east right-of-way line of Westridge Drive; thence northwesterly along said east right-of-way line along a curve concave to the southwest, said curve having a radius of 175.00 feet and a mid-point that lies on a bearing S-71°55'49"-W, an arc distance of 80.52 feet; thence continue northwesterly along said east right-of-way line with a bearing of N-44°25'54"-W a distance of 160.88 feet; thence continue northwesterly along said east right-of-way line along a curve concave to the southwest, said curve having a radius of 125.00 feet and a mid-point that lies on a bearing of S-45°34'06"-W, an arc distance of 90.81 feet to the west line of said Quarter Quarter; thence north along said west line with a bearing of N-00°35'03"-W a distance of 251.74 feet to the point of beginning of the land herein described, containing 4.435 acres, more or less.

Section 3. That Exhibit "A", which is attached hereto and hereby incorporated herein is a map of the real property described herein.

ATTACHMENT LTC-23A

Section 4. That per Section 15-2-31.M of the Revised City Code of the City of Carbondale, the preliminary plan required to establish the Land Use Intensity Ratio Number is attached hereto and incorporated herein as Exhibit "B".

Section 5. That Ordinance No. 74-56 establishing the zoning map of the City of Carbondale is hereby amended as is set forth on Exhibit "A" incorporated herein.

Section 6. That all ordinances and parts thereof in conflict herewith are expressly repealed and are of no other force and effect.

Section 7. The repeal of any ordinance by this Ordinance shall not affect any rights accrued or liability incurred under said repealed ordinance to the effective date hereof. The provisions of this Ordinance, insofar as they are the same or substantially the same as those of any prior ordinance, shall be construed as a continuation of said prior ordinance.

Section 8. That it is the intention of the City Council of the City of Carbondale that this Ordinance and every provision thereof shall be considered separable, and the invalidity of any section, clause, or provision of this Ordinance shall not affect the validity of any other portion of this Ordinance.

Section 9. That the City Council of the City of Carbondale finds that the subject matter of this ordinance pertains to the government and affairs of the City of Carbondale and is passed pursuant to the provisions of Article VII, Section 6(a) of the 1970 Illinois Constitution.

Section 10. That this Ordinance shall be known as Ordinance No. 98-____ of the City of Carbondale, Illinois, and after its passage, approval, recording, and publication in pamphlet form in accordance with law.

APPROVED: Neil Dillard
Mayor

FOR: Briggs, Flanagan, Neill, Budslick and Dillard

AGAINST: None

ATTACHMENT LTC-23A

PASSED: 6-9-98

APPROVED: 6-9-98

RECORDED: 6-10-98

PUBLISHED: 6-10-98

ATTEST: _____
City Clerk

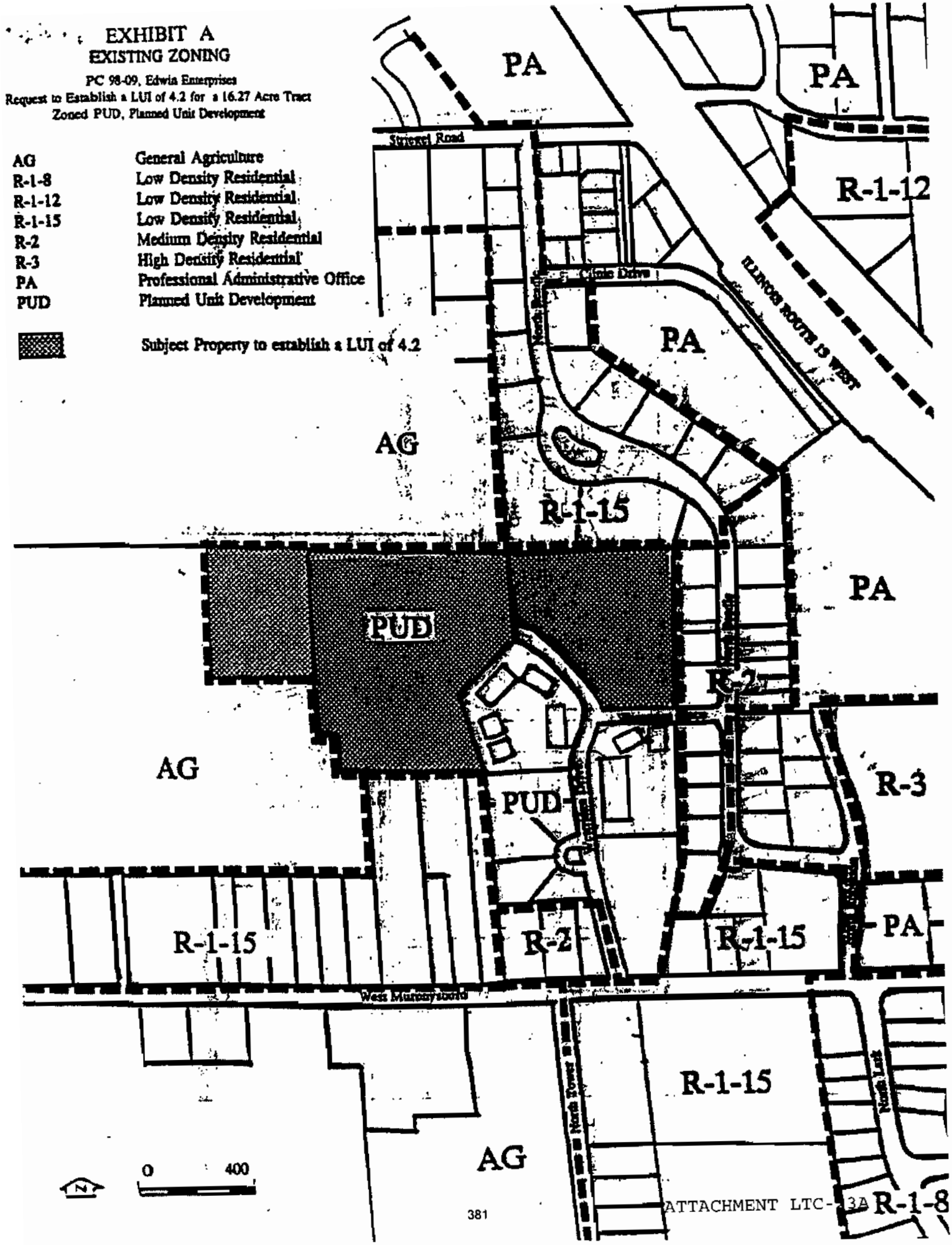
APPROVED AS TO LEGALITY AND FORM:

_____
City Attorney

I hereby certify that the legal description incorporated herein correctly describes the land affected by this Ordinance.

_____
Bradley W. Fleck, City Land Surveyor
Illinois Registered Land Surveyor #2523

ATTACHMENT LTC-23A



ATTACHMENT LTC-13A

LIBERTY VILLAGE
CARBONDALE, ILLINOIS

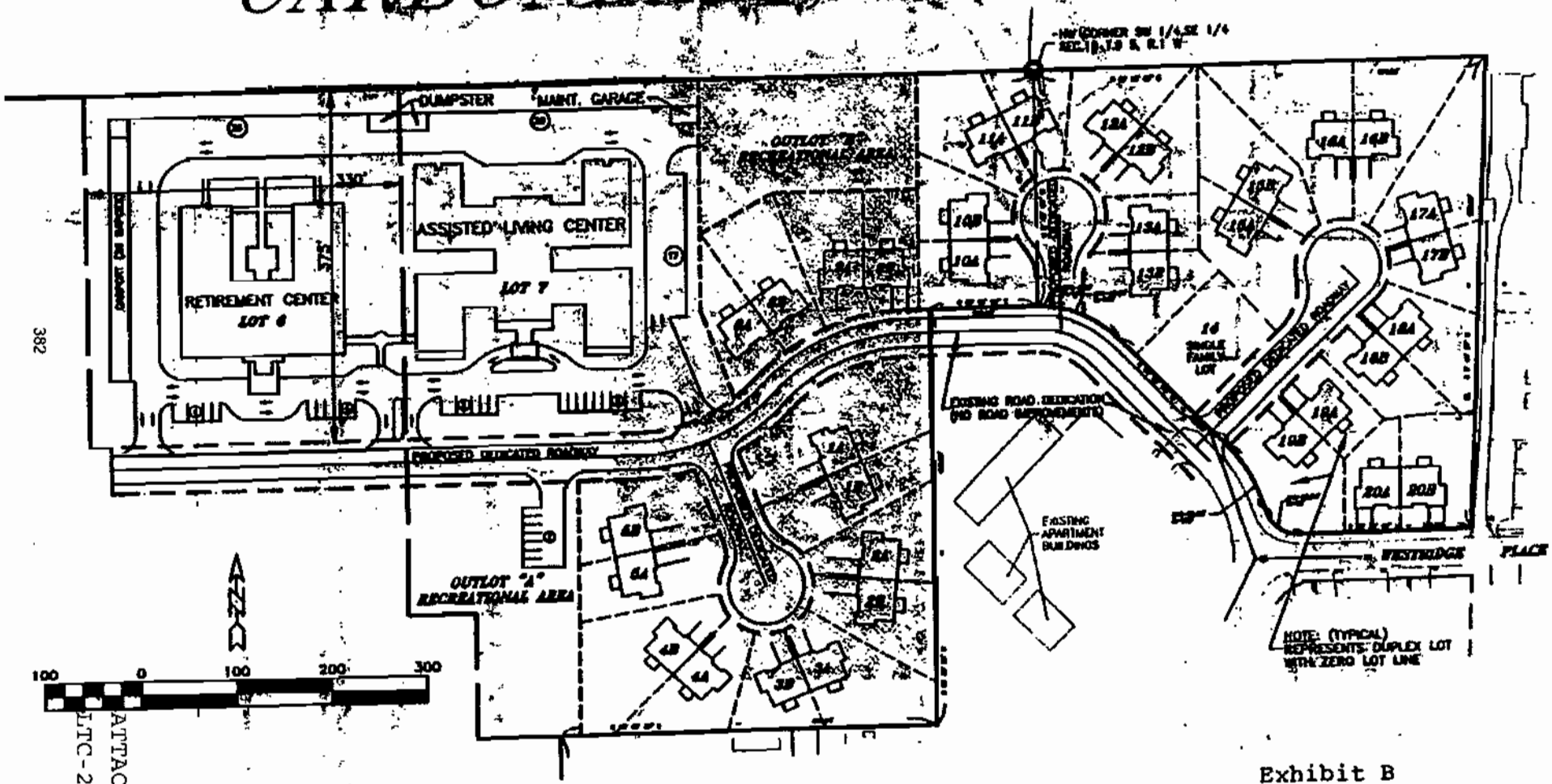


Exhibit B

382

ATTACHMENT
LTC-23A

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XIX)

Criterion 1125.640 - Assurances

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

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

Appended as **ATTACHMENT LTC-24A** is a letter from UDI President Robert H. Wagner attesting to their understanding of this criterion.

Unlimited Development, Inc.
285 South Farnham Street
Galesburg, IL 61401

April 16, 2012

Ms. Courtney Avery
Administrator
Heath Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Carbondale
Certificate of need Application

Dear Ms. Avery:

This letter is to attest that Unlimited Development, Inc., dba Manor Court of Carbondale will achieve and maintain 90% occupancy from the start of operations. This facility is being constructed as a replacement facility for Rehab & Care Center of Jackson County and all residents will be moved from that facility to Manor Court of Carbondale. We will, therefore, be over 90% occupancy at the start of operations.

Sincerely yours,

Robert H. Wagner
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
16th day of April, 2012.

Notary Public

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES AUGUST 19, 2015

ATTACHMENT LTC-24A

Edwin Enterprises, LLC and Subsidiaries

Consolidated Financial Report –
December 31, 2011

ATTACHMENT-39

Contents

Independent Auditor's Report	1
Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Income	3
Consolidated Statements of Members' Equity	4 – 5
Consolidated Statements of Cash Flows	6 – 7
Notes to Consolidated Financial Statements	8 – 23

McGladrey

Independent Auditor's Report

To the Members
Edwin Enterprises, LLC
Galesburg, Illinois

We have audited the accompanying consolidated balance sheets of Edwin Enterprises, LLC and subsidiaries as of December 31, 2011 and 2010, and the related consolidated statements of income, members' equity and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note 17, management is aware that impairment indicators are present related to the Company's real estate property that is located in Coralville, Iowa and Utica, Illinois; however, management has not been able to obtain sufficient information to be able to evaluate and estimate the fair value of this real property. Since audit evidence was not readily available to support the valuation assertion related to this property, we were unable to perform sufficient auditing procedures to obtain reasonable assurance about whether reporting this property at its current carrying value resulted in a material misstatement in the financial statements as of and for the year ended December 31, 2011.

In our opinion, except for the effects of such adjustments and/or disclosures, if any, as might have been determined to be necessary had we been able to obtain sufficient evidence regarding management's assertion that property held for future development located in Coralville, Iowa and Utica, Illinois is not impaired, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Edwin Enterprises, LLC and subsidiaries as of December 31, 2011 and 2010, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey LLP

Galesburg, Illinois
May 7, 2012

ATTACHMENT-39

Member of the RSM International network of independent accounting, tax and consulting firms.

Edwin Enterprises, LLC and Subsidiaries

Consolidated Balance Sheets
December 31, 2011 and 2010

	2011	2010
Assets		
Property and Equipment, Leasing operations (Note 6)	**$ 59,164,205**	$ 52,581,342
Property Held for Future Development (Note 8)	**5,869,361**	5,869,361
Lot and Villa Inventory (Note 7)	**2,442,950**	2,748,267
Loan Financing Costs, net of accumulated amortization 2011 $74,319; 2010 $27,125	**75,760**	122,954
Construction Advances Receivable, affiliate (Note 9)	**14,460,072**	9,870,697
Rent and Other Receivables	**306,219**	276,761
Investment In Available-for-Sale Securities (Note 4)	**8,140,100**	9,243,990
Cash	**4,800,340**	3,249,587
	$ 95,259,007	$ 83,962,959
Liabilities and Members' Equity		
Liabilities		
Mortgage notes payable (Note 11)	**$ 18,890,746**	$ 22,121,920
Construction advances payable, affiliate (Note 9)	**15,196,097**	10,648,324
Retainage payable	**604,031**	321,858
Villa sale deposits	**-**	203,040
Accounts payable and accrued liabilities	**149,296**	139,269
Total liabilities	**34,840,170**	33,434,411
Commitments and Contingencies (Notes 3, 5, 6, 12, 16 and 17)		
Members' Equity		
Edwin Enterprises, LLC members' equity:		
Members' contributions	**17,900,000**	17,900,000
Retained earnings	**42,584,178**	32,908,697
Accumulated other comprehensive income (loss)	**(103,512)**	(328,894)
Total Edwin Enterprises, LLC members' equity	**60,380,666**	50,479,803
Noncontrolling Members' Interest in Subsidiaries	**38,171**	48,745
Total members' equity	**60,418,837**	50,528,548
	$ 95,259,007	$ 83,962,959

See Notes to Consolidated Financial Statements.

ATTACHMENT-39

Edwin Enterprises, LLC and Subsidiaries

Consolidated Statements of Income
Years Ended December 31, 2011 and 2010

	2011	2010
Revenue:		
Leasing	**$ 4,684,275**	$ 3,999,483
Lot and villa sales	**395,600**	397,640
Total revenue	**5,079,875**	4,397,123
Operating expenses:		
Leasing operations	**1,773,904**	1,579,150
Cost of lots and villas sold	**324,130**	329,603
Villa development - selling, general and administrative	**89,838**	60,720
Total operating expenses	**2,187,872**	1,969,473
Operating income	**2,892,003**	2,427,650
Financial income (expense):		
Interest expense	**(468,396)**	(220,916)
Loan cost amortization expense	**(47,194)**	(16,056)
Investment income	**183,538**	113,035
	(332,052)	(123,937)
Income from continuing operations before state replacement tax	**2,559,951**	2,303,713
State Replacement Tax		
Current	**2,937**	12,292
Deferred (benefit)	**(11,000)**	-
	(8,063)	12,292
Income from continuing operations, net of tax	**2,568,014**	2,291,421
Discontinued Operations, net of tax (Note 15):		
Income from operations of discontinued operations	**880,425**	691,130
Gain on sale of discontinued operations	**7,908,441**	-
	8,788,866	691,130
Net income	**11,356,880**	2,982,551
Net Loss Attributable to the Noncontrolling Interest	**10,574**	18,386
Net income attributable to Edwin Enterprises, LLC	**$ 11,367,454**	$ 3,000,937

See Notes to Consolidated Financial Statements.

ATTACHMENT-39

Edwin Enterprises, LLC and Subsidiaries

Consolidated Statements of Members' Equity
Years Ended December 31, 2011 and 2010

	Total
Balance, December 31, 2009	$ 51,912,771
Comprehensive Income:	
Net income (loss)	2,982,551
Other comprehensive income (loss):	
Unrealized holding losses arising during the period	-
Reclassification adjustment for losses included in net income	-
Other comprehensive income	(237,992)
Comprehensive Income	-
Distributions	(4,128,782)
Balance, December 31, 2010	50,528,548
Comprehensive Income:	
Net income (loss)	11,356,880
Other comprehensive income (loss):	
Unrealized holding gains arising during the period	-
Reclassification adjustment for gains included in net income	-
Other comprehensive income	225,382
Comprehensive Income	-
Distributions	(1,691,973)
Balance, December 31, 2011	**$ 60,418,837**

See Notes to Consolidated Financial Statements.

ATTACHMENT-39

Edwin Enterprises, LLC Members				
Comprehensive Income	Retained Earnings	Accumulated Other Comprehensive Income	Contributed Member Capital	Noncontrolling Interest
$ -	$ 34,036,542	$ (90,902)	$ 17,900,000	$ 67,131
2,982,551	3,000,937	-	-	(18,386)
(251,026)	-	-	-	-
13,034	-	-	-	-
(237,992)	-	(237,992)	-	-
$ 2,744,559	-	-	-	-
	(4,128,782)	-	-	-
	32,908,697	(328,894)	17,900,000	48,745
11,356,880	11,367,454	-	-	(10,574)
227,948	-	-	-	-
(2,566)	-	-	-	-
225,382	-	225,382	-	-
$ 11,582,262	-	-	-	-
	(1,691,973)	-	-	-
	$ 42,584,178	**$ (103,512)**	**$ 17,900,000**	**$ 38,171**

Edwin Enterprises, LLC and Subsidiaries

Consolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	2011	2010
Cash Flows from Operating Activities		
Net income	**$ 11,356,880**	$ 2,982,550
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation, leasing operations	**1,875,625**	1,761,152
Amortization	**47,194**	16,056
Gain on sale of leasing property, discontinued operations	**(7,917,496)**	-
(Gain) Loss on sale of investments	**(2,566)**	13,034
Changes in assets and liabilities:		
(Increase) decrease in:		
Lot and villa inventory	**305,317**	15,087
Rent and other receivables	**(29,458)**	267,632
Increase (decrease) in:		
Accounts payable and accrued expenses	**10,027**	(274,543)
Retainage payable	**282,173**	(40,740)
Deposits on villa sales	**(203,040)**	203,040
Net cash provided by operating activities	**5,724,656**	4,943,268
Cash Flows from Investing Activities		
Disbursements for construction costs related to property and equipment, leasing operations	**(17,512,293)**	(11,133,230)
Proceeds from sale of leasing property and equipment	**16,971,301**	-
Proceeds from sale and redemption of marketable securities	**1,503,476**	2,987,859
Purchase of marketable securities	**(171,638)**	(6,104,031)
Net cash provided by (used in) investing activities	**790,846**	(14,249,402)
Cash Flows from Financing Activities		
Proceeds from construction advances with affiliate	**18,708,398**	11,381,939
Payments on construction advances with affiliate	**(18,750,000)**	(12,464,138)
Proceeds from mortgage notes payable	-	11,361,000
Principal payments on mortgage notes payable	**(3,231,174)**	(1,867,459)
Member distributions	**(1,691,973)**	(4,128,782)
Payment of loan financing costs	-	(139,010)
Net cash provided by (used in) financing activities	**(4,964,749)**	4,143,550
Net increase (decrease) in cash	**1,550,753**	(5,162,584)

(Continued)

ATTACHMENT-39

Edwin Enterprises, LLC and Subsidiaries

Consolidated Statements of Cash Flows (Continued)
Years Ended December 31, 2011 and 2010

	2011	2010
Net increase (decrease) in cash	**1,550,753**	(5,162,583)
Cash:		
Beginning	**3,249,587**	8,412,170
Ending	**$ 4,800,340**	$ 3,249,587
Supplemental Disclosures of Cash Flow Information		
Cash payments for:		
Interest, not including interest capitalized (Note 10)	**$ 511,426**	$ 266,240
State replacement tax	**$ 9,000**	$ 260,000
Supplemental Schedule of Noncash Investing Activities		
Property transferred from property held for future development to construction in progress, leasing operations	**$ -**	$ 4,597,661

See Notes to Consolidated Financial Statements.

ATTACHMENT-39

Note 1. Nature of Business

Edwin Enterprises, LLC (hereafter the Company or Edwin), located in Galesburg, Illinois, leases long-term care, retirement and assisted living facilities to unrelated nonprofit organizations for operation of its facilities. The Company also develops lots and constructs retirement villas to be sold upon completion to individuals.

The Company's wholly-owned subsidiary, Hawthorne Inn of Lakeland, LLC (hereafter Lakeland), leases an assisted living facility to an unrelated nonprofit company for the operation of its facility in Lakeland, Florida.

The Company's wholly-owned subsidiary, The Highlands of Fallon, LLC (hereafter Fallon), leases a skilled nursing facility to an unrelated nonprofit company.

The Company's subsidiary, Hawthorne Healthcare of Greenville, LLC (hereafter Greenville), holds property for future development in Utica, Illinois.

During the year ended December 31, 2009, the Company became the sole member of two new limited liability companies, Surrey Place Ocala Independent Living Center, LLC (hereafter Ocala) and Sarasota Senior Living, LLC (hereafter Sarasota). These entities were formed for the purpose of owning and eventually leasing an independent living facility and a skilled nursing facility, that are currently being developed as described in Note 6.

The Company and its subsidiaries are organized as Limited Liability Companies under respective operating agreements. The following schedule reflects the latest date each limited liability company is to dissolve:

Entity	Date of Operating Agreement	Date of Dissolution
Edwin Enterprises, LLC	February 10, 1998	September 30, 2020
Hawthorne Healthcare of Greenville, LLC	February 17, 1998	February 1, 2025
Hawthorne Inn of Lakeland, LLC	June 9, 2000	September 30, 2020
The Highlands of Fallon, LLC	October 13, 2003	Perpetual
Surrey Place Ocala Independent Living Center, LLC	March 9, 2009	Perpetual
Sarasota Senior Living, LLC	August 12, 2009	Perpetual

Members may be required to make additional capital contributions, determined by members holding a majority of voting rights, to meet reasonably necessary expenses and obligations of the Company. Members may also be required to personally guarantee loan obligations of the companies in proportion to the members' respective equity interests in the companies.

Note 2. Significant Accounting Policies

Principles of consolidation: The consolidated financial statements include the accounts of the Company and its subsidiaries. The subsidiaries include Surrey Place Ocala Independent Living Center, LLC; Sarasota Senior Living, LLC; Hawthorne Inn of Lakeland, LLC and The Highlands of Fallon, LLC; all wholly-owned subsidiaries, and Hawthorne Healthcare of Greenville, LLC, which the Company is a 90% equity member and therefore has a controlling interest in this entity. The subsidiaries allocate profit or loss in accordance with each member's ownership percentage. All material intercompany balances and transactions have been eliminated in consolidation.

Note 2. Significant Accounting Policies (Continued)

Noncontrolling interests in consolidated financial statements: The Company accounts for noncontrolling interest in accordance with the Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) 810, *Noncontrolling Interest in Consolidated Financial Statements – an amendment of ARB No. 51*. FASB ASC 810 requires that a noncontrolling interest in a subsidiary be reported separately within equity and the amount of consolidated net income specifically attributable to the noncontrolling interest be identified in the consolidated financial statements. It also calls for consistency in the manner of reporting changes in the parent's ownership interest and requires fair value measurement of any noncontrolling equity investment retained in deconsolidation. The statement requires retrospective application for the presentation and disclosure requirements. Upon adoption of this statement, the Company reclassified their minority interest on the consolidated balance sheets from mezzanine to equity. The minority interest is now recognized as noncontrolling interest. The Company also modified the Consolidated Statements of Income by recognizing consolidated net income and the net income attributable to Edwin Enterprises, LLC and Subsidiaries, and the noncontrolling interest separately on the statement. The Company's net income as presented on the Statements of Cash Flows now reflects total net income rather than the net income attributable to the Company.

Investments: The Company accounts for its investments in accordance with ASC 320, *Investments – Debt and Equity Securities*, which requires certain securities to be categorized as trading, available-for-sale or held-to-maturity. Investments consist of marketable exchange-traded funds, open end mutual funds and auction rate securities, as described in Note 4. These investments are classified as available-for-sale and therefore are measured and carried at fair value, as measured on a recurring basis. The Company has no trading securities or held-to-maturity securities. Unrealized holding gains and losses are reported as other comprehensive income, net of any deferred tax effect. Interest income on debt securities is recognized in income as earned. Any premium or discount associated with debt securities is amortized to income by the interest method. Dividend income on marketable equity securities is recognized in income when dividends are declared. Gains and losses on securities classified as available-for-sale are recognized in income when they are realized.

Receivables: Receivables consist of advances made to an affiliate in excess of borrowings from the affiliate for construction costs, receivables due from lessees related to rent abatements and stepped lease terms and other miscellaneous receivables. Management reviews receivables to determine whether an allowance is indicated for doubtful collectability, and has determined that no provision for doubtful accounts was necessary for the years ended December 31, 2011 and 2010.

Fair value of financial instruments: The estimated fair values of the Company's short-term financial instruments, including cash, accounts receivables and accounts payable arising in the ordinary course of business, approximate their individual carrying amounts due to the relatively short period of time between their origination and expected realization. The basis of the fair values of various investments in available-for-sale marketable equity and debt securities are described in Note 13. Rates currently available to the Company for mortgage notes payable with similar terms and remaining maturities are used to estimate fair value of existing debt, as described in Note 11.

Impairment of long-lived assets: Management reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment is recognized as the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or the fair value less costs to sell. The Company has described significant uncertainty related to the fair value of certain property held for future development in Note 17; although management determined that no impairment charge was required for the years ended December 31, 2011 and 2010.

Note 2. Significant Accounting Policies (Continued)

Lot and villa inventory: Lot and villa inventory consist of construction costs, improved lot costs and other costs including capitalized interest and property taxes on villas under construction. Improved lot costs include the Company's land acquisition costs, infrastructure costs, and other capitalized costs attributable to the project. Improved lot costs that are not specifically identified to a specific lot or villa are accumulated by project and allocated to individual lots or villas based on the relative sales value of the lots and villas in the project (see Note 7). Lot and villa inventory is stated at the lower of accumulated cost or estimated fair value less costs to sell.

Property and equipment: Property and equipment are stated at cost less accumulated depreciation. Depreciation is computed by the straight-line method over the estimated useful lives of the respective assets.

Construction in progress for leasing operations, which consists of direct costs of construction plus allocable overhead costs, including construction period interest and development fees, are accumulated by facility projects during the construction period. These assets are then depreciated, beginning with the date the facility is placed in operation, using the method and lives of appropriate asset categories.

Construction in progress for villa developments, which consists of direct costs of construction plus allocable overhead costs, including construction period interest and development fees, are accumulated by villa during construction and charged to earnings upon sale of the applicable villa. Lot costs are accumulated by lot using specific identification, where practicable, and the relative sales value method for shared costs. The accumulated costs per lot are charged to earnings upon sale of the respective lot.

Property held for future development: Property held for future development includes the cost of land and permanent land development costs, including clearing, initial leveling, terracing and other earthen construction plus certain capitalizable costs incurred during the earthen construction period, including construction period interest and real estate taxes. This property is held for long-term investment purposes and therefore classified separately from leasing-operation property and villa development inventory. Property held for future development is carried at historical cost.

Loan financing costs: Loan financing costs have been deferred and are being amortized by the effective interest method over the duration of the related loans.

Operating leases, leasing revenue, costs and related property and equipment: All leases meet the criteria for classification as operating leases. Leasing revenue is recognized when the lease payments are earned. For leases with step-lease terms (periodic incremental increases in the required lease payment), the Company recognizes the leasing revenue straight-line over the term of the lease. Expenses of the leased property and equipment, which include depreciation, interest and other direct lease costs, are recognized when incurred.

Lot and villa sales: Lot and villa sales are recognized by the full accrual method. Purchasers execute a sales contract and make a deposit to be applied to the purchase price at closing; however, the effective date of the sale is when a real estate closing on the property occurs. Any cash received prior to closing is considered a deposit. The Company does not finance the purchase and has no significant continuing involvement in the property.

Gain on sale of discontinued leasing operations: Gain on sale of leasing operations is recognized in full, provided (a) the income is determinable, that is, the collectability of the sales price is reasonably assured or the amount that will not be collectible can be estimated, and (b) the earnings process is virtually complete, that is, the Company is not obliged to perform significant activities after the sale to earn the income. Unless both conditions exist, recognition of all or part of the income is postponed.

Note 2. Significant Accounting Policies (Continued)

Income tax matters: Income or loss from the limited liability companies is allocated among its members pursuant to operating agreements and is reported by the members on the members' income tax returns. Accordingly, no provision of liability for income taxes for the limited liability companies has been reflected in the accompanying financial statements, except for the 1.5% Illinois replacement tax, which is based on certain taxable income.

Management has evaluated the Company's tax positions and concluded that the Company had taken no uncertain tax positions that required adjustment to the financial statements for the years ended December 31, 2011 and 2010. With few exceptions, the Company is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years ending December 31, 2007 and before.

Deferred state replacement tax: Deferred state replacement tax is provided on a liability method whereby deferred tax assets are recognized for deductible temporary differences and deferred tax liabilities are recognized for taxable temporary differences. Temporary differences are the differences between the reported amounts of assets and liabilities and their tax bases. Deferred tax assets are reduced by a valuation allowance when, in the opinion of management, it is more likely than not that some portion or all of the deferred tax assets will not be realized. Deferred tax assets and liabilities are adjusted for the effects of changes in tax laws and rates on the date of enactment.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Pending accounting pronouncements: In May 2011, the FASB issued updated accounting guidance related to fair value measurements and disclosures that result in common fair value measurements and disclosures between U.S. GAAP and International Financial Reporting Standards (FASB Accounting Standards Update (ASU) 2011-04). This guidance includes amendments that clarify the application of existing fair value measurement requirements, in addition to other amendments that change principles or requirements for measuring fair value and for disclosing information about fair value measurements. This guidance is effective for annual periods beginning after December 15, 2011. The Company is currently evaluating the impact of adoption on its consolidated financial statements.

In June 2011, the FASB issued new accounting guidance related to the presentation of comprehensive income that eliminates the option to present components of other comprehensive income as part of the statement of changes in stockholders' equity (ASU 2011-05). The amendments require that all non-owner changes in stockholders' equity be presented either in a single continuous statement of comprehensive income or in two separate but consecutive statements. The amendments do not change the items that must be reported in other comprehensive income or when an item of other comprehensive income must be reclassified to net income. This guidance is effective for the fiscal year ending December 31, 2012. The Company is currently evaluating which presentation option it will utilize for comprehensive income in its consolidated financial statements.

Note 3. Concentrations of Credit Risk

Financial instruments which potentially subject the Company and its subsidiaries to concentrations of credit risk consist principally of cash deposited in financial institutions in excess of the federally insured maximum. The Company and its subsidiaries have not experienced any losses in such accounts and management believes they are not exposed to any significant credit risk on cash in bank deposit accounts.

Note 4. Investments

A summary schedule of available-for-sale investments with cost and market value as of December 31 follows:

	2011		2010	
Described by Investment Type	Cost	Fair Value	Cost	Fair Value
Open-end mutual funds	$ 7,257,398	$ 7,203,018	$ 7,097,967	$ 6,959,434
Exchange-traded fund (ETF)	511,214	515,445	1,999,917	1,953,956
Auction-rate debt security	475,000	421,637	475,000	330,600
	$ 8,243,612	$ 8,140,100	$ 9,572,884	$ 9,243,990

The Company measures the fair value of investments on a recurring basis as described in Note 13.

Open-end mutual funds consist primarily of two funds one which invests primarily in municipal securities rated A or better by national rating agencies and another which invests primarily in U.S. government securities with average lives of three years or less. The exchange-traded fund invests primarily in municipal securities. The auction-rate debt security represents a municipal bond.

The following table shows the gross unrealized losses and fair value of the Company's available-for-sale investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment type and length of time that individual securities have been in a continuous unrealized loss position, as of December 31, 2011:

Amounts in thousands (000)

	Less Than 12 Months		12 Months or Greater		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Open-end mutual funds	$ -	$ -	$ 4,021	$ 78	$ 4,021	$ 78
Auction-rate debt security	-	-	422	53	422	53
	$ -	$ -	$ 4,443	$ 131	$ 4,443	$ 131

Open-end mutual funds: The unrealized losses on the Company's mutual funds invested primarily in municipal and U.S. government securities were caused by interest rate increases. Since these investments are guaranteed by a municipality or an agency of the U.S. government, it is expected that the securities would not be settled at a price less than the amortized cost. Because the decline in market value is attributable to changes in interest rates and not credit quality and because the Company does not intend to sell these investments before recovery of their cost bases, the Company does not consider these investments to be other-than-temporarily impaired as of December 31, 2011.

Auction rate debt security: The unrealized loss on the Company's investment in a municipal bond was caused by interest rate increases. Since this investment is guaranteed by a municipal power agency, it is expected that the security would not be settled at a price less than the amortized cost of the Company's investment. Because the decline in market value is attributable to changes in interest rates and not credit quality and because the Company does not intend to sell this investment before recovery of their cost basis, which may be maturity, the Company does not consider this investment to be other-than-temporarily impaired as of December 31, 2011.

Note 5. Facility Leasing Arrangements and Major Tenants

The Company leases facilities to nonaffiliates which are unrelated not-for-profit entities. These leases require the lessee to pay real property taxes, insurance and maintenance. Certain lease agreements allow the lessee to extend the lease terms for additional five-year periods. The lease payments required to be made by Residential Alternatives of Illinois, Inc., Desert Health Care Facilities, Inc. and Florida Living Options, Inc. are guaranteed by either Frances House, Inc. or Community Living Options, Inc., unrelated nonprofit organizations. Leased facilities and terms of the lease agreements are as follows:

Lessee and Facility Name	Location	Monthly Lease Payment	Inception Date	Expiration Date
Desert Health Care Facilities, Inc.:				
Highland Manor of Fallon	Fallon, NV	$ 77,958	03/01/05	02/28/15
Highland Inn and Estates of Fallon	Fallon, NV	64,175	06/01/10	05/31/20
Highland Estates of Elko	Fallon, NV	56,000	08/01/11	07/31/21
Residential Alternatives of Illinois, Inc.:				
Hawthorne Inn of Freeport	Freeport, IL	28,733	07/01/02	06/30/16
Liberty Estates of Streator	Streator, IL	45,419	03/01/02	02/28/16
Residential Alternatives of Iowa:				
Windmill Manor	Coralville, IA	73,000	05/01/04	04/30/19
Florida Living Options, Inc.:				
Hawthorne Inn of Lakeland (Note 16)	Lakeland, FL	49,800	12/01/11	11/30/16
Unlimited Development, Inc. (UDI # 5):				
Liberty Estates of Carbondale	Carbondale, IL	36,000	01/01/07	12/31/16
		$ 431,085		

The following is a schedule by years of minimum future rentals as of December 31, 2011 to be received on the noncancelable operating leases:

Year Ending December 31	Amount
2012	$ 5,173,020
2013	5,281,380
2014	5,281,380
2015	4,501,800
2016	3,669,496
Thereafter	8,008,015
	$ 31,915,091

Note 5. Facility Leasing Arrangements and Major Tenants (Continued)

Certain lessees or lease groups meet the definition of a major customer in that revenues earned from them exceed 10% of total leasing revenue. During the years ended December 31, 2011 and 2010, the Company had four major lessees from which the earned leasing revenue was as follows:

	Leasing Revenue Year Ended December 31,		Percent of Total Leasing Revenue Year Ended December 31,	
Lessee	2011	2010	2011	2010
Desert Health Care Facilities, Inc.	$ 3,168,277	$ 2,431,169	54%	48%
Residential Alternatives of Illinois, Inc.	863,116	807,774	15	16
Residential Alternatives of Iowa	862,824	862,824	15	17
Florida Living Options, Inc.	540,000	540,000	9	11
Other lessees	468,739	457,080	7	8
	5,902,956	5,098,847	100%	100%
Less amount included in discontinued operations (Note 15)	1,218,681	1,099,364		
	$ 4,684,275	$ 3,999,483		

Note 6. Leasing Operations Property and Equipment

The carrying value, by asset classification, of the property and equipment leased to others, as described in Note 5 above, includes the following:

	2011	2010
Land and land improvements	$ 9,532,973	$ 10,172,314
Buildings	37,062,108	37,510,561
Furniture and equipment	7,961,516	8,544,765
Construction in progress	16,542,976	9,091,146
	71,099,573	65,318,786
Less accumulated depreciation	11,935,368	12,737,444
	$ 59,164,205	$ 52,581,342

ATTACHMENT-39

Note 6. Leasing Operations Property and Equipment (Continued)

The Company contracts with RFMS, Inc., an affiliated corporation, to construct new facilities. Upon completion of these projects, the Company intends to lease the facilities to other organizations for operation. The following is a summary of construction in progress as of December 31, 2011:

Project Location and Description	Costs Incurred Through December 31, 2011	Approximate Total Project Cost	Projected Completion Date
Ocala, FL; independent living facility	$ 8,103,130	$ 10,750,000	June 2012
Sarasota, FL; skilled nursing facility	8,439,846	13,500,000	September 2012
	$ 16,542,976	$ 24,250,000	

Note 7. Lot and Villa Inventory

Lot and villa inventory includes land, land improvements and construction in progress on villas. Lot development properties are available for sale to others for commercial purposes and include three commercial lots located in Freeport and Peoria, Illinois and Coralville, Iowa. Villas are constructed and then available for sale to individuals. A project's construction in progress may include completed and uncompleted units. The following is a summary of projects included in villa development construction in progress as of December 31, 2011:

Project Location	Costs Incurred Through December 31, 2011	Number of Units Completed and/or Under Construction	Total Projected Number of Units Remaining To Be Sold	Estimated Cost to Complete Units Under Construction
Land and land improvements:				
Carbondale, IL **	$ 298,750		46	
Freeport, IL	384,720		38	
Peoria, IL **	241,758		6	
Streator, IL	131,331		7	
	1,056,559		97	
Construction in progress and completed villas:				
Freeport, IL	236,717	2		$ -
Streator, IL	278,345	2		-
	515,062	4		$ -
Total villa inventory	$ 1,571,621			

** These projects do not have any construction in progress or completed villas in inventory as of December 31, 2011.

Note 7. Lot and Villa Inventory (Continued)

The following schedule reflects the balances of lot and villa inventory as of December 31, 2011 and 2010:

	2011	2010
Villa land and land improvements	$ 1,056,559	$ 1,089,471
Villa construction in progress and completed villas	515,062	787,467
Total villa inventory	1,571,621	1,876,938
Commercial lots	871,329	871,329
Total lot and villa inventory	$ 2,442,950	$ 2,748,267

Note 8. Property Held for Future Development

Property held for future development includes the cost of land and various preconstruction costs such as site work, infrastructure and other capitalizable costs. The land included in property held for future development is located in various locations in Illinois, Iowa and Nevada. As of December 31, 2011 and 2010, property held for future development included the following:

Location	2011	2010
Utica, IL (Note 17)	$ 4,591,565	$ 4,591,565
Coralville, IA (Note 17)	1,065,427	1,065,427
Freeport, IL	119,352	119,352
Elko, NV	63,597	63,597
Carbondale, IL	29,420	29,420
	$ 5,869,361	$ 5,869,361

Note 9. Affiliate Construction Advances and Other Transactions with Related Parties

RFMS, Inc., an affiliated corporation through common ownership interests, performs as a general contractor for the construction of facilities owned by the Company and its subsidiaries and also provides administrative services to many of the Company's lessees, including Unlimited Development, Inc., Residential Alternatives of Illinois, Inc., Residential Alternatives of Iowa, Desert Health Care Facilities, Inc. and Florida Living Options, Inc. M&P Investors, Inc. is an affiliate because it is owned by an individual that is also a member of Edwin Enterprises, LLC.

Amounts due to RFMS, Inc. for the construction and financing of facilities are unsecured advances that are due on demand. Interest charged by RFMS, Inc. on these balances is variable and is based on RFMS, Inc.'s management's estimate of current market borrowing rates. The interest rate applied on balances outstanding during the year ended December 31, 2011 was 2.0%. From time to time, advances are made to RFMS, Inc. from the Company that may exceed the outstanding balances of advances received from RFMS, Inc. When advances to RFMS, Inc. exceed advances from RFMS, Inc., the Company receives a credit against interest charged to the Company. RFMS, Inc. calculates the monthly interest expense or credit on the net balance outstanding as of the end of each month.

Note 9. Affiliate Construction Advances and Other Transactions with Related Parties (Continued)

The balance of the affiliate advance receivable was as follows as of December 31, 2011 and 2010:

Affiliate Borrower; Receivable Type	Lender	2011	2010
Advance receivable due from RFMS, Inc.	Edwin	$ 14,460,072	$ 9,610,806
Plus retainage payable included in the RFMS construction advance		-	259,891
		$ 14,460,072	$ 9,870,697

The balances of the affiliate construction advances payable were as follows as of December 31, 2011 and 2010:

Affiliate Lender; Obligation Type	Borrower	2011	2010
Construction advances payable to RFMS, Inc.	Sarasota	$ 7,923,133	$ 1,247,904
Construction advances payable to RFMS, Inc.	Ocala	7,876,995	655,021
Construction advances payable to RFMS, Inc.	Fallon	-	8,789,189
Construction advances payable to RFMS, Inc.	Greenville	-	18,177
		15,800,128	10,710,291
Less retainage payable included in the RFMS construction advances		604,031	61,967
		$ 15,196,097	$ 10,648,324

The Company had the following transactions with the aforementioned affiliates for the years ended December 31, 2011 and 2010:

Transaction Description	2011	2010
RFMS, Inc.:		
Interest cost incurred	$ 81,226	$ 20,224
Facility development fees incurred	34,000	47,715
M&P Investors, Inc.:		
Outside services expense for property and building supervision	50,000	20,000

Note 10. Membership Interest Purchase Agreement

The Company has entered into an agreement with its members under which it has the primary option to purchase the Company's membership interest owned by any members, who own less than 20% of the then issued and outstanding voting rights of the Company, upon their death or the termination of their contractual relationship with any entity doing business with the Company. The Company also has the primary option to purchase the Company's membership interest owned by the members upon the voluntary or involuntary transfer of membership interest by a member. The purchase price of the membership interest is an amount equal to their fair value on the valuation date as specified by the agreement.

Note 11. Notes Payable and Pledged Assets

Notes payable and pledged assets consisted of the following as of December 31, 2011 and 2010:

Borrower and Description of Debt	2011	2010
Edwin Enterprises, LLC		
Farmers and Mechanics Bank, interest at 5.85%, due in monthly installments of $32,740 including interest, remaining balance due April 2013, collateralized by a real estate mortgage on a skilled nursing facility in Coralville, Iowa, an assignment of leasing revenue plus the personal guarantee of the Company's majority member	$ 3,451,463	$ 3,637,789
JPMorgan Chase Bank	-	2,442,546
Midland States Bank, variable interest at 2.00% above the monthly USD-LIBOR-BBA index rate (2.295% as of December 31, 2011) due in monthly installments of $17,113, including interest, remaining balance due March 2013, collateralized by a real estate mortgage on a retirement/assisted living center in Steator, Illinois, an assignment of rent plus the personal guarantee of the Company's majority member	2,020,401	2,182,740
Hawthorne Inn of Lakeland, LLC		
First Mid-Illinois Bank & Trust, variable interest at 3-month USD-LIBOR-BBA rate plus 2.50% (3.081% as of December 31, 2011, with minimum interest of 5.00%), monthly installments of $22,131 including interest, remaining balance due June 2014, collateralized by a real estate mortgage on an assisted living center in Lakeland, Florida, an assignment of leasing revenue plus the personal guarantee of the Company's majority member	2,455,100	2,592,407
The Highlands of Fallon, LLC		
Morton Community Bank, interest at 6.125%, due in monthly installments of $82,808, including interest, remaining balance due August 2013, collateralized by real estate mortgages on a skilled nursing facility, an assisted living facility and an independent living facility in Fallon, Nevada, an assignment of rent plus the personal guarantee of the Company's majority member	10,963,782	11,266,438
	$ 18,890,746	$ 22,121,920

The mortgage notes payable are collateralized by assets with a carrying value of approximately $23,872,000. The approximate amount of collateral is secured by depreciated cost of land, buildings and their appurtenances.

In connection with certain bank notes, the Company and its subsidiaries have agreed to certain restrictive covenants, including but not limited to: (1) borrower's debt coverage ratio; (2) borrower's tangible net worth; (3) borrower's debt to net worth ratio; and (4) limitations of distributions to members.

Note 11. Notes Payable and Pledged Assets (Continued)

Scheduled maturities of mortgage notes payable as of December 31, 2011 are as follows:

Year Ending December 31	Amount
2012	$ 821,866
2013	15,914,033
2014	2,154,847
	$ 18,890,746

Based on the borrowing rates currently available to the Company for bank loans with similar terms and average maturities, the fair value of mortgage notes payable is approximately $19,079,000 and $23,270,000 as of December 31, 2011 and 2010, respectively.

The Company also has an unsecured line of credit with First Mid-Illinois Bank & Trust in the amount of $100,000. The line of credit has a variable interest at the lender's prime rate (3.25% as of December 31. 2011), with an established floor of 5.00%. The Company did not have an outstanding balance on this line of credit as of December 31, 2011 or 2010. The line of credit was renewed in April 2012 and next expires in April 2013.

The total interest cost incurred from mortgage notes payable and affiliate construction advances during the years ended December 31, 2011 and 2010, was $1,198,741 and $766,367, respectively, of which $688,216 and $492,382, respectively, was capitalized as part of the cost of construction of the following projects:

	2011	2010
Sarasota Senior Living Facility	$ 312,470	$ 167,146
Ocala Independent Living Facility	168,186	44,972
Elko Independent Living Facility	207,560	99,179
Elko Assisted Living Facility	-	50,516
Fallon Assisted Living/Independent Living Facility	-	130,569
	$ 688,216	$ 492,382

Note 12. Contingencies and Uncertainties

The Company is involved as a defendant in litigation arising in the ordinary course of business. After consultation with legal counsel, management estimates that these claims will be resolved without material adverse effect on the Company's financial condition.

The nature of the Company's business, real estate lessor and developer, puts the Company at risk for asset retirement obligations, although no specific issues have been identified with any property held by the Company. Management does not believe there is any significant asset retirement obligation associated with any property currently held as of December 31, 2011.

Note 13. Fair Value of Financial Instruments

The estimated carrying and fair values of the Company's financial instruments are as follows:

Amounts in thousands (000)

	December 31, 2011		December 31, 2010	
	Carrying Value	Estimated Fair Value	Carrying Value	Estimated Fair Value
Financial assets:				
Cash	$ 4,800	$ 4,800	$ 3,250	$ 3,250
Receivables	306	306	277	277
Investment in available-for-sale securities	8,140	8,140	9,244	9,244
Financial liabilities:				
Mortgage notes payable	$ 18,891	$ 19,079	$ 22,122	$ 23,270
Construction advance payables	15,236	15,236	10,648	10,648
Accounts payable	70	70	57	57

The FASB's authoritative guidance on fair value measurements establishes a framework for measuring fair value, and expands disclosure about fair value measurements. This guidance enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. Under this guidance, assets and liabilities carried at fair value must be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

In determining the appropriate levels, the Company performs a detailed analysis of the assets and liabilities that are measured and reported on a fair value basis. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

The following is a description of the valuation methodologies used for certain instruments measured at fair value:

Investments: Where quoted prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include highly liquid exchange-traded funds and open-end mutual funds. The Company's investment in an auction-rate debt security is classified in the valuation hierarchy as a Level 3 investment.

The fair value of the mortgage notes payable are based on the borrowing rates currently available to the Company for bank loans with similar terms and average maturities as described in Note 11.

The other financial instruments noted above whose carrying values approximate their fair values are described in the significant accounting policies for fair value of financial instruments in Note 1.

Note 13. Fair Value of Financial Instruments (Continued)

The assets measured at fair value on a recurring basis as of December 31, 2011 and 2010 are summarized as follows:

Amounts in thousands (000)

	December 31, 2011			
	Total	Level 1	Level 2	Level 3
Investments:				
ETF securities	$ 515	$ 515	$ -	$ -
Open-end mutual funds	7,203	7,203	-	-
Auction-rate debt security	422	-	-	422
	$ 8,140	$ 7,718	$ -	$ 422

	December 31, 2010			
	Total	Level 1	Level 2	Level 3
Investments:				
ETF securities	$ 1,954	$ 1,954	$ -	$ -
Open-end mutual funds	6,959	6,959	-	-
Auction-rate debt security	331	-	331	-
	$ 9,244	$ 8,913	$ 331	$ -

During the year ended December 31, 2011, the Company did not make any transfers between Level 1 and Level 2 assets; however, the auction-rate debt security valued at approximately $330,600 and classified as Level 2 for the year ended December 31, 2010 was transferred to Level 3 for the year ended December 31, 2011 because the lack of trading activity did not allow the value to be corroborated by market data. The following table presents a reconciliation of the Level 3 asset measured at fair value on a recurring basis using significant unobservable inputs (Level 3 assets):

	Auction Rate Securities
Balance, January 1, 2011	$ -
Transfers into Level 3	330,600
Total net gains included in:	
Other comprehensive income	91,037
Balance, December 31, 2011	$ 421,637
Net unrealized gains included in other comprehensive income for the year relating to assets held at December 31, 2011	$ 91,037

Note 14. Subsequent Distributions to Members

In January and April 2012, the Company made distributions to its members in the aggregate amount of $2,800,000 to assist the members in paying personal income taxes on the income of the Company. No provision has been made in the financial statements for distributions made subsequent to the balance sheet date.

ATTACHMENT - 39

Note 15. Discontinued Operations

The Company's discontinued operations for 2011 and 2010 represent the results of the operation and sale of Highland Manor of Elko. In accordance with ASC 205-20, "*Discontinued Operations*", these facilities have been reflected as discontinued operations for all periods presented. The following is a summary of the financial information related to the discontinued operations for the years ending December 31, 2011 and 2010:

	2011	2010
Revenues and (Expenses)		
Leasing revenue	$ 1,218,681	$ 1,099,364
Operating expense, leasing operations (depreciation)	(295,623)	(351,457)
Interest expense	(41,625)	(53,069)
State replacement tax on discontinued operations	(1,008)	(3,708)
Income from operations of discontinued operations	$ 880,425	$ 691,130
Revenue from sale of facilities	$ 17,000,000	$ -
Cost of facilities sold	(9,082,504)	-
Gain on sale of discontinued operations before tax	7,917,496	-
State replacement tax	(9,055)	-
Gain on sale of discontinued operations net of tax	$ 7,908,441	$ -

Note 16. Commitment to Sell

During January 2011, the Company executed a sale agreement with an unrelated party to sell the facility known as Hawthorne Inn of Lakeland, for the price of $7,900,000. As of the date of this report, management is not certain of the expected date of closing on this pending sale, as the purchaser is currently seeking financing through a HUD-insured loan that requires a considerable amount of time to process. The following is a summary of financial information related to this pending sale as of or for the years ended December 31, 2011 and 2010:

	2011	2010
Balance Sheet:		
Assets:		
Property and equipment, leasing operations, net	$ 2,718,214	$ 2,805,360
Liabilities:		
Mortgage notes payable	$ 2,455,100	$ 2,592,407
Income Statement:		
Revenues and (expenses):		
Leasing revenue	$ 540,000	$ 540,000
Operating expenses, leasing operations (primarily depreciation)	(87,285)	(127,608)
Interest expense	(127,669)	(134,474)
Income before state replacement tax	$ 325,046	$ 277,918

ATTACHMENT-39

Note 17. Uncertainty Related to the Fair Value of Certain Property Held for Future Development

Real property is subject to impairment evaluation under ASC 360-10 whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Certain impairment indicators were noted for specific real property held for future development by the Company that was purchased near the height of the real estate boom in 2005 and 2006 and prior to the significant decreases in real estate market prices and transaction activity throughout the United States that have occurred since then. The carrying value of the undeveloped property held for future development by the Company that has impairment uncertainty is as follows:

Location	2011	2010
Coralville, IA	$ 1,065,427	$ 1,065,427
Utica, IL	4,591,565	4,591,565
	$ 5,656,992	$ 5,656,992

Other properties held for future development and currently being developed by the Company, as described in Notes 7 and 8, were purchased before the large rises in the cost of real estate and are not located within metropolitan areas that experienced significant increases (and later decreases) in market value during the real estate boom that ended in 2007.

Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date; however, due to the lack of available information in the market place related to comparable sales activity or any sales activity at all, management has not been able to reasonably estimate the fair value of the property in Coralville, Iowa or Utica, Illinois. Management believes property held for future development in these locations has not suffered a permanent decline in value below its carrying cost.

Management has noted the following considerations:

- The Company has the intent and ability to hold the property held for future development until the housing market improves.
- The Company has no plans to discontinue this segment of the Company.
- The property in question is not specifically identified as collateral for any mortgage.

Management continues to reflect the current carrying value of the real property located in Coralville, Iowa and Utica, Illinois in the financial statements and no impairment loss has been recognized on this property as of December 31, 2011.

Note 18. Subsequent events

Management has evaluated subsequent events through May 7, 2012 the date on which the financial statements were available to be issued, in preparing the consolidated financial statements and the notes thereto for the year ended December 31, 2011.

ATTACHMENT-39

Community Living Options, Inc. and Subsidiaries

Consolidated Financial Report
September 30, 2011

ATTACHMENT-39

Contents

Independent Auditor's Report on the Consolidated Financial Statements	1
Financial Statements	
Consolidated Balance Sheets	2 – 3
Consolidated Statements of Operations	4
Consolidated Statements of Cash Flows	5 – 6
Notes to Consolidated Financial Statements	7 – 25
Independent Auditor's Report on the Supplementary Information	26
Supplementary Information	
Consolidating Balance Sheet	27 – 30
Consolidating Statement of Operations	31 – 32

McGladrey

Independent Auditor's Report

To the Board of Directors
Community Living Options, Inc.
Galesburg, Illinois

We have audited the accompanying consolidated balance sheets of Community Living Options, Inc. and subsidiaries as of September 30, 2011 and 2010, and the related consolidated statements of operations and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Community Living Options, Inc. and subsidiaries as of September 30, 2011 and 2010, the results of its operations and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey & Pullen, LLP

Galesburg, Illinois
February 27, 2012

ATTACHMENT-39

Member of the RSM International network of independent accounting, tax and consulting firms.

Community Living Options, Inc. and Subsidiaries

Consolidated Balance Sheets
September 30, 2011 and 2010

ASSETS	2011	2010
Current Assets		
Cash and cash equivalents	**$ 18,079,017**	$ 11,341,339
Fiduciary trust accounts	**140,367**	130,013
Receivables:		
Resident accounts, less allowance for doubtful accounts, 2011 $993,000; 2010 $1,081,000	**14,776,781**	14,929,648
Due from third-party payor	**385,899**	-
Other	**473,229**	691,272
Current portion of long-term note receivable	**196,761**	196,761
Mortgage escrow deposits	**575,657**	577,098
Prepaid expenses	**992,673**	737,269
Total current assets	**35,620,384**	28,603,400
Long-Term Investments		
Marketable securities	**20,296,824**	10,674,557
Other	**20,000**	20,000
	20,316,824	10,694,557
Property and Equipment		
Land	**5,073,431**	4,818,431
Land improvements	**1,562,140**	1,602,140
Buildings and improvements	**123,198,883**	122,822,352
Equipment, furniture and fixtures	**9,470,999**	9,580,951
Vehicles	**1,914,008**	1,934,403
Construction in progress	**722,025**	825,167
	141,941,486	141,583,444
Less accumulated depreciation	**33,001,877**	28,996,029
	108,939,609	112,587,415
Long-Term Receivables and Other Assets		
Standby loan agreement receivables	**6,323,576**	6,323,576
Notes receivable, less current portion	**170,000**	3,140,000
Deposits restricted for replacement reserves	**2,226,982**	1,913,803
Deferred financing costs	**2,219,820**	1,385,451
	10,940,378	12,762,830
Total assets	**$ 175,817,195**	$ 164,648,202

See Notes to Consolidated Financial Statements.

ATTACHMENT-39

LIABILITIES AND NET ASSETS	2011	2010
Current Liabilities		
Current maturities of long-term debt	$ 1,444,031	$ 1,383,719
Accounts payable	2,694,153	2,374,244
Amounts refundable on resident accounts	455,000	369,000
Due to third-party payors	772,000	757,000
Accrued expenses	4,418,691	5,392,290
Construction payable	624,000	307,509
Due to residents, trust accounts	140,367	130,013
Deferred revenue	585,575	433,136
Total current liabilities	11,133,817	11,146,911
CCRC Entrance Fees Refundable to Residents	1,788,174	1,861,680
Long-Term Debt, net of current maturities	65,701,349	66,092,157
Long-Term Deferred Revenue	28,060	15,341
Resident Security Deposits	839,840	892,567
Total liabilities	79,491,240	80,008,656
Commitments and Contingencies (Notes 3, 8, 9, 10, 12, 16 and 20)		
Net Assets, unrestricted	96,325,955	84,639,546
Total liabilities and net assets	$ 175,817,195	$ 164,648,202

ATTACHMENT-39

Community Living Options, Inc. and Subsidiaries

Consolidated Statements of Operations
September 30, 2011 and 2010

	2011	2010
Operating Revenue:		
Net resident services	**$ 102,494,772**	$ 93,584,792
Leasing	**254,280**	379,784
Other	**1,223,208**	600,633
Total operating revenue	**103,972,260**	94,565,209
Operating Expenses:		
Nursing services	**34,314,287**	32,104,127
General and administrative	**13,977,772**	15,164,575
Dietary	**11,581,042**	11,217,467
Operations and maintenance	**9,283,600**	8,800,679
Program support	**8,300,645**	8,109,053
Provider participation fees	**1,934,361**	1,909,384
Housekeeping	**3,270,246**	3,086,244
Depreciation	**5,164,815**	4,829,134
Interest	**3,766,845**	4,415,454
Laundry	**1,036,020**	923,252
Special services	**142,737**	140,394
Loan cost amortization	**97,695**	101,460
Total operating expenses	**92,870,065**	90,801,223
Operating income	**11,102,195**	3,763,986
Nonoperating Income (Expense):		
Investment income	**937,964**	654,913
Contributions made	**(37,792)**	(18,946)
Contributions received	**39,212**	37,038
	939,384	673,005
Excess of revenue over expenses	**12,041,579**	4,436,991
Unrealized Gains (Losses) on Investments	**(355,170)**	731,093
Increase in unrestricted net assets	**11,686,409**	5,168,084
Net Assets, unrestricted:		
Beginning	**84,639,546**	79,471,462
Ending	**$ 96,325,955**	$ 84,639,546

See Notes to Consolidated Financial Statements.

ATTACHMENT-39

Community Living Options, Inc. and Subsidiaries

Consolidated Statements of Cash Flows
September 30, 2011 and 2010

	2011	2010
Cash Flows from Operating Activities		
Increase in unrestricted net assets	**$ 11,686,409**	$ 5,168,084
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized (gains) losses on investments	**355,170**	(731,093)
Net realized losses on investments	**710**	345,046
Reinvested dividends	**(256,979)**	(292,621)
Amortization of bond premiums	**34,473**	-
Non-cash revenue through spenddown of refundable entrance fees	**(65,006)**	(21,236)
(Gain) loss on sale of property and equipment	**(681,191)**	(2,987)
Depreciation	**5,164,815**	4,829,134
Loan cost amortization	**97,695**	101,460
Provision for (recovery of) doubtful accounts	**(647,253)**	796,873
Change in working capital components:		
(Increase) decrease in:		
Receivables	**632,264**	3,357,398
Mortgage escrow deposits	**1,441**	(111,650)
Prepaid expenses	**(255,404)**	(269,409)
Increase (decrease) in:		
Accounts payable	**319,909**	638,189
Amounts refundable on resident accounts	**86,000**	23,000
Due to third-party payors	**15,000**	21,000
Accrued expenses	**(973,599)**	(443,808)
Deferred revenue	**165,158**	2,845
Net cash provided by operating activities	**15,679,612**	13,410,225
Cash Flows from Investing Activities		
Purchase of marketable securities	**(10,195,806)**	(9,519,991)
Proceeds from sale and maturity of marketable securities	**440,165**	7,685,258
Purchase of property and equipment, including cost of construction	**(1,835,818)**	(11,235,925)
Proceeds from sale of property and equipment	**1,000,000**	2,987
Disbursements on short-term advance	**(500,000)**	(250,000)
Collections on short-term advance	**500,000**	250,000
Disbursements on standby loan agreements	**-**	(990,000)
Collections on notes receivable	**2,970,000**	137,900
Deposits made to the replacement reserve account	**(313,179)**	(232,431)
Net cash (used in) investing activities	**(7,934,638)**	(14,152,202)

(Continued)

ATTACHMENT-39

Community Living Options, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (Continued)
September 30, 2011 and 2010

	2011	2010
Cash Flows from Financing Activities		
Net proceeds (disbursements) for construction payable	$ 316,491	$ (1,145,025)
Proceeds for CCRC entrance fees refundable to residents	148,760	127,500
Disbursement of CCRC entrance fees refundable to residents	(157,250)	(127,500)
Payment of debt financing costs	(932,064)	(61,669)
Proceeds on long-term debt	1,015,807	-
Principal payments on long-term debt	(1,346,303)	(1,248,291)
(Decrease) in resident security deposits	(52,727)	(2,955)
Net cash (used in) financing activities	(1,007,296)	(2,457,940)
Net increase (decrease) in cash and cash equivalents	6,737,678	(3,199,917)
Cash and cash equivalents:		
Beginning	11,341,339	14,541,256
Ending	$ 18,079,017	$ 11,341,339
Supplemental Disclosures of Cash Flow Information		
Cash payments for interest	$ 4,335,796	$ 4,495,520
Supplement Schedule of Noncash Investing and Financing Activities		
Transfer of Hawthorne Inn of Princeton, LLC		
Transfer of property and equipment	$ -	$ (7,887,042)
Transfer of long term debt	-	5,119,142
Note receivable	-	2,767,900
	$ -	$ -
CCRC entrance fees obligation assumed in exchange for prepaid rent	$ -	$ 1,882,915
Interest income waived and recognized as contribution expense	$ 13,292	$ 18,846

See Notes to Consolidated Financial Statements.

ATTACHMENT-39

Note 1. Nature of Activities

Community Living Options, Inc. (CLO) is an Illinois not-for-profit organization that individually and through its sole-member subsidiaries owns and operates a variety of long-term health care facilities that provide residential and healthcare services to both a geriatric and developmentally disabled population. CLO and its sole-member subsidiaries comprise a consolidated reporting group, hereafter referred to as the "Organization". The Organization organizes its operations under two divisions: the developmentally disabled operations and the geriatric operations.

Developmentally Disabled Operations:
The Organization's developmentally disabled operations consist of thirty-four 16-bed homes that are classified as intermediate care facilities for the developmentally disabled and are located throughout the state of Illinois. Substantially all of the residential-care services provided are paid by a third-party agency, primarily the Illinois Department of Healthcare and Family Services as part of the Medicaid program.

Geriatric Operations:
CLO is the sole corporate member of Unlimited Development, Inc. (UDI), an Illinois not-for-profit organization that is the sole member of multiple Illinois and Iowa not-for-profit limited liability companies. These subsidiaries operate skilled nursing facilities that participate in the Medicare and Medicaid programs, as well as, assisted living facilities and independent living facilities for the elderly located in Illinois and Iowa. The names of the facilities, property owner/lessor entity, operating entity and locations are as follows:

Facility Name	Number of beds/units	CLO or CLO Sole-Member Subsidiary Facility Owner	UDI Sole-member Subsidiary Operator	Location
Skilled Nursing Facilities:				
Care Center of Abingdon	82	Abingdon West Martin, LLC	UDI #6, LLC	Abingdon, IL
Centralia Manor	120	Centralia east McCord, LLC	UDI #8, LLC	Centralia, IL
Jerseyville Manor	160	Jerseyville North State, LLC	UDI #11, LLC	Jerseyville, IL
Keokuk Manor	84	Keokuk Village Circle, Ltd, NFP	Keokuk Vill. Dr., LLC	Keokuk, IA
Leroy Manor	102	Leroy South Buck, LLC	UDI #4, LLC	Leroy, IL
Maryville Manor	120	Unrelated lessor	UDI #2, LLC	Maryville, IL
Parkway Manor	119	Marion Williamson C. P., LLC	UDI #1, LLC	Marion, IL
Pekin Manor	120	Pekin El Camino, LLC	UDI #10, LLC	Pekin, IL
Pittsfield Manor	89	Pittsfield Lowry, LLC	UDI #9, LLC	Pittsfield, IL
Seminary Manor	121	Galesburg North Seminary, LLC	UDI #7, LLC	Galesburg, IL
Shelbyville Manor	115	Shelbyville Route 128, LLC	UDI #3, LLC	Shelbyville, IL
	1,232			
Assisted Living Facility:				
Hawthorne Inn of Galesburg	68	2245 Seminary Street, LLC	UDI #7, LLC	Galesburg, IL
Hawthorne Inn of Keokuk	34	Keokuk Village Circle, Ltd, NFP	Keokuk Vill. Dr., LLC	Keokuk, IA
Hawthorne Inn of Parkway	21	Marion Williamson C. P., LLC	UDI #1, LLC	Marion, IL
Hawthorne Inn of Pittsfield	24	Pittsfield Lowry, LLC	UDI #9, LLC	Pittsfield, IL
Hawthorne Inn of Shelbyville	24	Shelbyville Route 128, LLC	UDI #3, LLC	Shelbyville, IL
	171			
Independent Living Facilities:				
Centralia Estates	39	Community Living Options, Inc.	UDI #8, LLC	Centralia, IL
Keokuk Cottages	19	Keokuk Village Circle, Ltd, NFP	Keokuk Vill. Dr., LLC	Keokuk, IA
Liberty Estates of Carbondale	58	Unrelated lessor	UDI #5, LLC	Carbondale, IL
Parkway Estates	42	Community Living Options, Inc.	UDI #1, LLC	Marion, IL
Pekin Estates	80	Community Living Options, Inc.	UDI #10, LLC	Pekin, IL
Seminary Estates	75	Community Living Options, Inc.	UDI #7, LLC	Galesburg, IL
	313			

Note 2. Significant Accounting Policies

The following is a summary of the Organization's significant accounting policies:

Principles of consolidation: The consolidated financial statements include the accounts of the Organization and its sole-member subsidiaries described in Note 1. All material intercompany balances and transactions have been eliminated in consolidation.

In addition to the sole-member subsidiaries described in Note 1, CLO also has four additional sole-member entities that were formed for the purpose of eventually owning a facility to lease to either another sole-member subsidiary within the consolidated reporting group or to an unrelated not-for-profit organization. None of the following sole-member subsidiaries owned property or had activity as of September 30, 2011:

- Maryville Vadalabene, LLC
- Elko Ruby Vista, LLC (See Note 20 for property purchase subsequent to September 30, 2011)
- Ocala 33rd Avenue, LLC (See Note 20 for property purchase subsequent to September 30, 2011)
- Lakeland Highlands Road Facility, LLC

Income taxes: The Organization is exempt from income taxes under Section 501(c)(3) or Section 501(c)(2) of the Internal Revenue Code. Therefore, no provision has been made for federal or state income taxes. Management evaluated the Organization's tax positions and concluded that the Organization had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. With few exceptions, the Organization is no longer subject to examination by the Internal Revenue Service for year before 2007.

Cash equivalents: For the purposes of reporting cash flows, the Organization considers all short-term, highly liquid investments with an original maturity of three months or less and money market accounts to be cash equivalents. For the years ended September 30, 2011 and 2010, the only cash equivalents held as of year-end were money market accounts.

Fiduciary trust accounts: Cash held for residents and the related liability, due to residents, consists of cash that the Organization holds in trust for its residents who request the Organization to do so. Such trust accounts consist of cash-on-hand and cash deposited in accounts at insured depository institutions, and is available for use or withdrawal by the residents at their request.

Resident accounts receivable: Resident accounts receivable, which include amounts due directly from residents and third-party payors on the resident's behalf, are carried at original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a periodic basis. Management determines the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Resident accounts receivable are written off when deemed uncollectible. Recoveries of resident accounts receivable previously written off are recorded when received. Generally, interest is not charged on resident accounts receivable. Management has not specifically designated a time period for determining when a resident account receivable is past due.

The Organization extends credit for routine services provided to the residents of its facilities. A significant portion of these services provided to residents are paid by federal and state third-party payors as part of the Medicare and Medicaid programs. Credit risk with respect to the Medicare and Medicaid program receivables, as described in Note 17, is mitigated by the taxing authority of the governmental entities funding the programs while credit risk relating to private-pay accounts receivables are mitigated by the number of private-pay residents. The allowance for doubtful accounts represents an amount considered by management to cover potential credit losses.

Note 2. Significant Accounting Policies (Continued)

Resident services revenue: Resident services revenue is reported at the estimated net realizable amounts from residents, third-party payors and others for services provided. Services subject to third-party payor agreements are reimbursed based on prospectively determined rates, which are generally not subject to retroactive adjustment, except as described in Note 16. Any retroactive adjustments resulting from such reviews made by Medicare and Medicaid programs are recognized in the period the Organization is notified by the governmental authorities of such adjustment. The concentration of resident services revenue resulting from services rendered to Medicare and Medicaid beneficiaries is described in Note 17.

Deferred revenue: Included as deferred revenue are amounts that have been paid in advance for resident services. The deferred revenue will be recognized as resident services revenues as the related services are provided and thereby earned. The classification of the deferred revenue between current and noncurrent is based on the time period the revenue is expected to be earned.

Revenue recognition of CCRC entrance fees and monthly maintenance fees: Upon entrance to the River Hills Village Cottages (Cottages), a division of Keokuk Village Drive, LLC that meets the statutory definition of a continuing care retirement community (CCRC), the resident is required to pay an entrance fee, which allows the resident lifetime residency rights to a specific cottage unit. The resident is entitled to a refund of a portion of the entrance fee upon termination of the lease agreement. When a lease is executed with a tenant, the tenant may elect a spend-down option whereby the tenant may spend-down their refundable portion of their entrance fee by having their required monthly maintenance fee on the unit applied to their refundable balance.

The nonrefundable portion of the tenant's entrance fee is recognized as revenue ratably over the expected occupancy of the resident. The unearned portion of the non-refundable advance fee is shown as deferred revenue in the accompanying balance sheet. In the event of termination of the lease, the unearned portion of the non-refundable fee is recognized as revenue upon the date of the termination. Cottage residents are charged a monthly maintenance fee for utilities, maintenance and property taxes, which is recognized as revenue when the service is provided.

Pledges and contributions: Pledges and contributions are considered to be available for unrestricted use unless specifically restricted by donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted until such time as the restriction passes. At such time, the contributions become unrestricted. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted. Unrestricted pledges are recognized as support in the statement of revenue and expenses and changes in net assets when the pledge is received. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected over periods in excess of one year are recorded at the present value of the estimated cash flows beyond one year. Conditional promises to give are not included as support until the conditions are substantially met.

Standby Loan Agreement Receivables: Interest is accrued monthly on the outstanding balances of each loan, except for the loan with Florida Living Options, Inc. referred to in Note 3. The loan with Achievement Unlimited, Inc. in Note 3 only accrues interest monthly if the balance is outstanding for more than forty-five days. A loan is considered impaired when it is probable the Organization will be unable to collect all contractual principal and interest payments due in accordance with the terms of the standby loan agreement. Impaired loans are evaluated based on the present value of expected future cash flows discounted at the loan's effective interest rate.

Note 2. Significant Accounting Policies (Continued)

Investments: Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value. Realized gains and losses are determined based on the specific identification of securities sold. Unrealized gains and losses are determined based on the increase or decrease in the fair value of investments. Investment income or loss, including realized gains and losses on investments, interest, and dividends, is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law. The net change in unrealized gains and losses on investments are excluded from the excess of revenue over expenses and presented as an increase or decrease in unrestricted net assets unless the gain or loss is restricted by donor or law.

Declines in the fair value of individual securities below their cost that are determined to be other-than temporary are reflected in earnings (excess of revenue over expenses) as realized losses. In estimating other-than temporary impairment losses, management considers (1) the length of time and the extent to which the fair value has been less than cost, (2) the financial condition and near-term prospects of the issuer, and (3) the intent and ability of the Organization to retain its investments in the issuer for a period of time sufficient to allow for any anticipated recovery in fair value.

When an other-than-temporary impairment loss is determined to have occurred on equity securities, the losses are recognized in excess of revenues over expenses. The way in which impairment losses on fixed income securities are recognized in the financial statements is dependent on the facts and circumstances related to the specific security. If the Organization intends to sell a security or it is more likely than not it would be required to sell a security before the recovery of its amortized cost, less any current period credit loss, the Organization recognizes an other-than-temporary-impairment in excess of revenues over expenses for the difference between amortized cost and fair value. If the Organization does not expect to recover the amortized cost basis, does not plan to sell the security and if it is not more likely than not that the Organization would be required to sell a security before the recovery of its amortized cost, less any current period credit loss, the recognition of the other-than-temporary impairment is bifurcated. The Organization recognizes that credit loss portion in excess of revenues over expenses and the noncredit loss portion in other changes in net assets and excluded from excess of revenues over expenses.

Fair value of financial instruments: The estimated fair values of the Organization's short-term financial instruments, including cash, cash equivalents, accounts receivable, escrow deposits, replacement reserve deposits, accounts payable and other short-term borrowings approximate their individual carrying amounts due to the relatively short period of time between their origination and expected realization. The fair value of the available-for-sale marketable securities is based on quoted market rates. The fair value of the long-term debt is estimated based on current rates available to the Company for debt with similar terms and remaining maturities. See Note 19 for additional fair value information.

Property and equipment: The Organization's capitalization policy is to capitalize property and equipment that has a cost of $2,500 or more with an estimated useful life of two years or more. All property and equipment has been purchased by the Organization and none has been acquired through contributions; therefore, the basis of the property and equipment is historical cost. Property and equipment is presented at cost less accumulated depreciation. The Organization follows the American Hospital Association's depreciation guide in assigning estimated useful lives to its property and equipment. Depreciation is computed primarily by the straight-line method over the following estimated useful lives:

Classification	Years
Land improvements	8 to 20
Buildings and improvements	5 to 40
Equipment, furniture and fixtures	3 to 20
Vehicles	4

Note 2. Significant Accounting Policies (Continued)

Debt financing costs: Debt financing costs are deferred and amortized over the term of the related loan agreement.

Contributions made: Contributions made are recognized at the time the unconditional promise to give is approved by the Board of Directors.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Excess of revenue over expenses: The statement of operations includes excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include the net change in unrealized gains and losses on investments and the noncredit loss portion of impairment losses on fixed income investment securities.

Reclassification: Certain amounts in the September 30, 2010 financial statements have been reclassified, with no effect on the change in net assets or to net assets, to conform to the September 30, 2011 presentation.

Recently issued accounting standards: In August 2010, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) No. 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure - a consensus of the FASB Emerging Issues Task Force*. This ASU requires that the measurement of charity care by a health care entity for disclosure purposes be based on the direct and indirect costs of providing the charity care, and that the Company provide disclosure regarding the method used to identify or determine such costs. ASU No. 2010-23 is effective for entities with fiscal years beginning after December 15, 2010, with early adoption permitted. Management is currently evaluating the impact that this ASU will have on the Organization's financial statements; however, the Organization does not currently have a charity care policy and therefore the adoption of this guidance is not expected to have a material impact on the Organization's financial position, results of operations or cash flows.

In August 2010, the FASB issued ASU No. 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries.* This ASU further clarifies that health care entities should not net insurance recoveries against the related claim liabilities but rather show the estimated claim liability at gross and separately on the balance sheet from the estimated insurance recovery receivable. ASU No. 2010-24 is effective for entities with fiscal years beginning after December 15, 2010, with early adoption permitted. This Organization is expected to adopt this ASU for the year ending September 30, 2012. Management is currently evaluating the impact that adoption will have on the Organization's financial statements; however the adoption of this guidance is not expected to have a material impact on the Organization's financial position, results of operations or cash flows.

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (ASC Topic 954)-Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities.* ASU 2011-07 provides clarification and amendments to ASC Topic 954 and results in changes in requirements for disclosing information about net resident service revenues and the related provision for bad debts. ASU 2011-07 is effective for nonpublic entities with fiscal years ending after December 15, 2012, with early adoption permitted. This Organization is expected to adopt this ASU for the year ending September 30, 2013. Management is currently evaluating the impact that adoption will have on the Organization's financial statements; however the adoption of this guidance is not expected to have a material impact on the Organization's financial position, results of operations or cash flows.

Note 3. Notes Receivable and Standby Loan Agreements

Achievement Unlimited, Inc.'s Note Receivable: On June 30, 2003, Unlimited Development, Inc. ceased operations as a provider of homes for the developmentally disabled. Certain net assets were transferred at net book value to an unrelated not-for-profit organization with similar operations, Achievement Unlimited, Inc. The terms of the transfer agreement include the execution of an unsecured note receivable from the unrelated not-for-profit for $1,700,000 due in 10 equal annual installments with the first installment due June 30, 2004. The interest rate is variable and is equal to the applicable federal rate published by the Internal Revenue Service for a short-term note using the annual column and resetting each month (.26% as of September 30, 2011) with non-compounding interest payments due as billed, but no later than the maturity date of the agreement. The balance of the note receivable was approximately $367,000 and $537,000 as of September 30, 2011 and 2010, respectively.

Frances House, Inc.'s Note Receivable: Membership interest in Hawthorne Inn of Princeton, LLC, a former subsidiary of CLO, was transferred to Frances House, Inc. (hereafter FH), an unrelated not-for-profit Organization effective November 30, 2009. The Organization exchanged their investments in this subsidiaries' land, land improvements, building and equipment and the related mortgage to FH at net book value approximating $2,800,000 as of November 30, 2009 in exchange for a note receivable. The note receivable was settled during the year ended September 30, 2011. The note receivable balance was $0 and $2,800,000 as of September 30, 2011 and 2010, respectively.

Desert Health Care Facilities, Inc.'s Standby Loan Agreement: The Organization has an unsecured standby loan agreement with Desert Health Care Facilities, Inc. (DHCF), an unrelated not-for-profit corporation which operates skilled nursing facilities located in Mesquite, Elko and Fallon, Nevada. Through this standby loan agreement, Community Living Options, Inc. has agreed to advance up to $3,500,000, from time-to-time on a discretionary basis, working capital and startup funds to DHCF. The interest rate is variable and is equal to the applicable federal rate published by the Internal Revenue Service for a short-term note using the annual column and resetting each month (.26% as of September 30, 2011) with non-compounding interest payments due as billed, but no later than the maturity date of the agreement. The principal balance is due as available surplus funds are accumulated or when the loan matures in September 2014. As of September 30, 2011 and 2010, the outstanding balance of the loan was approximately $3,184,000.

Florida Living Options, Inc.'s Standby Loan Agreement: In December 2005, the Organization granted an unsecured standby loan agreement to Florida Living Options, Inc., an unrelated not-for-profit corporation, which operates long-term care facilities in Florida. Through this standby loan agreement, Community Living Options, Inc. has agreed to advance up to $3,500,000 from time-to-time for funding operations of Florida Living Options, Inc. The interest rate is variable and is equal to the applicable federal rate published by the Internal Revenue Service for a short-term note using the annual column and resetting each month (.26% as of September 30, 2011). During February 2008, the Organization's Board of Directors passed a motion to waive all past and future unpaid interest payments. The Organization recognized the contribution expense and corresponding interest income of approximately $13,000 and $19,000 for the years ended September 30, 2011 and 2010, respectively. The principal balance is due as available surplus funds are accumulated or when the loan matures in December 2013. As of September 30, 2011 and 2010, the outstanding balance of the loan was approximately $3,140,000.

Achievement Unlimited, Inc.'s Standby Loan Agreement: In October 2010, the Organization granted an unsecured standby loan agreement to Achievement Unlimited, Inc., an unrelated not-for-profit organization with similar operations. Through this standby loan agreement, Community Living Options, Inc. has agreed to advance up to $1,000,000 for current operations and an additional $1,500,000 towards the purchase of additional facilities. The agreement expires in September 2014. The interest rate is variable and is equal to the applicable federal rate published by the Internal Revenue Service for a short-term note using the annual column and resetting each month (.26% as of September 30, 2011) with non-compounding interest payments due as billed, but no later than the maturity date of the agreement. As of September 30, 2011 and 2010, the outstanding balance of the loan was $0.

Note 4. Investments

Marketable securities as of September 30, 2011 and 2010, consisted of the following:

	2011		2010	
	Fair Value	Cost Basis	Fair Value	Cost Basis
Common stock	$ 2,780,448	$ 3,096,784	$ 3,882	$ 4,945
Corporate bonds	1,959,896	1,944,788	-	-
U.S. government securities	1,877,526	1,842,934	-	-
Mutual funds primarily invested in U.S. government securities	4,567,273	5,620,654	4,442,325	4,273,971
Mutual funds primarily invested in corporate bonds	5,541,360	4,424,251	-	-
Mutual funds primarily invested in equity securities	272,914	353,895	3,387,375	3,509,850
Exchange-traded funds primarily invested in U.S. government sec.	2,865,580	2,770,300	2,840,975	2,770,300
Real estate and unit investment trusts	431,827	471,324	-	-
	$ 20,296,824	$ 20,524,930	$ 10,674,557	$ 10,559,066

Additional disclosures regarding fair value of the investments are found in Note 19.

Net realized losses on investments for the years ended September 30, 2011 and 2010 were $710 and $345,046, respectively, and are reported in the statement of operations as a part of investment income.

Components of net investment income are as follows for the years ended September 30, 2011 and 2010:

	2011	2010
Interest and dividends	$ 938,674	$ 999,959
Realized losses on marketable securities	(710)	(345,046)
	$ 937,964	$ 654,913

Interest and dividend income is earned from investments in marketable securities, notes receivable, deposits restricted for replacement reserves, cash and cash equivalents.

Management and a third party broker evaluate the investment portfolio periodically to determine if investments have suffered an other-than-temporary decline in value. In addition, management and a third-party broker monitor market trends and other circumstances to identify trends and circumstances that might impact the carrying value of securities.

ATTACHMENT-39

Note 4. Investments (Continued)

The following tables reflect the gross unrealized losses and fair value of the Organization's investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that individual securities have been in continuous unrealized loss position, as of September 30, 2011 and 2010:

	Less Than 12 Months		12 Months or Greater		Total	
September 30, 2011	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Common stock	$ 2,456,945	$ 326,216	$ 2,616	$ 2,329	$ 2,459,561	$ 328,545
Corporate bonds	497,229	9,749	-	-	497,229	9,749
U.S. gov't securities	488,671	415	-	-	488,671	415
Mutual funds invested in U.S. gov't securities	1,003,836	4,565	3,525,948	80,614	4,529,784	85,179
Mutual funds invested in corporate bonds	1,028,956	3,355	1,513,240	17,700	2,542,196	21,055
Mutual funds invested in equity securities	272,914	80,982	-	-	272,914	80,982
Real estate and unit investment trusts	431,831	39,492	-	-	431,831	39,492
	$ 6,180,382	$ 464,774	$ 5,041,804	$ 100,643	$ 11,222,186	$ 565,417

	Less Than 12 Months		12 Months or Greater		Total	
September 30, 2010	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Common stock	$ -	$ -	$ 2,945	$ 2,000	$ 2,945	$ 2,000
Mutual funds invested in U.S. gov't securities	1,499,519	3,214	-	-	1,499,519	3,214
Mutual funds invested in equity securities	-	-	3,387,375	122,475	3,387,375	122,475
	$ 1,499,519	$ 3,214	$ 3,390,320	$ 124,475	$ 4,889,839	$ 127,689

Based on the Organization's assessment of the near-term prospects of the issuers of equity securities with unrealized losses and the Organization's ability and intent to hold these investments for a reasonable period of time sufficient for a recovery of fair value, the Organization does not consider these investments to be other-than-temporarily impaired as of September 30, 2011 and 2010.

Note 5. Investment Margin Borrowing Account

The Organization maintains a margin borrowing account with Benjamin F. Edwards & Co. at which it is able to borrow on the value of its assets held in the investment accounts at Benjamin F. Edwards & Co. The interest rate is variable depending on the amount outstanding. The Organization had no outstanding amounts as of September 30, 2011 and 2010.

Note 6. Accrued Expenses

Accrued expenses as of September 30, 2011 and 2010 are summarized below:

	2011	2010
Salaries, wages and unremitted payroll tax and withholdings	$ 977,843	$ 2,078,611
Real property taxes	1,539,648	1,534,978
Compensated absences	976,137	946,928
Interest	350,165	270,507
Workers compensation premium	190,246	79,942
Administrative services fees	33,094	-
Other	351,558	481,324
	$ 4,418,691	$ 5,392,290

Note 7. Refundable CCRC Entrance Fees

As described in Note 2, River Hills Village Cottages (the Cottages), a division of Keokuk Village Drive, LLC (a subsidiary of CLO) meets the statutory definition of a continuing care retirement community (CCRC). The Cottages assumed the liability for refundable entrance fees owed to the tenants of the cottages in the amount of $1,882,915 when operations commenced in June 2010. Certain tenants have selected a spend-down option when they executed their lease agreements whereby their monthly maintenance fees are applied against their refundable balance. The monthly maintenance fees that were applied during the years ended September 30, 2011 and 2010 were approximately $74,000 and $21,000, respectively. The balance of the refundable entrance fees as of September 30, 2011 and 2010 was $1,788,174 and $1,861,680, respectively.

Note 8. Administrative and Support Service Agreements

Administrative Services: The Organization has administrative service agreements that are renewed annually with RFMS, Inc., an unrelated company. RFMS, Inc. is a related party, through common ownership with two facility lessors, LB Properties, Inc. and Edwin Enterprises, LLC, disclosed in Note 10. RFMS, Inc. provides administrative services for cash management, accounting and financial reporting, payroll and employee benefits, information technology, and other general operational and financial management services.

Support Services: Community Living Options, Inc. and Unlimited Development, Inc. are two of eight not-for-profit entities that became members of a limited liability company, LTC Support Services, LLC (hereafter LTC). The purpose of LTC is to support its members' operations by providing support services to its members and others. The Organization entered into a contractual agreement with this related party to obtain support services that include, but are not limited to: training, regulatory compliance, quality assurance programs, human resource support, marketing and maintenance. The agreement is for one year with an automatic one year renewal unless cancelled with at least 30 days notice.

Note 8. Administrative and Support Service Agreements (Continued)

Fees incurred under these agreements are included in general and administrative expenses for the years ended September 30, 2011 and 2010 and were as follows:

	2011	2010
RFMS, Inc., administrative services	$ 3,210,840	$ 3,122,840
LTC Support Services, LLC, support services	2,235,240	2,160,520
	$ 5,446,080	$ 5,283,360

Note 9. Professional Liability Insurance and Litigation Contingencies

Professional Liability Insurance: The Organization is covered by professional liability insurance on an occurrence basis with no deductible. Each location is insured for individual and aggregate claims on an annual basis of $1,000,000 and $3,000,000, respectively.

Litigation Contingencies: The Organization is involved as a defendant in certain litigation and regulatory claims arising in the ordinary course of business. After consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on the Organization's net assets.

Note 10. Lease Commitments and Total Rental Expense

UDI leases the Maryville Manor and Liberty Estates of Carbondale facilities from unrelated parties that require monthly rental payments. Under these agreements, the Organization is required to pay all real property taxes, insurance and maintenance on the properties. The lease agreements contain renewal options for an additional five year period. These lease agreements meet the requirements for classification as operating leases. The terms of the leases, by facility, are as follows:

Facility - Lessor	Minimum Monthly Lease Payment	Expiration of Lease Agreement
Maryville Manor - LB Properties, Inc.	$ 78,333	12/31/2025
Liberty Estates of Carbondale - Edwin Enterprises, LLC	36,000	12/31/2016
	$ 114,333	

ATTACHMENT-39

Note 10. Lease Commitments and Total Rental Expense (Continued)

Minimum rental commitments under the noncancelable facility leases, excluding real property taxes, insurance and maintenance costs and rounded to the nearest thousand, are due as follows:

Year Ending September 30	Amount
2012	$ 1,372,000
2013	1,372,000
2014	1,372,000
2015	1,372,000
2016	1,372,000
Thereafter	8,803,000
	$15,663,000

Total rental expense for the years ended September 30, 2011 and 2010, including real property taxes, insurance and maintenance, was approximately $1,662,000 and $1,620,000, respectively.

Note 11. Long-Term Debt

Long-term debt consisted of the following as of September 30, 2011 and 2010:

Description of Debt	2011	2010
First Mid-Illinois Bank and Trust, N.A., mortgage note payable, 6.0% fixed interest until October 2013 when the interest will change to variable based on 3.0% over the U.S. Treasury three-year constant maturity index but interest shall not be less than 5.0%, due in monthly installments of $114,955 until October 2013 when the monthly installments will be adjusted to reflect the change in the interest rate, with the remaining balance due January 2016, collateralized by the property and equipment of the following facilities: Centralia Estates, Parkway Estates, Pekin Estates and Seminary Estates that have a depreciated net book value of approximately $18,000,000. This debt contains various restrictions and financial requirements, including but not limited to: (1) current ratio, (2) debt service coverage, (3) minimum tangible net worth (4) maximum debt to tangible net worth, (5) the audited financial reports received within 180 days after year end, and (6) all primary operating accounts must be established and maintained at this bank.	$13,352,125	$13,894,708
Cambridge Realty Capital, Ltd. of Illinois, various mortgage notes payable, fixed interest ranging from 4.15% to 5.85%, due in monthly installments ranging from $22,609 to $48,189, including interest, with maturities ranging from December 2033 to August 2046, collateralized by substantially all of the assets of the respective borrower that have a net book value of approximately $69,000,000, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act.	53,793,255	53,581,168
	67,145,380	67,475,876
Less current maturities	1,444,031	1,383,719
Long-term portion	$65,701,349	$66,092,157

ATTACHMENT-39

Note 11. Long-Term Debt (Continued)

Scheduled maturities of long-term debt, as of September 30, 2011, were as follows:

Year Ending September 30	Amount
2012	$ 1,444,031
2013	1,526,587
2014	1,609,821
2015	1,701,585
2016	11,802,557
Thereafter	49,060,799
	$67,145,380

HUD Insured Debt: The Organization's subsidiaries' loans with HUD insured financing have certain regulatory requirements, including but not limited to, required deposits and reporting requirements. Certain of the Organization's subsidiaries were in violation of certain regulatory requirements as of September 30, 2011. The Organization has corrected or has a correction action plan to resolve all significant regulatory findings. The impact of these findings could be that the entity is denied future participation in HUD-insured programs and/or denial of withdrawals of replacement reserve funds.

Note 12. Guarantees and Other Commitments

Lease Guarantees: The Organization has guaranteed three of Desert Health Care Facilities, Inc.'s facility leases with an unrelated lessor. The facility leases provide for monthly lease payments subject to increased rates through maturity per lease agreement, with monthly rates as of September 30, 2011 of approximately $47,000, $62,000 and $70,000 through December 2013, December 2011 and February 2015, respectively. The Organization has not been required to make any guarantee payments to date. The estimated fair value of the guarantee as of September 30, 2011 and 2010 was $43,000 and $88,000, respectively. Rental commitments as of September 30, 2011, under these facility leases guaranteed by the Organization are due as follows:

Year Ending September 30	Amount
2012	$ 1,687,000
2013	1,500,000
2014	1,077,000
2015	390,000
	$ 4,654,000

Loan Guarantee: The Organization guarantees the debt of Hawthorne Inn of Princeton, LLC, a former subsidiary of Community Living Options, Inc. Principal payments of $28,440 plus interest of 5.75% are due monthly. The Organization has not been required to make any guarantee payments to date. The estimated fair value of the guarantee as of September 30, 2011 and 2010 was $44,000 and $72,000, respectively. Scheduled maturities as of September 30, 2011 are due as follows:

Year Ending September 30	Amount
2012	$ 341,000
2013	4,096,000
	$ 4,437,000

Note 12. Guarantees and Other Commitments (Continued)

Facility Purchase Commitment: In January 2011, Lakeland Highlands Road Facility, LLC entered into a purchase agreement with Hawthorne Inn of Lakeland, LLC, an unrelated seller, to purchase substantially all of the assets of the Hawthorne Inn of Lakeland's 68-bed assisted living facility located in Lakeland, Florida for $7,900,000 with the intent of leasing the facility to an unrelated lessee. The purchase is expected to be funded with available cash. This facility is currently and will continue being leased and operated by Florida Living Options, Inc. subsequent to the purchase of the Lakeland facility. Florida Living Options, Inc. is an unrelated not-for-profit organization that CLO has financially supported previously with standby loan agreements described in Note 3.

Villa Repurchase Commitment: The Organization has informally agreed (although no formal contract has been executed) to repurchase certain villas in Galesburg, Illinois from the original purchasers of such villas if at such time the original purchasers desire to sell such villas and they are unable to obtain an acceptable offer within 120 days of placing such villas on the market. The villas are in close proximity to the Galesburg geriatric facilities that the Organization owns and operates and therefore this arrangement is beneficial to the long-term care campuses. The price at which the Organization has agreed to purchase the villas is 75% of the original purchase price of the villa. If the Organization would have had to buy back all villas covered under such contracts, the Organization's cost would have been approximately $2,018,000 and $2,219,000 as of September 30, 2011 and 2010, respectively. In the event of repurchase, the Organization intends to resell such villas. The Organization does not expect to incur any material losses as a result of such transactions.

Construction Commitment: The Organization had two construction projects in process as of September 30, 2011. Construction in progress totaled approximately $722,000 as of September 30, 2011. The remaining commitment to complete these projects was approximately $302,000 as of September 30, 2011. These projects are being funded through available unrestricted cash.

Note 13. Employee Benefit Plans

Medical Benefit Plan: The Organization has adopted a multiple-employer medical benefit plan providing medical benefits, short-term disability benefits, group term life insurance, dependent care assistance and medical expense reimbursement. The medical benefits, short-term disability benefits and group term insurance portion of this plan are administered by an unrelated third-party organization. The medical and short-term disability benefits are, in effect, self-insured. This plan involves several organizations who contribute monthly premiums to a special pooled account, which is to be used exclusively for payment of the claims of all eligible employees and certain administrative fees. The portion of the plan relating to dependent care and medical expense reimbursement is administered by employees of RFMS, Inc., an unrelated organization. Qualifying expenses are paid from the related participants' contributions. Expenses relating to the medical benefit plan totaled approximately $1,953,000 and $1,779,000 for the years ended September 30, 2011 and 2010, respectively.

Workers' Compensation Insurance Plan: The workers' compensation insurance plan for the Organization's employees is administered by a third-party organization and, in effect, is a self-insured plan involving several not-for-profit organizations who formed a not-for-profit trust. These organizations contribute monthly premiums to a special pooled account, which is to be used exclusively for payment of the workers' compensation claims of all the participating organizations plus administrative fees. The Organization's share of expenses relating to this plan totaled approximately $1,736,000 and $1,496,000 for the years ended September 30, 2011 and 2010, respectively.

Note 13. Employee Benefit Plans (Continued)

Retirement Savings Plan: The Organization has adopted a multiple-employer 401(k) retirement savings plan covering substantially all employees. The Plan's administrator is considered an unrelated party. Plan management consists of employees of RFMS, Inc., an unrelated organization and LTC Support Services, a related Organization. The Plan is funded by (a) participant contributions and (b) 50 percent matching by the Organization of participant's eligible contributions up to 5 percent of the participant's compensation. Participant contributions are fully vested at the time they are made. Employer contributions begin vesting after 2 years of service at 20 percent per year. The expenses related to this plan totaled approximately $269,000 and $218,000 for the years ended September 30, 2011 and 2010, respectively.

Note 14. Off-Site Programming Services

Pursuant to federal and state regulations, residential providers to persons with developmental disabilities are responsible for ensuring the provision of active treatment services for each resident. These active treatment services typically include developmental training and, if applicable, supported employment services. In cases where the residential facility is not certified by the Department of Mental Health and Developmental Disabilities (DMHDD) to provide these services, another business entity which is certified by DMHDD may provide these services with the residential facility acting as an agent for the actual service provider. The Organization acts as such an agent for an unrelated provider of developmental services through an agreement renewed annually. The Illinois Department of Human Services issues a reimbursement rate to the developmental training services provider; however, the state requires the reimbursement to flow-through the residential facility provider. The state's administrative code specifies that the residential facility must flow-through payments to the developmental training services provider no later than ten working days after the facility receipt of the payment from the state. Depending on the timing of the receipt by the facility of the monthly flow-through payment from the state and the disbursement of the flow-through by the facility to the developmental provider, a liability to the service provider may exist as of yearend. Such a liability, if any, is included in accounts payable of the Organization. As of September 30, 2011 and 2010, the Organization did not have any flow-through liabilities owed to the developmental provider. Since the arrangement between the residential facility and the developmental service provider is an agency relationship, no revenue or expense related to these services has been included in the Organization's financial statements.

Note 15. Functional Expense Classifications

Operating and nonoperating expenses of the Organization according to their functional categories as of September 30 are as follows:

	2011	2010
Program activities	$87,982,634	$84,299,963
Management and general	4,925,223	6,520,193
	$92,907,857	$90,820,156

ATTACHMENT-39

Note 16. Contractual Arrangements With Third-Party Payors

The Organization's skilled-care facilities have cost reimbursement agreements with state and federal third-party payors (Medicaid and Medicare) that are based on prospectively determined rates that are generally not subject to retroactive adjustment, as described in Note 2 under the revenue recognition policy. However, the laws and regulations under which the Medicare and Medicaid programs operate are complex, subject to frequent change and subject to interpretation. As part of operating under these programs, there is a possibility that governmental authorities may review the Organization's compliance with these laws and regulations. Such review may result in retroactive adjustments to Medicare and/or Medicaid reimbursements previously received and possibly subject the Organization to fines and penalties. Although no assurance can be given, management believes that they have complied with the requirements of the Medicaid and Medicare programs.

Note 17. Concentrations of Credit Risk and Major Third-Party Payors

Concentration of Cash in Bank Deposit Accounts: The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on bank deposit accounts.

Concentration of Revenue and Receivables with Third-Party Payors: Net resident service revenue derived under federal and state third-party reimbursement programs represented the majority of revenue earned for the years ended September 30, 2011 and 2010. Net resident service revenue by payor for the years ended September 30, 2011 and 2010 and resident accounts receivable by payor as of September 30, 2011 and 2010, as a percentage of total net resident services revenue and resident accounts receivable, respectively, were as follows:

	2011	2010
Net Resident Service Revenue:		
Medicaid	37%	39%
Medicare	31%	27%
Private	32%	34%
Resident Accounts Receivable:		
Medicaid	50%	57%
Medicare	22%	19%
Private	28%	24%

Note 18. Provider Participation Fees

The Illinois Department of Public Aid assesses provider participation fees on Illinois healthcare providers receiving Medicaid payments. Provider participation fees totaled approximately $1,934,000 and $1,909,000 for the years ended September 30, 2011 and 2010, respectively.

ATTACHMENT-39

Note 19. Fair Value Disclosures

Fair Value Measurements:

Effective for the year ended September 30, 2011 the Organization adopted Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements*. This new accounting guidance under ASC 820, *Fair Value Measurements and Disclosures*, was issued by the FASB on January 21, 2010. The additional disclosures required about fair value measurements include, among other things, *(a)* the amounts and reasons for certain significant transfers among the three hierarchy levels of inputs, *(b)* the gross, rather than net, basis for certain Level 3 roll-forward information, *(c)* use of a "class" basis rather than a "major category" basis for assets and liabilities, and *(d)* valuation techniques and inputs used to estimate Level 2 and Level 3 fair value measurements. The following information incorporates these new disclosure requirements.

Under the FASB's authoritative guidance on fair value measurements, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Company uses various methods including market, income and cost approaches. Based on these approaches, the Company often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques the Company is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by observable market data.

The following is a description of the valuation methodologies used for instruments measured at fair value:

Marketable Debt and Equity Securities: The fair value of marketable debt and equity securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers.

Long-Term Debt: The fair value of the Organization's long-term debt is estimated based on the quoted market prices for the same or similar issues or on the current rates offered to the Organization. The fair value of the Organizations long-term debt as of September 30, 2011 and 2010 was approximately the same as its carrying value.

Other Financial Instruments: In addition to the investments in marketable securities described in Note 4, the Organization's financial instruments also include cash, cash equivalents, accounts receivable, escrow deposits, replacement reserve deposits, accounts payable and other short-term borrowings. Based on the relatively short period of time between their origination and expected realization, their carrying value approximates their fair value.

ATTACHMENT-39

Note 19. Fair Value Disclosures (Continued)

Fair Value on a Recurring Basis:

Assets measured at fair value on a recurring basis as of September 30, 2011 and 2010, are summarized as follows:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fair Value Measurements of Investments in Marketable Securities as of September 30, 2011				
Equity securities - manufacturing	$ 429,453	$ 429,453	$ -	$ -
Equity securities - technology	428,815	428,815	-	-
Equity securities - pharmaceuticals	331,548	331,548	-	-
Equity securities - insurance	325,251	325,251	-	-
Equity securities - beverages	320,425	320,425	-	-
Equity securities - building material	272,752	272,752	-	-
Equity securities - utilities	240,800	240,800	-	-
Equity securities - services	205,807	205,807	-	-
Equity securities - other	225,597	225,597	-	-
Corporate bonds	1,959,896	1,959,896	-	-
U.S. government securities	1,877,526	1,877,526	-	-
Mutual funds primarily invested in U.S. government securities	4,567,273	4,567,273	-	-
Mutual funds primarily invested in corporate bonds	5,541,360	5,541,360	-	-
Mutual funds primarily invested in equity securities	272,914	272,914	-	-
Exchange-traded funds primarily invested in U.S. government sec.	2,865,580	2,865,580	-	-
Real estate and unit investment trusts	431,827	431,827	-	-
	$ 20,296,824	$ 20,296,824	$ -	$ -

ATTACHMENT-39

Note 19. Fair Value Disclosures (Continued)

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fair Value Measurements of Investments in Marketable Securities as of September 30, 2010				
Equity securities - other	$ 3,882	$ 3,882	$ -	$ -
Mutual funds primarily invested in U.S. government securities	4,442,325	4,442,325	-	-
Mutual funds primarily invested in equity securities	3,387,375	3,387,375	-	-
Exchange-traded funds primarily invested in U.S. government sec.	2,840,975	2,840,975	-	-
	$ 10,674,557	$ 10,674,557	$ -	$ -

Note 20. Subsequent Events

Management has evaluated subsequent events through February 27, 2012, the date on which the financial statements were available to be issued, in preparing the financial statements, and notes thereto, for the year ended September 30, 2011. The following subsequent events have occurred through this date:

Purchase of the Hawthorne Health and Rehabilitation of Ocala facility and related financing: In December 2011, CLO's subsidiary, Ocala 33rd Avenue, LLC purchased a 120-bed skilled nursing facility known as Hawthorne Health and Rehabilitation of Ocala which is located in Ocala, Florida. The facility was purchased for $12,500,000 and was purchased on contract with the unrelated seller pending final financing with a HUD-insured loan that is in the application process. The Organization plans to lease the purchased facility to the current operator of the facility, Florida Living Options, Inc., an unrelated not-for-profit organization that CLO has financially supported previously with standby loan agreements described in Note 3. The Organization made a down payment of $1,875,000 on the purchase in December 2011. The remaining balance of $10,625,000 was financed with a balloon-mortgage-installment contract issued by the seller. The terms of the contract are 5% interest and quarterly payments of $186,827, including interest beginning in March 2012 and continuing until March 2014 when the remaining balance and any unpaid interest is due. The contract is secured with a mortgage on the purchased property. Future annual maturities of the installment contract payable are as follows:

Year Ending September 30	Amount
2012	$ 164,077
2013	228,501
2014	10,232,422
	$10,625,000

ATTACHMENT-39

Note 20. Subsequent Events (Continued)

Purchase of Highland Manor of Elko facility and related financing: Also in December 2011, CLO's subsidiary, Elko Ruby Vista, LLC purchased a 120-bed skilled nursing facility known as Highland Manor of Elko which is located in Elko, Nevada. The facility was purchased for $17,000,000 from an unrelated seller and was financed with a HUD-insured mortgage loan. The Organization plans to lease the purchased facility to the current operator of the facility, Desert Health Care Facilities, Inc., an unrelated not-for-profit organization that CLO has financially supported previously with standby loan agreements described in Note 3. The mortgage loan is due in monthly installments of $58,502, including interest, with the remaining balance due December 2046. The mortgage note payable has a fixed rate of 3.95% and is insured by HUD under Section 232, pursuant to Section 223(a) (7) of the National Housing Act. The Organization and its lessee have granted a security interest in substantially all of their assets to the lender, including but not limited to the real property, tangible personal property, all income and revenue derived from or related to the premises, licenses, all accounts receivable, inventory, cash, bank accounts and securities. Future annual maturities of the mortgage note payable are as follows:

Year Ending September 30	Amount
2012	$ 119,080
2013	184,595
2014	192,020
2015	199,744
2016	207,778
Thereafter	12,399,283
	$13,302,500

ATTACHMENT-39

McGladrey

Independent Auditor's Report on the Supplementary Information

To the Board of Directors
Community Living Options, Inc.
Galesburg, Illinois

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the basic consolidated financial statements rather than to present the financial position and results of operations of the individual organizations. The consolidating information has been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole.

McGladrey & Pullen, LLP

Galesburg, Illinois
February 27, 2012

ATTACHMENT-39

Member of the RSM International network of independent accounting, tax and consulting firms.

Community Living Options, Inc. and Subsidiaries

Consolidating Balance Sheet
September 30, 2011

ASSETS	Community Living Options, Inc.	CLO Subsidiary Lessors to UDI
Current Assets		
Cash and cash equivalents	$ 9,475,868	$ 1,930,346
Fiduciary trust accounts	-	-
Receivables:		
Resident accounts, net	4,279,101	-
Due from third-party payor	-	-
Intercompany receivables	15,927,439	44,245
Other	469,410	-
Current portion of long-term note receivable	-	-
Mortgage escrow deposits	-	575,657
Prepaid expenses	261,309	212,877
Total current assets	30,413,127	2,763,125
Long-Term Investments		
Marketable securities	14,433,980	-
Other	132,493	-
	14,566,473	-
Property and Equipment		
Land	1,948,406	3,125,025
Land improvements	727,436	834,704
Buildings and improvements	37,377,023	79,918,760
Equipment, furniture and fixtures	2,887,333	3,947,592
Vehicles	1,370,532	-
Construction in progress	-	-
	44,310,730	87,826,081
Less accumulated depreciation	17,687,064	12,645,755
	26,623,666	75,180,326
Long-Term Receivables and Other Assets		
Standby loan agreement receivables	6,323,576	-
Note receivable, less current portion	-	-
Intercompany receivables, including prepaid rent	15,509,514	-
Deposits restricted for replacement reserves	-	2,226,982
Deferred financing costs	248,841	1,970,979
	22,081,931	4,197,961
Total assets	$ 93,685,197	$ 82,141,412

ATTACHMENT-39

Unlimited Development, Inc.	Intercompany Eliminations	Consolidated Total
$ 6,672,803	$ -	$ 18,079,017
140,367	-	140,367
10,497,680	-	14,776,781
385,899	-	385,899
74,933	(16,046,617)	-
3,819	-	473,229
196,761	-	196,761
-	-	575,657
518,487	-	992,673
18,490,749	(16,046,617)	35,620,384
5,862,844	-	20,296,824
10,000	(122,493)	20,000
5,872,844	(122,493)	20,316,824
-	-	5,073,431
-	-	1,562,140
5,903,100	-	123,198,883
2,636,074	-	9,470,999
543,476	-	1,914,008
722,025	-	722,025
9,804,675	-	141,941,486
2,669,058	-	33,001,877
7,135,617	-	108,939,609
-	-	6,323,576
170,000	-	170,000
1,757,387	(17,266,901)	-
-	-	2,226,982
-	-	2,219,820
1,927,387	(17,266,901)	10,940,378
$ 33,426,597	$ (33,436,011)	$ 175,817,195

ATTACHMENT-39

LIABILITIES AND NET ASSETS	Community Living Options, Inc.	CLO Subsidiary Lessors to UDI
Current Liabilities		
Current maturities of long-term debt	$ 594,503	$ 849,528
Accounts payable	1,046,851	1,349
Amounts refundable on resident accounts	-	-
Due to third-party payors	180,000	-
Accrued expenses	773,364	1,069,543
Construction payable	-	-
Due to residents, trust accounts	-	-
Deferred revenue	29,000	-
Intercompany payables	334,725	14,905,561
Total current liabilities	2,958,443	16,825,981
CCRC Entrance Fees Refundable to Residents	-	-
Long-Term Debt, net of current maturities	12,757,622	52,943,727
Intercompany Payables, including deferred rent revenue	-	17,266,901
Long-Term Deferred Revenue	-	-
Resident Security Deposits	-	-
Total liabilities	15,716,065	87,036,609
Net Assets, unrestricted	77,969,132	(4,895,197)
Total liabilities and net assets	$ 93,685,197	$ 82,141,412

ATTACHMENT-39

Unlimited Development, Inc.	Intercompany Eliminations	Consolidated Total
$ -	$ -	$ 1,444,031
1,645,953	-	2,694,153
455,000	-	455,000
592,000	-	772,000
2,575,784	-	4,418,691
624,000	-	624,000
140,367	-	140,367
556,575	-	585,575
806,331	(16,046,617)	-
7,396,010	(16,046,617)	11,133,817
1,788,174	-	1,788,174
-	-	65,701,349
-	(17,266,901)	-
28,060	-	28,060
839,840	-	839,840
10,052,084	(33,313,518)	79,491,240
23,374,513	(122,493)	96,325,955
$ 33,426,597	$ (33,436,011)	$ 175,817,195

ATTACHMENT-39

Community Living Options, Inc. and Subsidiaries

Consolidating Statement of Operations
Year Ended September 30, 2011

	Community Living Options, Inc.	CLO Subsidiary Lessors to UDI
Operating Revenue:		
Net resident services	$ 23,294,850	$ -
Leasing, including intercompany leasing revenue	2,036,280	6,955,938
Other	937,266	-
Total operating revenue	26,268,396	6,955,938
Operating Expenses:		
Nursing services	615,450	-
General and administrative	4,600,087	447,279
Dietary	3,472,529	-
Operations and maintenance, including intercompany re	1,552,204	1,248,053
Program support	7,052,269	-
Provider participation fees	1,279,520	-
Housekeeping	1,068,235	-
Depreciation	1,583,141	2,768,598
Interest, including intercompany interest	844,779	3,263,517
Laundry	81,330	-
Special services	105,629	-
Loan cost amortization	29,535	68,160
Total operating expenses	22,284,708	7,795,607
Operating income (loss)	3,983,688	(839,669)
Nonoperating Income (Expense):		
Investment income	1,155,753	2,377
Contributions made	(37,792)	-
Contributions received	26,294	-
	1,144,255	2,377
Excess (deficit) of revenue over expenses	5,127,943	(837,292)
Unrealized Losses on Investments	(222,897)	-
Increase (decrease) in unrestricted net assets	4,905,046	(837,292)
Net Assets (Deficit), unrestricted:		
Beginning	73,064,086	(4,057,905)
Ending	$ 77,969,132	$ (4,895,197)

ATTACHMENT-39

Unlimited Development, Inc.	Intercompany Eliminations	Consolidated Total
$ 79,199,922	$ -	$ 102,494,772
-	(8,737,938)	254,280
285,942	-	1,223,208
79,485,864	(8,737,938)	103,972,260
33,698,837	-	34,314,287
8,930,406	-	13,977,772
8,108,513	-	11,581,042
15,221,281	(8,737,938)	9,283,600
1,248,376	-	8,300,645
654,841	-	1,934,361
2,202,011	-	3,270,246
813,076	-	5,164,815
2,865	(344,316)	3,766,845
954,690	-	1,036,020
37,108	-	142,737
-	-	97,695
71,872,004	(9,082,254)	92,870,065
7,613,860	344,316	11,102,195
124,150	(344,316)	937,964
-	-	(37,792)
12,918	-	39,212
137,068	(344,316)	939,384
7,750,928	-	12,041,579
(132,273)	-	(355,170)
7,618,655	-	11,686,409
15,755,858	(122,493)	84,639,546
$ 23,374,513	$ (122,493)	$ 96,325,955

ATTACHMENT-39

Edwin Enterprises, LLC
285 South Farnham Street
Galesburg, IL 61401

April 9, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Carbondale
Certificate of Need Application

Dear Ms. Avery:

We are writing to attest that the total estimated project costs and related costs will be funded in total with cash and equivalents or investment securities. Please see attached letter from Tom Steil of McGladrey & Pullen.

Sincerely yours,

Donald E. Fike

Donald E. Fike
Manager

ATTACHMENT-40

McGladrey & Pullen, LLP

117 E Main St Suite 210
Galesburg, IL 61401-4812
O 309 342 1175 F 309 342 7816
www.mcgladrey.com

McGladrey

April 16, 2012

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Edwin Enterprises, LLC

Dear Ms. Avery:

We have prepared the financial statements of Edwin Enterprises, LLC for the past 14 years. With the current cash and securities and future facility sales, Edwin Enterprises, LLC will have sufficient cash and securities to fund the construction of the 120-bed Skilled Nursing Facility in Carbondale.

Sincerely,

McGLADREY & PULLEN, LLP

Thomas R. Steil

Thomas R. Steil
Partner

ATTACHMENT-40

McGladrey & Pullen, LLP

117 E Main St . Suite 210
Galesburg, IL 61401-4612
O 309 342 1175 F 309 342 7816
www mcgladrey com

McGladrey

April 16, 2012

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Community Living Options, Inc.
Unlimited Development, Inc.

Dear Ms. Avery:

We have prepared the financial statements of Community Living Options, Inc. and Ulimited Development, Inc. for the past 25 years. They have sufficient cash and securities to fund any negative cash flow that will occur the first few months of operation while awaiting payment from the State of Illinois. They will have sufficient cash and securities to fund three years of operating costs.

Sincerely,

McGLADREY & PULLEN, LLP

Thomas R. Stell
Partner

ATTACHMENT-40

Edwin Enterprises, LLC
285 South Farnham Street
Galesburg, IL 61401

April 9, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Carbondale
Certificate of Need Application

Dear Ms. Avery:

We are writing to attest that the total estimated project costs and related costs will be funded in total with cash and equivalents or investment securities. Please see attached letter from Tom Steil of McGladrey & Pullen.

Sincerely yours,

Donald E. Fike

Donald E. Fike
Manager

ATTACHMENT-42

McGladrey & Pullen, LLP

117 E Main St Suite 210
Galesburg, IL 61401-4812
O 309 342 1175 F 309 342 7816
www.mcgladrey.com

McGladrey

April 16, 2012

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Edwin Enterprises, LLC

Dear Ms. Avery:

We have prepared the financial statements of Edwin Enterprises, LLC for the past 14 years. With the current cash and securities and future facility sales, Edwin Enterprises, LLC will have sufficient cash and securities to fund the construction of the 120-bed Skilled Nursing Facility in Carbondale.

Sincerely,

McGLADREY & PULLEN, LLP

Thomas R. Steil

Thomas R. Steil
Partner

ATTACHMENT-42

Member of the RSM International network of independent accounting, tax and consulting firms.

McGladrey & Pullen, LLP

117 E Main St , Suite 210
Galesburg, IL 61401-4612
O 309 342 1175 F 309 342 7816
www mcgladrey com

McGladrey

April 16, 2012

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Community Living Options, Inc.
Unlimited Development, Inc.

Dear Ms. Avery:

We have prepared the financial statements of Community Living Options, Inc. and Ulimited Development, Inc. for the past 25 years. They have sufficient cash and securities to fund any negative cash flow that will occur the first few months of operation while awaiting payment from the State of Illinois. They will have sufficient cash and securities to fund three years of operating costs.

Sincerely,

McGLADREY & PULLEN, LLP

Thomas R. Steil
Partner

ATTACHMENT-42

Member of the RSM International network of independent accounting, tax and consulting firms.

Attachment 42

Operating Cost

Activities	$	161,236.00
Nursing	$	3,497,361.00
Food Service	$	775,336.00
Housekeeping/Laundry	$	287,244.00
Maintenance	$	151,490.00
Administration	$	399,308.00
Employee Benefits	$	521,540.00
General	$	942,183.00
	$	6,735,698.00
Patient Days		39,420
Cost per Day	$	170.87

Capital Cost

Lease	$	996,396.00
Depreciation	$	57,744.00
Real Estate Taxes	$	180,000.00
	$	1,234,140.00
Patient Days		39,420
Cost per Day	$	31.30

Applicant is projected to reach target occupancy in Year 1 as residents will be moved from Jackson county nursing home.

ATTACHMENT-42

Manor Court of Carbondale
Projected Income Statement

	Year 1	Year 2	Year 3
REVENUE			
Inpatient Service	$ 7,938,750.00	$ 8,176,913.00	$ 8,422,220.00
Other	$ 291,124.00	$ 299,857.00	$ 308,853.00
	$ 8,229,874.00	$ 8,476,770.00	$ 8,731,073.00
EXPENSES			
Activities	$ 161,236.00	$ 166,073.00	$ 171,055.00
Nursing	$ 3,497,361.00	$ 3,602,281.00	$ 3,710,350.00
Food Service	$ 775,336.00	$ 798,596.00	$ 822,554.00
Housekeeping/Laundry	$ 287,249.00	$ 295,861.00	$ 304,737.00
Maintenance	$ 151,490.00	$ 156,035.00	$ 160,716.00
Administration	$ 399,308.00	$ 411,287.00	$ 423,626.00
Employee Benefits	$ 521,540.00	$ 537,186.00	$ 553,302.00
General	$ 942,183.00	$ 970,449.00	$ 999,562.00
Capital	$ 1,234,140.00	$ 1,271,164.00	$ 1,309,299.00
	$ 7,969,843.00	$ 8,208,932.00	$ 8,455,201.00
NET INCOME	$ 260,031.00	$ 267,838.00	$ 275,872.00

Statement of Cash Flows

Change in Net Assets	$ 260,036.00	$ 267,838.00	$ 275,872.00
Depreciation	$ 57,744.00	$ 59,476.00	$ 61,261.00
(increase) in Assets	$ (1,854,696.00)	$ (134,350.00)	$ (134,350.00)
Increase in Liabilities	$ 460,000.00	$ 15,400.00	$ 15,560.00
Member (Distribution)/Contribution	$ 1,126,916.00	$ (208,364.00)	$ (218,343.00)
Net Increase in Cash	$ 50,000.00	$ -	$ -

ATTACHMENT-42

Manor Court of Carbondale
Projected Balance Sheet

	Year 1	Year 2	Year 3
ASSETS			
Current Assets			
Cash - General	$ 50,000.00	$ 50,000.00	$ 50,000.00
Cash - Patient Trust	$ 5,000.00	$ 5,000.00	$ 5,000.00
Accounts Receivable	$ 1,250,000.00	$ 1,287,500.00	$ 1,325,000.00
Inventory	$ 10,000.00	$ 10,000.00	$ 10,000.00
Prepaid Expenses	$ 140,000.00	$ 145,000.00	$ 150,000.00
Total Current Assets	$ 1,455,000.00	$ 1,497,500.00	$ 1,540,000.00
Long Term Assets			
Vehicles	$ 120,000.00	$ 120,000.00	$ 120,000.00
Furniture and Fixtures	$ 337,440.00	$ 354,700.00	$ 372,600.00
Reserve for Depreciation	$ (57,744.00)	$ (117,220.00)	$ (178,481.00)
	$ 399,696.00	$ 357,480.00	$ 314,119.00
TOTAL ASSETS	$ 1,854,696.00	$ 1,854,980.00	$ 1,854,119.00
LIABILITIES			
Current Liabilities			
Accounts Payable	$ 125,000.00	$ 130,000.00	$ 135,000.00
Cash - Patient Trust	$ 5,000.00	$ 5,000.00	$ 5,000.00
Accrued Wages	$ 150,000.00	$ 155,000.00	$ 160,000.00
Accrued Real Estate Taxes	$ 180,000.00	$ 185,400.00	$ 190,960.00
TOTAL LIABILITIES	$ 460,000.00	$ 475,400.00	$ 490,960.00
EQUITY			
Member Contrubution	$ 1,134,660.00	$ 851,706.00	$ 559,412.00
Retained Earnings	$ 260,036.00	$ 527,874.00	$ 803,747.00
TOTAL EQUITY	$ 1,394,696.00	$ 1,379,580.00	$ 1,363,159.00
TOTAL LIABILITIES AND EQUITY	$ 1,854,696.00	$ 1,854,980.00	$ 1,854,119.00

ATTACHMENT-42

15. The constructed new building will be much more energy efficient. Based on the utilities cost of an existing building (of the proposed model) and the current building, yearly utilities costs would be $47,000 less.

    The new building will not incur the ongoing maintenance/improvements/upkeep costs of the current building. As the existing facility is spending $28,000 per month ($336,000 per year) on capital improvements and maintenance costs, the savings would be significant.

    The proposed project will implement a proven staffing pattern that will result in much more efficient use of labor and will reduce the Full Time Equivalents from 125 in the current building to 90 in the proposed building. This reduction in FTEs will result in cost savings of $75,000 per month and $900,000 per year.

    The proposed project will also utilize the support of an experienced management company with support personnel, systems, and processes which should benefit the operations in marketing and census development, financial efficiencies, quality of care, and compliance issues.

ATTACHMENT-42

John Kniery

From: Cox, Verna [vjcox@rfmsinc.com]
Sent: Tuesday, May 08, 2012 3:51 PM
To: John Kniery
Subject: Reply to your May 7 email - Carbondale CON

1. The project is in the schematic stage and we have solely used estimates as we do not have specific plans nor have we got a quote for equipment. Therefore, I do not know how we can provide you with a complete equipment list.
2. Audited statements were mailed to you today. You were previously send a letter from the CPA regarding the availability of funds.
3. The project is being funded by cash; therefore, there is no financing involved.
4. Proforma financial statements were based on our current operating results, taking into consideration the Carbondale marked and retention of the county home staff.

5a. The amount of equity to be contributed was shown on page 5.
5b. Source of funds is cash.
5c. Source of funds is cash.
5d. Not applicable
5e. not applicable
5f. Not applicable

5g, 5h and 5i were previously provided.

Regarding break even analysis, since it is projected that all residents from the current county home will be moved into the new facility, it is projected that in the first month of operation we will be profitable.

ATTACHMENT-42

RFMS, INC.
285 South Farnham Street
Galesburg, IL 61401

May 8, 2012

Mr. John Kniery
Foley & Associates
1638 South MacArthur
Springfield, IL 62704

Dear John:

In this letter I will attempt to relate to you the various activities our facilities participate in which result in direct community benefit to which no cost is directly assigned.

As I have indicated to you before, it is very difficult for a nursing home to provide charity care as defined by most State Departments. First and foremost, Medicaid was established to provide medical assistance to those individuals who do not have the financial wherewithal to pay for these services. Therefore, in the typical situation, most patients in need of nursing home services will qualify for Medicaid and Medicaid will provide reimbursement for these services. Much has been debated about how one treats the cost differential between the amount the State of Illinois pays and the actual cost of providing these services. This cost differential has not been recognized as charity care. The State of Illinois ranks 50th out of the 50 states on reimbursement for Medicaid patients. Facilities lose a substantial amount of money in caring for Medicaid patients. All facilities operated by Unlimited Development, Inc., and specifically the proposed Manor Court of Carbondale facility, will accept Medicaid patients or any other patients regardless of their ability to pay.

With regard to the various activities our facilities participate in which result in direct community benefit includes, but is by no means the only activities our facilities provide:

- Lunch and Learn and health fairs in which our facilities bring in a specific professional to discuss a particular issue that affects seniors.
- The facilities provide a monthly Alzheimer's Support Group. This group is not limited to residents of the facility who suffer from dementia, but anyone from the surrounding community.
- Facilities provide free blood pressure screenings to the community.
- Facilities provide free glucose screenings to the community.
- Facilities perform balance and gait assessments free to the community.
- Facilities provide flu shot clinics free to the community.
- Facilities provide space and advertising for monthly blood drives.
- Facilities provide transportation for Meals on Wheels programs

ATTACHMENT-44

Other community activities the facilities provide:

- Safe environment for Trick or Treating
- Easter Egg Hunts
- Reading programs with young children.
- The facilities are available for use by community groups without charge.
- We allow the facilities to be used as a voter precinct.

Other programs our facilities are active in:

- Various fundraisers including The Alzheimer's Association, the Arthritis Foundation, food drives for local food pantries, American Heart and Lung Association, and Relay for Life.

As you know, our facilities provide a wide variety of benefits to the community for which they receive no monetary return.

Sincerely yours,

Ronald J. Wilson

Ronald J. Wilson

RJW:vc

ATTACHMENT - 44

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaidpatients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year 2011	Year 2010	Year 2009
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient	80,480	121,800	171,855
Outpatient			
Total	80,480	121,800	171,855
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Days Inpatient	152,146	142,193	133,603
Outpatient			
Total	152,146	142,193	133,603

ATTACHMENT-44

Medicaid (revenue)	2011	2010	2009
Inpatient	17,139,247	15,715,170	13,822,566
Outpatient			
Total	17,139,247	15,715,170	13,822,566

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year 2011	Year 2010	Year 2009
Net Patient Revenue	67,283,991	59,590,827	54,527,971
Amount of Charity Care (charges)	80,480	121,800	171,855
Cost of Charity Care	80,480	121,800	171,855

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.