17-035

ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

LTC APPLICATION FOR PERMIT
July 2012 Edition

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HEALTH FACILITIES & SERVICES REVIEW BOARD

LONG-TERM CARE APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

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

The Applicant's to the project are **Frances House, Inc.** (Parent) and **Residential Alternatives of Illinois, Inc.** (Owner and Operator). The Applicants are proposing the establishment of a campus, Liberty Village of Rochelle, which will consist of a single story 92-bed nursing facility in 63,593 gsf known as Manor Court of Rochelle. The beds will be split between 70 General Long-Term nursing care beds in 52,823 gsf and the connected Garden Courts of Rochelle (DBA for the Memory Care Unit), a 22-bed Specialized Memory Care unit in 10,770 gsf. Garden Courts will care for residents suffering with Alzheimer's Disease and Related Disorders (ADRD).

The General Long-Term Care portion of the building will be a single story structure with a "main street commons" in the center core of the building, with the residents' rooms provided on three of four neighborhoods that connect to the central core. The core will offer ancillary services and common area amenities for residents to include an old fashion ice cream parlor, a beauty salon and barber shop, a non-denominational chapel, private dining room for residents and their guests, and a club room. An out-patient therapy is also being contemplated to meet the needs of discharged nursing residents who are still in need of additional therapy. In addition to the General Long-Term Care services to be provided, Manor Court will provide sub-acute services to include pulmonary care as well as orthopedic rehabilitation services. The total dual certified bed compliment will include 60-private and 16-double rooms.

The memory care will be a separate, distinct wing also off of the common core. In addition to the Garden Courts traditional programming, the physical layout will promote secure outdoor activities and a wondering circuit all in a home like environment.

It should be noted that both General Long-Term and Specialized Memory Care units under Manor Court of Rochelle will offer separate and distinct common areas. The Applicant will have efficiencies built in through the shared use of a single kitchen, laundry facility and administration. The two nursing bed components are situated on a 13.67 acres site.

This application is for the establishment of a new facility, thus, this project is classified as "Substantive" according to the *77 Illinois Administrative Code, Chapter II, Section 1110.140.b of subchapter a.*

Facility/Project Identification

Facility Name: **Manor Court of Rochelle**		
Street Address: **Tax parcel number 24-14-100-015 (North of Flagg Road and west of 20th Street)**		
City and Zip Code: **Rochelle, Illinois 61068**		
County: **Ogle**	Health Service Area: **001**	Health Planning Area: **Ogle**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Residential Alternatives of Illinois, Inc.**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Name of Registered Agent: **J. Michael Bibo**
Name of Chief Executive Officer: **John P. Kniery, President**
CEO Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Telephone Number: **309-343-1550**

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Facility/Project Identification

Facility Name: **Manor Court of Rochelle**		
Street Address: **tax parcel number 24-14-100-015 (North of Flagg Road and west of 20th Street)**		
City and Zip Code: **Rochelle, Illinois 61068**		
County: **Ogle**	Health Service Area: **001**	Health Planning Area: **Ogle**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Frances House, Inc.**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Name of Registered Agent: **J. Michael Bibo**
Name of Chief Executive Officer: **Jeff Shaw, President**
CEO Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Telephone Number: **309-343-1550**

Type of Ownership (Applicant/Co-Applicants)

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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.

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[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Post Permit Contact

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

Name: **Ronald J. Wilson**
Title: **Chief Financial Officer**
Company Name: **RFMS, Inc.**
Address: **285 South Farnham Street, Galesburg, Illinois 61401**
Telephone Number: **(309) 343-1550**
E-mail Address: **rjwilson@rfmsinc.com**
Fax Number: **(309) 343-2857**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Residential Alternatives of Illinois, Inc.**
Address of Site Owner: **285 South Farnham Street, Galesburg, Illinois 61401**
Street Address or Legal Description of Site: **See legal description appended as ATTACHMENT-2A**
Proof of ownership or control of the site is to be provided as . Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND OOCUMENTATION 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: **Residential Alternatives of Illinois, Inc.**
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.

State Agency Submittals

The following submittals are up- to- date, as applicable:

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

☐ All reports regarding outstanding permits

If the applicant fails to submit updated information for the requirements listed above, the application for permit will be deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 manager 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 is filed on the behalf of Residential Alternatives of Illinois, 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 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 fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

John Kniery
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15 day of June, 2017

Signature of Notary

Seal OFFICIAL SEAL
CHRISTOPHER DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES FEBRUARY 18, 2018

SIGNATURE

Jeff Shaw
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of June, 2017

Signature of Notary

Seal OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/14/19

*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 manager 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 is filed on the behalf of Frances House, 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 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 fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Jeff Shaw
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of June, 2017

Verna J. Cox
Signature of Notary

Seal OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/14/19

SIGNATURE

Ken Pyszka
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of June 2017

Verna J. Cox
Signature of Notary

Seal OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/14/19

*Insert the EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

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

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

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

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

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

	term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
3.	The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.
APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ General Long-Term Care	0	92
☐ Specialized Long-Term Care		
☐		

***Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hrfsb.illinois.gov). PLEASE NOTE:** ANY bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
☒ General Long Term Care	2021	307.2	30,222
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

The review criteria listed below must be addressed, per the LTC rules contained in 77 Ill. Adm. Code 1125. See HFSRB's website to view the subject criteria for each project type - (http://hfsrb.illinois.gov). To view LTC rules, click on "Board Administrative Rules" and then click on "77 Ill. Adm. Code 1125".

READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and **submit the required documentation for the criteria, as described in SECTIONS IV and V:**

GENERAL LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	**Subject**
Establishment of Services or Facility	.520	Background of the Applicant
	.530(a)	Bed Need Determination
	.530(b)	Service to Planning Area Residents
	.540(a) or (b) + (c) + (d) or (e)	Service Demand – Establishment of General Long Term Care
	.570(a) & (b)	Service Accessibility
	.580(a) & (b)	Unnecessary Duplication & Maldistribution
	.580(c)	Impact of Project on Other Area Providers
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Expansion of Existing Services	.520	Background of the Applicant
	.530(b)	Service to Planning Area Residents
	.550(a) + (b) or (c)	Service Demand – Expansion of General Long-Term Care
	.590	Staffing Availability
	.600	Bed Capacity
	.620	Project Size
	.640	Assurances
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions

	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

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

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

Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

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

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (http://hfsrb.illinois.gov) and click on "Health Facilities Inventories & Data".
2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.
3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

than the number of years projected;

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

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

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

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

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

THIS ITEM IS NOT APPLICABLE

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

1. Historical Service Demand

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

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

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need – THIS ITEM IS NOT APPLICABLE

Continuum of Care:

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

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

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization

THIS ITEM IS NOT APPLICABLE

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

$17,646,768	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.
$17,646,768	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

THE APPLICANT HAS MET THE REQUIREMENTS TO FINANCIAL VIABILITY WAIVER. THIS ITEM IS NOT APPLICABLE

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 29, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing – THIS ITEM IS NOT GERMANE. THIS IS AN ALL CASH PROJECT.

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE

Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing	$203.21	0	45,205	0	0	0	$ 9,186,099	$ -	$ 9,186,099
Contingency	$ 19.79	0	45,205	0	0	0	$ 894,590	$ -	$ 894,590
TOTALS	$223.00	0	45,205	0	0	0	$10,080,689	$ -	$ 10,080,689

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

APPENDIX A

Project Costs and Sources of Funds

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

Use of Funds	Clinical	Non-Clinical	Amount
Preplanning Costs	$46,225	$18,803	$65,028
Site Survey and Soil Investigation	$32,033	$13,030	$45,063
Site Preparation	$470,246	$191,281	$661,527
Off Site Work	$24,578	$9,998	$34,576
New Construction Contracts	$9,186,099	$3,736,622	$12,922,721
Modernization Contracts	$0	$0	$0
Contingencies	$894,590	$363,892	$1,258,482
Architectural/Engineering Fees	$869,269	$353,592	$1,222,861
Consulting and Other Fees	$233,276	$94,889	$328,165
Movable or Other Equipment	$780,757	$317,588	$1,098,345
Bond Issuance Expense	$0	$0	$0
Net Interest Expense During Construction	$7,108	$2,892	$10,000
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs to be Capitalized	$0	$0	$0
Acquisition of Building or Other Property	$0	$0	$0
Total IDPH Regulated Uses of Funds	**$12,544,182**	**$5,102,586**	**$17,646,768**
Source of Funds			**Total**
Cash and Securities	$12,544,182	$5,102,586	$17,646,768
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues	$D	$0	$0
Mortgages	$0	$0	$0
Leases	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
Total Sources of Funds	**$12,544,182**	**$5,102,586**	**$17,646,768**

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

Use of funds	Project Cost Breakdown	Cost
Preplanning cost	**TOTAL**	**$65,028**
	Reimbursable Professional Expenses	$9,478
	Pre-Opening Mgmt/Mkt'g	$55,550
Site survey and soil investigation	**TOTAL**	**$45,063**
	ALTA Land Survey	$5,500
	Soul Testing	$11,863
	Illinois EPA Permit Fees	$2,400
	Phase 11 Environmental	$25,300
Site preparation	**TOTAL**	**$661,527**
	Fill Grading, Curbs, paving, water,	$661,527
	sewer, storm drain	
Off-site work	**TOTAL**	**$34,576**
	City Tap-On & Impact Fees	$34,576
	Extending water and sewer linesTo the site	
New construction contracts	**TOTAL**	**$12,922,721**
	Construction & Building Cost	$12,534,221
	Insurance & Builders Risk	$127,500
	Construction Management	$261,000
Contingencies	**TOTAL**	**$1,258,482**
	Contingencies – 10% From GC contract	$1,258,482
Architectural/Engineering Fees	**TOTAL**	**$1,222,861**
	Architectural & Engineering	$1,222,861
Consulting & Other Fees	**TOTAL**	**$328,165**
	Building Permit Fees	$69,952
	Construction Inspection Fees	$79,997
	Legal Fees	$66,469
	Title & Recording	$8,397
	Illinois health facility CON fees	$84,650
	Illinois Department of Public health Fee	$12,000
	Approvals	$6,700
Movable or Other Equipment	**TOTAL**	**$1,098,345**
	Furniture, Fixtures & Equipment	$1,098,345
Internet Expense During Construction	**TOTAL**	**$10,000**
	Construction Interests & Escrow	$10,000
Total IDPH Regarding Uses of Funds		**$17,646,768**

APPENDIX-A1

Itemized Furniture and Equipment List

Rooms	Bedroom furniture	Number	Cost of items
60 private bed Rm's	Nightstand	92	Cost Under FF & E
16 semi private bed Rm's	Chester drawers	92	Cost Under FF & E
Total 92 bands	Chair	92	Cost Under FF & E
All bed Rm's private showers	Electric bed	92	Cost Under FF & E
	Central Bathing Rm's		
	Jacuzzi tubs	2	Penner Tub
	Built-in showers	2	
	Dining rooms		
	Dining room tables	28	Cost Under FF & E
	Dining room chairs	92	Cost Under FF & E
	Lounge / Living Rm's		
	Lounge chairs	45	Cost Under FF & E
	Tables / game tables	8	Cost Under FF & E
	In tables	6	Cost Under FF & E
	Recliners and couches	8	Cost Under FF & E
	Bistro		
	Tables	3	Cost Under FF & E
	Table chairs	12	Cost Under FF & E
	Barstools	5	Cost Under FF & E
	Lobby		
	Desk	1	Cost Under FF & E
	Cheers	6	Cost Under FF & E
	Couch	1	Cost Under FF & E
	In tables	2	Cost Under FF & E
	Media /Activity / All-Purpose		
	Tables	14	Cost Under FF & E
	Chairs	40	Cost Under FF & E
	Office's		
	Desk	10	Cost Under FF & E
	Chairs	18	Cost Under FF & E
	Physical Therapy		
	See attached list		Cost Physical therapy
	Pantries		
	Worktable	4	Cost under kitchen
	Fridge raider	4	
	Freezer	4	
	Microwave	4	
	Serving steam table	4	
	Kitchen		
	See attached list		Cost under kitchen
	Model numbers may change		

Kitchen EQUIPMENT SCHEDULE

Qty	Manufacturer	Equipment Category	Model Number	Equipment Remarks
3	Eagle Group/Metal Masters	Sink, Hand, Wall Mount	HSA-10-F	
3	T & S Brass	Faucet, Deck Mount	B-1110	
1	True Food Service	Refrigerator, Reach-In	T-49	
1	Manitowoc Ice	Ice Maker w/o Bin	SY-0424A	
1	Manitowoc Ice	Bin, Ice	B-570	
1	Manitowoc Ice	Filter System, Icemaker	AR-10000	
1	Eagle Group/Metal Masters	Table, Work	T3084SEM-BS	Backsplash-42"AFF
4	Jamco	Cart, Utility	xj136-48	
1	Duke Manufactureing	Dishtable, Straight	CDTL-84-16/4	
1	T & S Brass	Pre-Rinse Faucet, Wall Mount	B-0133-B	Provide blocking
1	In-Sink-Erator	Disposer, Garbage	SS-150-7	
1	In-Sink-Erator	Disposer, Switch	MRS-8	
1	Champion Industries	Warewasher, Door Type, High Temp	DH2000	
1	Duke Manufacturing	Dishtable, Straight	SSCD-96-L	
1	CaptiveAire	Hood, Condensate	4224VHB-G	
1	Eagle Group/Metal Masters	Sink, Scullery, 3 Compartments	314-18-3-18	
2	T & S Brass	Faucet, Wall Mount	B-0231	
1	InterMetro Industries	Shelving, Wire	1872NK3	
3	InterMetro Industries	Shelving, Wire	1848NK3	
8	Carter-Hoffmann	Cabinet, Mobile, Warming & Holding	HB128	
1	Captive Aire	Hood	ND-2-PSP-E	Fire suppression provided
2	New Age Industrial	Rack, Pan	1332	
1	Southbend	Oven, Convection, Gas	SLGS-22SC	
1	Dormont Manufacturing	Gas Connector	1675KIT	
1	Southbend	Range, Restaurant, Gas	436D-3G	
1	Dormont Manufacturing	Gas Connector	1675KIT	
1	Southbend	Range, Restaurant, Gas	436D	
1	Dormont Manufacturing	Gas Connector	1675KIT	
1	Southbend	Steamer, Convection, Electric	STRE-F	
		Cost included in kitchen equipment		
	Ink-Erator	Disposer, Switch	MRS-8	
1	T & S Brass	Faucet, Deck Mount	B-0221	
1	Duke Manufacturing	Buffet/Cafeteria, Hot Food-Soup Stat	5503-25PG	
1	Duke Manufacturing	Table, Work	T44120SE	
1	Eagle Group/Metal Masters	Pot Rack, Table Mount	TM120APR	
1	Duke Manufacturing	Table, Work	314S-36108	
1	Berkel	Slicer, Food	825E	
1	Berkel	Mixer, Counter	PM20	
1	Duke Manufacturing	Stand, Mixer	492A-3024	
4	InterMetro Industries	Shelving, Wire	1842BR	
24	InterMetro Industries	Shelving, Wire	1848NK3	
1	InterMetro Industries	Shelving, Wire	1860BR	
1	New Age Industrial	Rack, Can	1250CK	
1	Norlake	Freezer, Walk-In,	Fineline/Freezer	With floor
1	Norlake	Freezer, Walk-In, Components	Condensing Unit	Provide concrete pad
1	Norlake	Evaporator Coil, Cooler/Freezer	AM-D90	
1	Norlake	Door Frame Comp.		
1	Norlake	Heater Tape		
1	Norlake	Refrigerator, Walk-In,	Fineline/Refrigerator	With floor & interior ramp
1	Norlake	Refrigerator, Walk-In, Components	Condensing Unit	Provide concrete pad
1	Norlake	Evaporator Coil, Cooler/Refrigerator	AM-09D	

APPENDIX-A1

Estimated Therapy Equipment Start-Up Costs Rochelle, IL

Cost under physical therapy equipment

Description
HUR- Abdomen/Back, Two Exercises in one machine, Easy Access with Smart Card
HUR- Smart Card Rehab Line - Leg Press - Adjustable Back Support, Handgrips, Range Limiter, Isometric Testing Sensor
HUR- Smart Card Rehab Line - Leg Extension/Leg Curl - Adjustable Seat Position, Adjustable Lever Arms, Range Limiters
HUR- Smart Card Rehab Line - Adduction/Abduction - Adjustable Seat Position, Range Limiters, Isometric Testing Sensor
HUR- Dual Hand Functional Trainer - Smart Card - Freestanding
HUR- Smart Card Rehab Line - Push Up/Pull Down - Includes Adjustable Seat, Belt, ROM Limiters, Isometric Testing Sensor
HUR- Chest Press - Smart Card
HUR- Optimal Rhomb - Smart Card
HUR- Sil-Air Compressor
HUR- HUR Smart Card software, Card Reader and 10 cards
HUR- Isometric Testing Software and Recorder
HUR- Smart Card Balance System with laptop, monitor, software, carry case and Balance Gym package
Shipping with Liftgate and Inside Delivery
Installation
NuStep T5 XR Recumbent Stepper
Shipping with Liftgate and Inside Delivery for four units
BIODEX Upper Body Cycle Clinical Pro
BIOSTEP 2 Semi-Recumbent Elliptical
BIODEX Gait Trainer 3 - Rehab treadmill & Gait training treadmill with performance reports, comparison to normative data
Shipping with Liftgate and Inside Delivery
Back-at-Ya Package, Adjustable Square Rebounder with ball rack and set of five medicine balls
Shipping
NeuroGym Sit-to-Stand Trainer with one standard sling
Additional Bariatric Sling
Shipping with Liftgate and Inside Delivery
Easy Stand Strap Stand(Classic Package)
Shipping
True Stretch Stretching Cage
Shipping
Dynamic Stair Trainer , adjustable stair trainer w/electronic controls; adjustable height handrails, adjustable width one side
9' Long handrails, sold as a pair to extend the use of the DST as regular parallel bars
Shipping with liftgate and inside delivery
Armedica 10' Power Platform Parallel bars
Shipping with Liftgate and Inside Delivery
ARJO Therapy Gym Ceiling Lift/Ambuation Track- Room Covering H Style Track including Installation
ARJO Walking Sling, Loop, Large
ARJO Walking Sling, Loop, Xlarge

Sheet 1 of 2

Estimated Therapy Equipment Start-Up Costs Rochelle, IL

Hausmann Crank Hydraulic OT Work Table, 48" x 66"
Hausmann Accessorized Mulit-Purpose Weight Rack/Mirror Combo includes cuff weights, dumbbells, and theraband
HausmannAccessorized Grand Stand Rack/Mirror Combo includes cuff weights, dumbbells, theraband, weight bars & stora
Shipping with Liftgate and Inside Delivery

Armedica Hi-Lo Mat Tables, 5 x 7
Armedica Hi-Lo Treatment table - THREE SECTION TOP / NON-ELEV CENTER SECTION
Shipping with Liftgate and Inside Delivery for three tables

Earthlite Avalon XD Tilt Portable Massage Table (Includes flexrest, carry case armsling)
Earthlite Vortex Earthlite Vortex Portable Massage Chair Package (Includes sternum pad, strap and carry case)
Shipping

Hydrocollator Mobile Heating Unit, Model M-2, Includes 4 standard, 2 oversize, and 4 cervical HotPacks
Shipping with Liftgate and Inside Delivery

Vectra Genisys 4 Channel Combination System with Cart
VitalStim portable kit, adult
Shipping

GameReady Pro 2.1 System
Straight Knee Wrap with ATX (one size fits all)
Shoulder Wrap with ATX, Large, Right (fits chest sizes 40"-55")
Shoulder Wrap with ATX, Large, Left (fits chest sizes 40"-55")
Hip/Groin Wrap with ATX, Right
Hip/Groin Wrap with ATX, Left
Ankle Wrap* with ATX, Large (fits men's shoe sizes 11 and under)
Shipping

Wii Console and Wii Fit game and accessories
Flat Screen TV- 55 inch

Flat Screen TV- 60 inch- for AJ's Area

IPad with Speech Therapy and Occupational Therapy Apps

Sheet 2 of 2

IOPI System- Speech Therapy Treatment Tool

APPENDIX-A1

Therapy training kitchen equipment cost

Sears Commercial

Sales Quotation

Sold-To-Party
RFMS CONSTRUCTION DIVISION 285 S FARNHAM ST Galesburg IL 61401 (309) 343-2177

Quotation Information	
Sales Quote No.	20059258
Document Date	02/04/2014
Customer No.	10060007
Purchase Order No	Carbondale
Purchase Order Date	
Requested Delivery Date	02/28/2014
Validity Start Date	02/04/2014
Validity End Date	03/06/2014

Ship-To-Party
RFMS CONSTRUCTION DIVISION Ken Phillips (309) 335-3333

PT Appliances

Material Information

Item No.	Material No. Description	Quantity	Price	Price Unit	Amount
10	02294142000 5.3 cu. ft. Electric Range w/ Self-Clean	1	332.64	EA	332.64
20	40010510000 LEAVE IN CARTON	1		EA	
30	02215009000 Cord; 4 Wire, 5 Ft, 50 AMP	1	16.15	EA	16.15
40	02280323000 1.6 cu. ft. Over-the-Range Microwave - S	2	196.16	EA	392.31
50	40010510000 LEAVE IN CARTON	2		EA	
60	02605072000 3.4 cu. ft. Top-Load Washer	1	307.47	EA	307.47
70	40010520000 UNCRATE ONLY	1		EA	
80	02652535000 GE 4 ft. Inlet Washer Hoses - 2 Pack	1	6.49	EA	6.49
90	02606192000 6.5 cu. ft. Electric Dryer - White	1	269.79	EA	269.79

Order Placement Information
Order Management Center: Phone: Email: Fax:

Sales Consultant Information
Sales Consultant: Email Address Telephone Fax

Sears Commercial

Sales Quotation

Sold-To-Party
RFMS CONSTRUCTION DIVISION 285 S FARNHAM ST Galesburg IL 61401 (309) 343-2177

Quotation Information	
Sales Quote No.	20059258
Document Date	02/04/2014
Customer No.	10060007
Purchase Order No	Carbondale
Purchase Order Date	
Requested Delivery Date	02/28/2014
Validity Start Date	02/04/2014
Validity End Date	03/06/2014

Material Information

Item No.	Material No. Description	Quantity	Price	Price Unit	Amount
100	40010520000 UNCRATE ONLY	1		EA	
104	02649900000 VENT KIT DRYER	1	15.23	EA	15.23
106	02615001000 30 AMP 4 WIRE 5FT ELEC	1	9.72	EA	9.72
120	04686392000 11CF TM TOP MOUNT	2	405.00	EA	810.00
130	40010520000 UNCRATE ONLY	2		EA	
140	04650022000 25CF SXS DISPENSING	2	793.73	EA	1,587.46
150	40010520000 UNCRATE ONLY	2		EA	
160	40010100000 DELIVERY	1	55.00	EA	55.00

Subtotal before TAX	3,747.26
Est. Tax Total (Tax Rate in %)	
Misc. Charges	
Misc. Charges Tax	
Delivery/Installation Total	55.00
Est. Del./Install Tax*	
Grand Total	**3,802.26**

*If applicable, delivery must be taxed in certain areas.

Order Placement Information
Order Management Center: Phone: Email: Fax:

Sales Consultant Information
Sales Consultant: Email Address Telephone Fax

APPENDIX-A1

APPENDIX B

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☒ Yes ☐ No
Purchase Price: $ 508,744.00
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 $ 975,000.00.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **October 1, 2019**

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

☒ Project obligation will occur after permit issuance.

APPENDIX D

Cost/Space Requirements

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

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	$6,394,883	0	23,045.0	23,045.0	0	0	0
Living/Dining/Activity	$1,824,533	0	6,575.0	6,575.0	0	0	0
Kitchen/Food Service	$2,122,840	0	7,650.0	7,650.0	0	0	0
P.T./O.T.	$1,366,943	0	4,926.0	4,926.0	0	0	0
Laundry	$452,318	0	1,630.0	1,630.0	0	0	0
Janitor Closets	$81,861	0	295.0	295.0	0	0	0
Clean/Soiled Utility	$103,783	0	374.0	374.0	0	0	0
Beauty/Barber	$197,022	0	710.0	710.0	0	0	0
Total Clinical	$12,544,182	0	45,205.0	45,205.0	0	0	0
NON-CLINICAL							
Office/Administration	$868,561	0	3,130.0	3,130.0	0	0	0
Employee Lounge/	$283,045	0	1,020.0	1,020.0	0	0	0
Locker/Training	$55,499		200.0	200.0			
Mechanical/Electrical	$437,055	0	1,575.0	1,575.0	0	0	0
Lobby	$684,581	0	2,467.0	2,467.0	0	0	0
Storage/Maintenance	$462,030	0	1,665.0	1,665.0	0	0	0
Corridor/Public Toilets	$2,311,815	0	8,331.0	8,331.0	0	0	0
Stair/Elevators	$0	0	0.0	0.0	0	0	0
Total Non-clinical	$5,102,586	0	18,388.0	18,388.0	0	0	0
TOTAL	**$17,646,768**	**0**	**63,593.0**	**63,593.0**	**0**	**0**	**0**

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

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3	Operating Identity/Licensee	43-44
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12	Background of the Applicant	249-310
13	Planning Area Need	311-318
14	Establishment of General LTC Service or Facility	319-321
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C	Project Status and Completion Schedule	33
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Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

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

The Applicant is **Residential Alternatives of Illinois, Inc.** (hereafter referred to as **RAI, Inc.** or Applicant). The Applicant is a general not-for-profit entity incorporated in the State of Illinois. It should be noted that **Frances House, Inc.** is considered a Co-Applicant as it is the Parent or sole shareholder to the Applicant. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A**.

ATTACHMENT-1

File Number 5487-008-6

To all to whom these Presents Shall Come, Greeting:

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

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, 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* 21ST *day of* APRIL *A.D.* 2017 .

Authentication #: 1711102128 verifiable until 04/21/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 5192-067-8

To all to whom these Presents Shall Come, Greeting:

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

FRANCES HOUSE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 03, 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* 21ST *day of* APRIL *A.D.* 2017 .

Authentication #: 1711102152 verifiable until 04/21/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

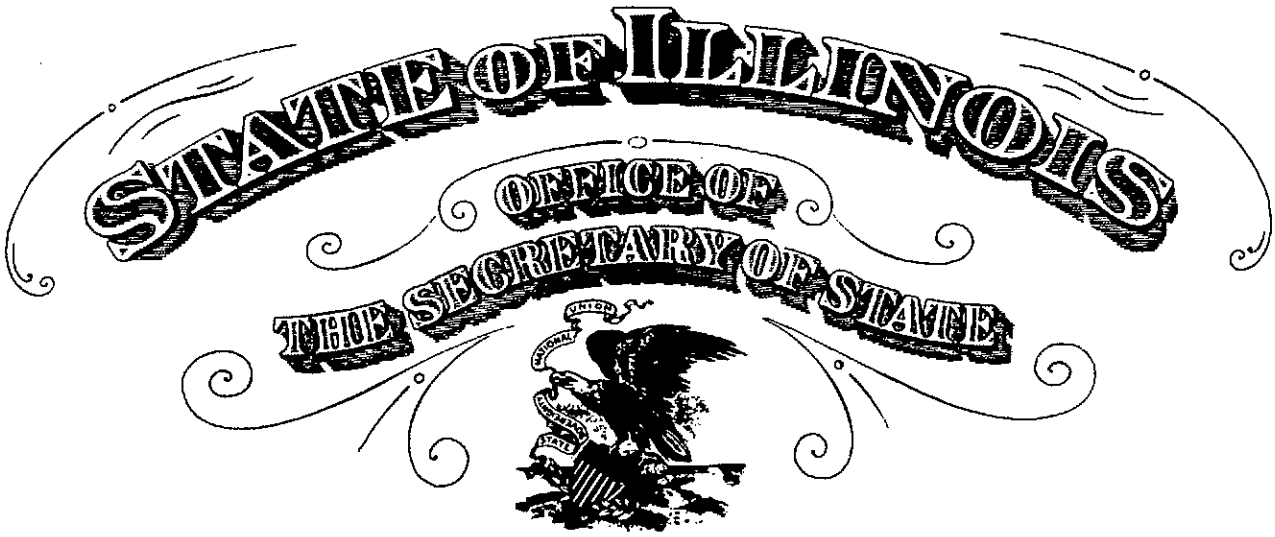
Site Ownership

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

The ownership entity for the proposed project is **RAI, Inc.** An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-2A**. A signed "Option to Purchase Real Estate" agreement dated February 9, 2017 documenting site control is appended as **ATTACHMENT-2B**.

ATTACHMENT-2

File Number 5487-008-6



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RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, 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* 21ST *day of* APRIL *A.D.* 2017 .

Authentication #: 1711102128 verifiable until 04/21/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-2A

HAYDEN REAL ESTATE, INC.

February 9, 2017

RFMS, Inc
Attn: Don Fike & Ken Phillips
285 S Farnham Street
Galesburg, IL 61401

Re: Option to Purchase Real Estate

Gentleman;

Below is a summary of the terms we have verbally discussed for the property owned by Creekside Land Holdings, LLC in Rochelle, IL.

- 10+/- acres as shown on the attached aerial photograph.
- Land is located north of Flagg Road and West of 20th Street and is part of tax parcel number 24-14-100-015 in Ogle County.
- Purchase price will be determined by multiplying the surveyed acres east of the gas pipeline (9+/- acres) by $40,000 per acre and by calculating the acre(s) encumbered by the gas pipeline (1+/- acre) by $20,000 per acre.
  Calculation: $40,000 x 9 acres + $20,000 x 1 acre = $380,000 Final price will be determined by survey.
- Creekside Land Holdings, LLC agrees to provide fill dirt from a stockpile north of the Rochelle High School property at no cost to the buyer. Upon completion the stockpile will be left in a mowable condition.
- Seller will up to 66' at the south end of the property and north of the assisted living facility to give access to the remainder of the property they are not selling.
- Buyer and seller agree to cooperate as it relates to utilities and converting the existing private road to a public street.
- The option period will be run through October 27, 2017 and the option price will be $1.00.

We look forward to working with you and supporting your project however possible through this option period and beyond.

Agreed to this __ day of February, 2017 by:

Tim Hayden

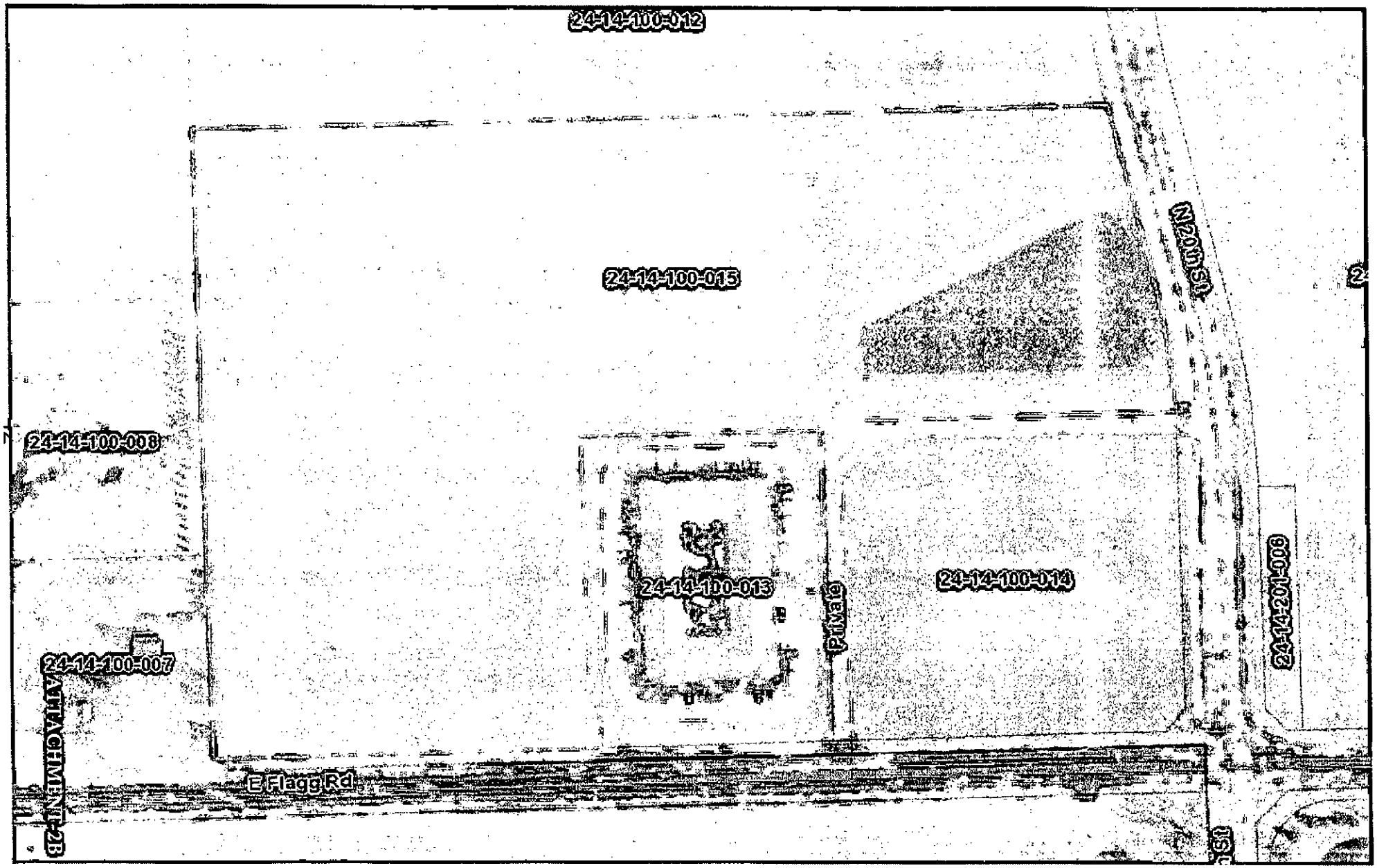
By: Tim Hayden, Member
Creekside Land Holdings, LLC
Seller

Donald E. Fike

By:
RFMS, Inc or Assigns 3-21-17
Buyer

221 E IL Route 38 · P.O. Box 67
Rochelle, IL 61068
Office 815-562-2111 · Fax 815-562-7085
haydenreinc.com · hre@haydenreinc.com

ATTACHMENT-2B



ATTACHMENT 2B

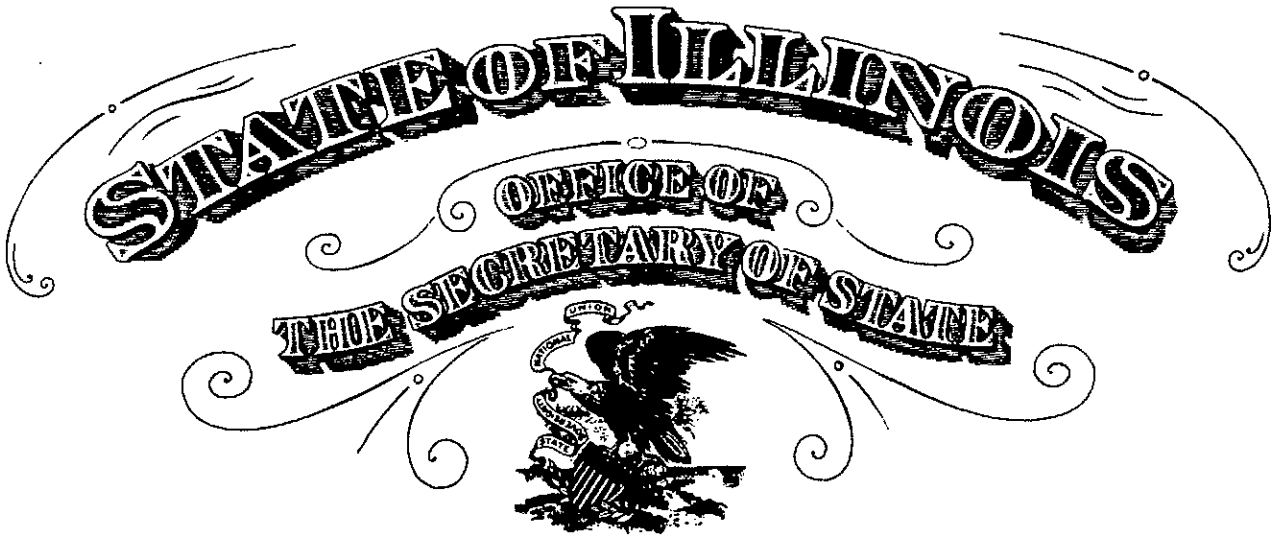
Operating Identity/Licensee

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

The Operator/Licensee of the proposed Manor Court of Rochelle will be **RAI, Inc.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A.**

ATTACHMENT-3

File Number 5487-008-6



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RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, 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.

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Authentication #: 1711102128 verifiable until 04/21/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-3A

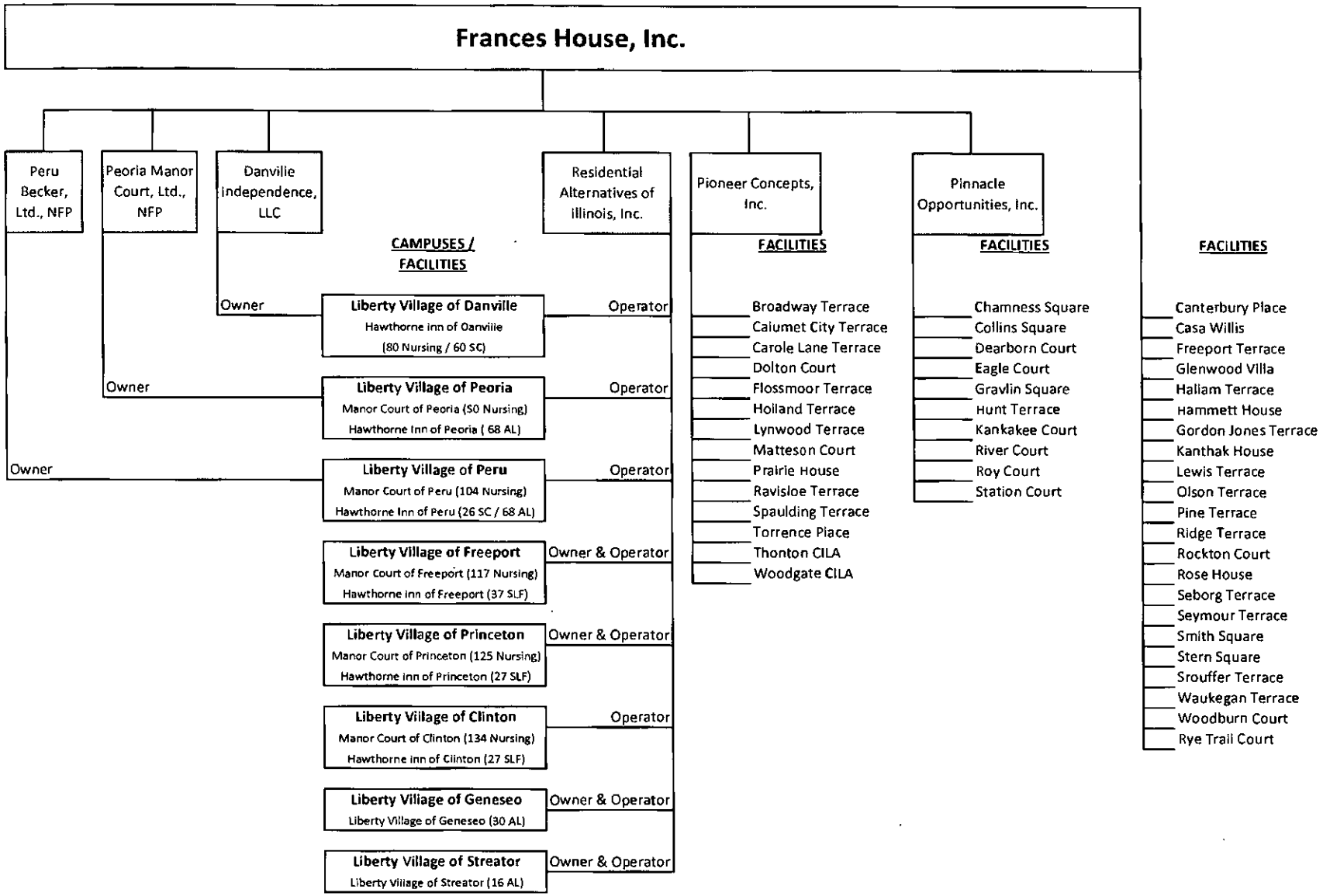
Organizational Relationships

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

RAI, Inc. is both the owner and operating entity for the proposed project. This entity controls eight retirement campuses in Illinois which represent six licensed sister (nursing care) facilities to the subject project. Appended as **ATTACHMENT-4A,** is the organizational chart for the Parent entity, **Frances House, Inc.**, which includes **RAI, Inc.**

What should be noticed is that **RAI, Inc.** is the only Long-Term Care entity in the entire structure. The balance of the licensed facilities are facilities that provide either ICF/DD 16 and Under facilities or Community Integrated Living Arrangements (CILA's) all for those with developmental disabilities.

ATTACHMENT-4



Frances House, Inc. is the sole shareholder in all subsidiary entities.

RAI, Inc. is the Long-Term Senior Care provider.

Pioneer Concepts, Inc. and Pinnacle Opportunities, Inc., as well as Frances House, Inc. own and operate Homes and CILS's for persons with developmental disabilities.

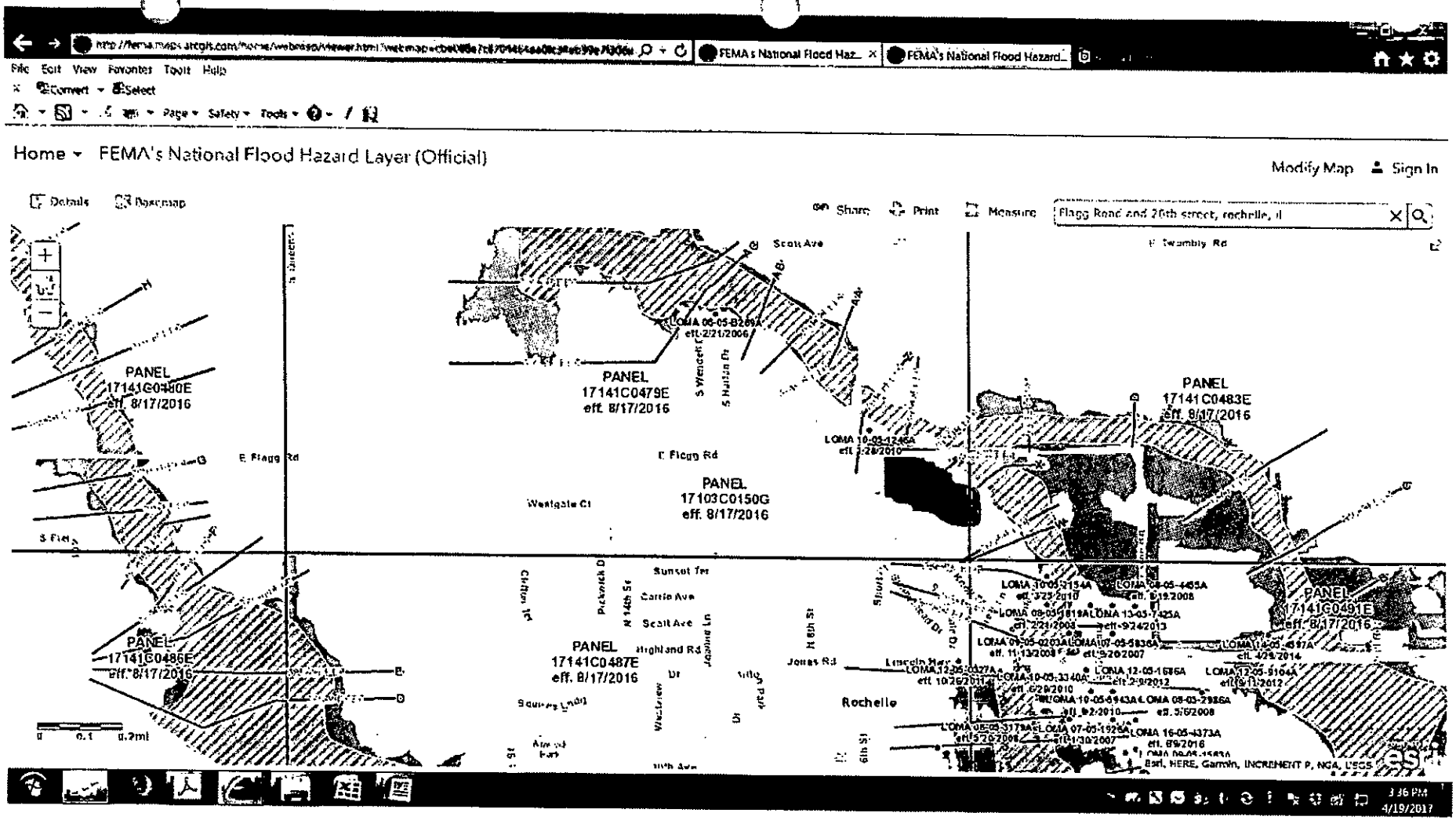
ATTACHMENT-4A

Flood Plain Requirements

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

Appended as **ATTACHMENT-5A** is a floodplain Map printed from www.FEMA.gov illustrating that the proposed site is not within a special flood hazard area.

ATTACHMENT-5



ATTACHMENT-5A

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A**, is a letter from the Illinois Historic Preservation Agency's Rachel Leibowitz, Ph. D., Deputy State Historic Preservation Officer dated May 19, 2017 stating that "no historic properties are affected".

ATTACHMENT-6

Illinois Historic Preservation Agency

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

FAX 217/524-7525
www.illinoishistory.gov

Ogle County
Rochelle
NW of Flagg Road and 20th Street
CON, HUD
New construction, Long-term care facility

PLEASE REFER TO: IHPA LOG #008050117

May 19, 2017

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

Dear Ms. Harris:

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you are an applicant, please submit a copy of this letter to the state or federal agency from which you obtain any permit, license, grant, or other assistance.

Sincerely,

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

ATTACHMENT-6A

Criterion 1125.320 – Purpose of the Project

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

The project will establish a 92-bed nursing care facility in Rochelle, Ogle County, Illinois. The population centers within the market contour are primarily in Ogle County, Illinois even though the 20-mile radius also takes in parts of DeKalb and Lee Counties.

2. Define the planning area or market area, or other, per the applicant's definition.

In accordance with the State's required travel time contour, the total proposed market area is a 20-mile radius. The 30-minute travel time contour is approximate to the 20-mile radius, which addresses the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100, 510(d). The Applicant is using the 20-mile radius to identify the market area so that it can be consistent with the market area identified in its market study performed by Laurel Research Associates, Inc. (hereafter referred to as LRA).

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.

The issue that needs to be addressed in and around the market of Rochelle, Ogle County, Illinois is the aging, size and overall desirability of the existing health care resources serving the Rochelle nursing care market that affect quality.

Rochelle has two General Long-Term Care facilities. The actual age of each is unknown. These facilities do not report their facility age on their Medicaid Cost Reports as requested. The Applicant was able to trace through the IDPH Facility Profiles back to 1983 which utilized 1982 CY data. Going back to the oldest IDPH Inventory from 1984 also made no mention that these were newly permitted projects. Therefore, it is presumed that the ages of these two facilities are significantly older than 1982, or in excess of 35 years old. One indicator of age and marketability is the size of the facilities. The two facilities in Rochelle, Rochelle Rehab &

ATTACHMENT-10

Health Center and Rochelle Gardens Care Center, are approximately 296 and 254.9 gross square feet per bed, respectively. These two facilities are under the average gsf per bed of all facilities within a 20-mile market radius, which equates to only 349.6 gsf per bed. The area average, as well as these two local facilities, in comparison to the State Board's norm of between 435-713 gross square feet per bed, is very low. This is but one indicator of marketability that influences quality. Another indicator of marketability is the number of private rooms. According to the market study performed by LRA, each of the two Rochelle facilities only provide the minimum number of private rooms required by standard, with all remaining rooms as semi-private accommodations. Today's seniors are demanding more private rooms. In terms of quality, it is desirable to have a greater percentage of private rooms for gender, isolation, and privacy issues. In the Rochelle market there are only the two facilities, Rochelle Rehab & Health Center and Rochelle Gardens Care Center. These are the only facilities within 20 minutes travel time. One complication to the equation is the fact that, as self reported on the respective facility's 2015 IDPH Facility Profiles, 76.8% of the total patient population at these two facilities is MI (Mentally Ill); 50% and 92.3% respectively between Rochelle Rehab & Health Center and Rochelle Gardens Care Center. The facilities also report a combined 11 registered sex offenders among their total population. This is an unusually high percentage of MI and sex offenders for a small isolated rural community. It is also unusual that both facilities are owned by the same corporation, Petersen Health Network, LLC (Mark B. Petersen with 100% ownership).

The basic need being addressed by this application is to provide General Long-Term Care and Specialized Memory Care nursing services to the residents of Rochelle in a state-of-the-art environment.

ATTACHMENT-10

4. Cite the sources of the information provided as documentation.

Appended, as **ATTACHMENT-10A**, is the Microsoft MapPoint North America 2009 map identifying the location of the proposed facility, the 30-minute/20-mile market contour, location of other area nursing facilities, and zip code areas.

Appended, as **ATTACHMENT-10B**, is a summary list of nursing facilities identified within the 20-mile market area contour, their number of nursing beds, and travel times to the proposed site.

Appended, as **ATTACHMENT-10C**, is the listing of Zip Codes within the 20-mile market contour for the proposed project, Manor Court of Rochelle.

Appended, as **ATTACHMENT-10D,** are the individual MapQuest travel-time studies.

Appended, as **ATTACHMENT-10E**, is a market study, commissioned by the Applicant and performed by **LRA**, exploring the demand for the proposed project.

Appended, as **ATTACHMENT-10F,** is a summary list of facilities identified within the 20-mile market area contour and their 2015 State of Illinois Department of Healthcare and Family Services Financial and Statistical Reports (Cost Reports) providing their gross square feet per bed, and the facilities' ages.

Appended, as **ATTACHMENT-10G**, are the State's 1984 IDPH Inventory of Health Care Facilities and Need Determinations by Planning Area, Part V, The Illinois Health Care Facilities Plan, 5th Edition, Chapter 3, for Ogle County.

Appended, as **ATTACHMENT-10H**, are the 2015 IDPH, Long-Term Care Facility Questionnaires for the facilities identified within the 20-mile market area contour.

Appended, as **ATTACHMENT-10I,** is a summary list of facilities identified within the market area contour, documenting their number of Mentally Ill (MI) residents admitted in 2015.

ATTACHMENT-10

Appended, as **ATTACHMENT-10J,** is the ownership information for the two existing Rochelle facilities as published by IDPH, Nursing Homes in Illinois.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The proposed facility, in reality, is the combination of two facilities: the first is a 70-bed General Long-Term Care facility with a concentration in rehabilitation; and the second, a 22-bed nursing facility dedicated to ADRD care in its continuum of the disease. More than addressing the need of the entire Ogle County Planning Area, the proposed project addresses the immediate need for nursing beds just within the community of Rochelle. In Rochelle there are issues of accessibility. The market study performed by LRA and the self reported IDPH individual facility profile data in the Long-Term Care Facility Questionnaire for 2015, IDPH, Health Systems Development, document that 76.8% of the existing residents at both facilities are MI, leaving only 19 residents out of the licensed capacity of 124 nursing beds who are not MI. Therefore, 124 beds are not readily available to the general geriatric population.

Appended, as **ATTACHMENT-10K**, are four (4) hospital letters of support stating that it is their intent to provide referrals should openings be available, and that the facility is needed. Unlike typical start-up projects it was difficult to identify referrals, as historical referrals back to the community were very limited; most chose or requested to leave the community due to the lack of choice and modern amenities. These four hospital referral sources have pledged 25.6 monthly referrals, or 307.2 annual referrals, that can be made to the project when it is opened. This need for services is further substantiated through the market feasibility study which analyzed several demand methodologies and market radii. Although the market study found that there is a need within the full market area (20-mile radius) of 165 beds, within a 10-mile radius the study found that even with the existing 124 beds there will still be a need for 71 more

General Long-Term nursing care beds. It should be noted that this project is proposing 70 General Long-Term nursing care beds. Therefore, accessibility will be greatly improved.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

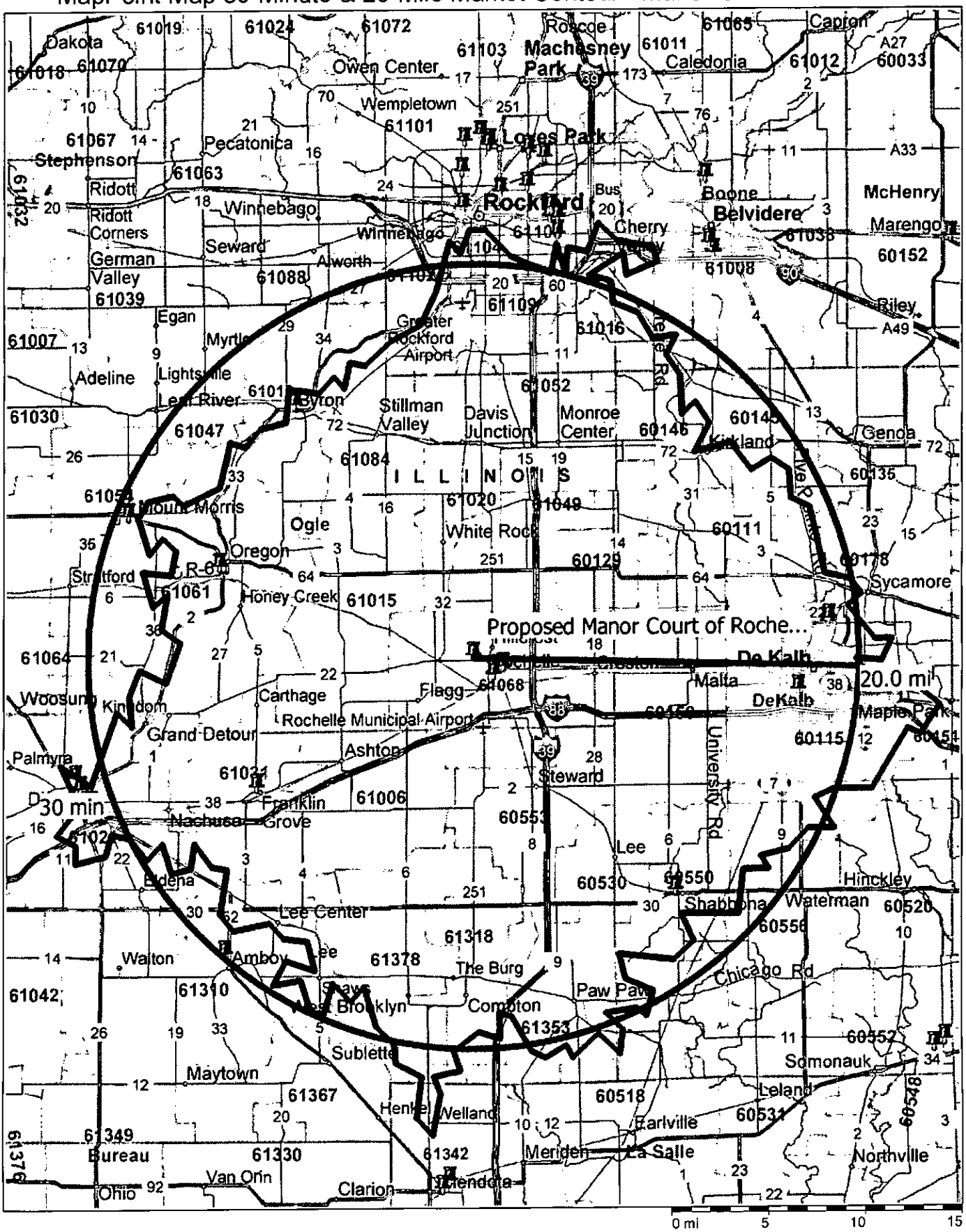
This project's goal is to serve and provide General Long-Term Care and Specialized Memory Care nursing services to those in need within the Ogle County Planning Area. The specific goal will be measured by the Applicant's ability to continuously fill its beds and provide the proposed services.

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.

This project does not involve modernization as the project is for the establishment and new construction of the proposed project.

ATTACHMENT-10

MapPoint Map 30-Minute & 20-Mile Market Contour - Manor Court of Rochelle



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ATTACHMENT-10A

Manor Court of Rochelle
Market Area
20-Mile Radius

FACID	FACNAME	ADDRESS	CITY	2015 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Drive Time
6014872	Bethany Hlth Care & Rehab Ctr.	3298 Resource Parkway	Dekalb	90	21.1	32
6015630	Dekalb County Rehab & Nursing	2600 N. Annie Glidden Road	Dekalb	190	18	26
6003305	Franklin Grove Nursing Center (1)	502 N. State St	Franklin Grove	121	16.7	20
6006514	Neighbors Rehab Ctr (2)	811 W 2nd St	Byron	101	22.6	28
6006738	Oak Crest/Dekalb (3)	2944 Greenwood Acres Drive	Dekalb	73	21	32
6009989	Oregon Healthcare Center (4)	811 South 10th Street	Dregon	104	19	25
6007413	Pine Acres Care Center (5)	1212 South Second Street	Dekalb	119	18.4	28
6007447	Pinecrest Manor	414 South Wesley Avenue	Mount Morris	125	23.9	31
6008502	Prairie Crossing Living & Rehabilitation (6)	4 South Sequoya St	Shabbona	91	22.5	26
6008098	Rochelle Gardens Care Center (7)	1021 North Caron Road	Rochelle	74	2.2	3
6008106	Rochelle Rehab & Health Center (8)	900 North 3rd Street	Rochelle	50	1.9	4
				1,138		

(1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
(2) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P D Box !
(3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
(4) 2015 profile name: Oregon Living & Rehab Center
(5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
(6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
(7) formerly Rochelle Manor (1984 Inventory)
(8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
Microsoft MapPoint 2009

Manor Court of Rochelle
20-Mile Raduis Zip Codes
and Population Totals

ZIP Code	Population
60111	296
60115	45,982
60129	163
60145	2,654
60146	2,587
60150	1,557
60530	464
60550	1,611
60553	795
61006	1,764
61010	8,324
61015	699
61016	4,405
61020	3,205
61031	1,724
61049	557
61052	888
61061	6,524
61068	14,816
61084	2,956
61109	27,432
61318	798
61353	1,271
61378	572
	132,044

Sources:
Microsoft MapPoint 2009
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates

ATTACHMENT-10C

YOUR TRIP TO:

3298 Resource Pkwy, Dekalb, IL, 60115-5331

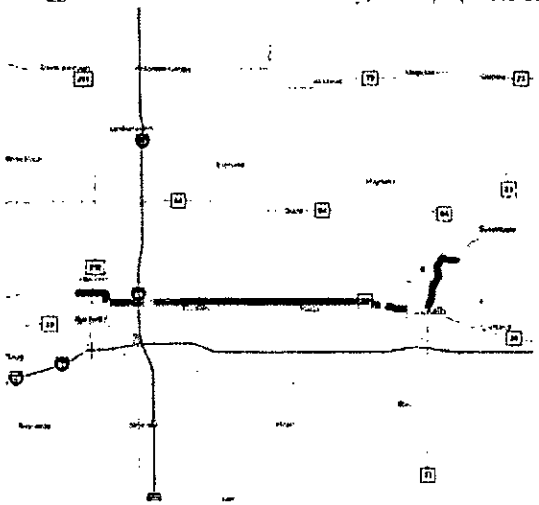
32 MIN | 21.1 MI

Est. fuel cost: $1.35

Trip time based on traffic conditions as of 11:28 AM on March 9, 2017. Current Traffic: Moderate

Bethany Hlth Care & Rehab Ctr,

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd.
   Then 1.47 miles — 1.47 total miles
2. E Flagg Rd becomes N Caron Rd.
   Then 0.48 miles — 1.95 total miles
3. Turn left onto E State Route 38/IL-38. Continue to follow IL-38.
   Then 15.55 miles — 17.51 total miles
4. Turn left onto N 1st St/County Hwy-22
   Then 2.74 miles — 20.25 total miles
5. Turn right onto Bethany Rd
   Then 0.70 miles — 20.95 total miles
6. Turn left onto Resource Pkwy
   Then 0.12 miles — 21.07 total miles
7. 3298 Resource Pkwy, Dekalb, IL 60115-5331, 3298 RESOURCE PKWY is on the right.



ATTACHMENT-10D

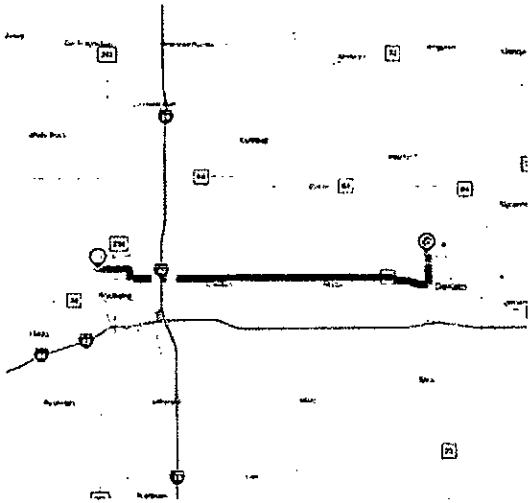
YOUR TRIP TO:
2600 N Annie Glidden Rd, Dekalb, IL, 60115-1310

26 MIN | 18.0 MI

Est. fuel cost: $1.42

Dekalb County Rehab & Nursing

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd
   Then 1.47 miles — 1.47 total miles
2. E Flagg Rd becomes N Caron Rd.
   Then 0.48 miles — 1.96 total miles
3. Turn left onto E State Route 38/IL-38. Continue to follow IL-38.
   Then 14.58 miles — 16.53 total miles
4. Turn left onto County Hwy-5/N Annie Glidden Rd.
   Then 1.40 miles — 17.90 total miles
5. 2600 N Annie Glidden Rd, Dekalb, IL 60115-1310, 2600 N ANNIE GLIDDEN RD is on the right



ATTACHMENT-10D

YOUR TRIP TO:

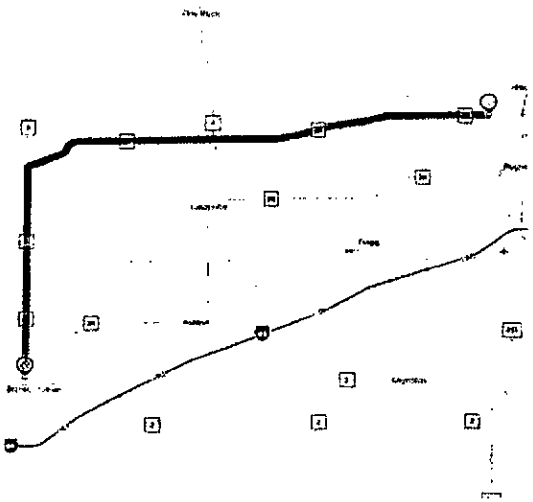
502 N State St, Franklin Grove, IL, 61031-9773

20 MIN | 16.7 MI

Est. fuel cost: $1.50

Franklin Grove Nursing Center

1. Start out going west on E Flagg Rd/County Hwy-22 toward Flagg Rd.
   Then 11.54 miles- 11.54 total miles
2. Turn left onto S Daysville Rd/County Hwy-5
   Continue to follow S Daysville Rd.
   Then 5.11 miles 16.85 total miles
3. S Daysville Rd becomes N State St/County Hwy-25.
   Then 0.08 miles 16.73 total miles
4. 502 N State St, Franklin Grove, IL 61031-9773, 502 N STATE ST is on the left.



ATTACHMENT-10D

YOUR TRIP TO:

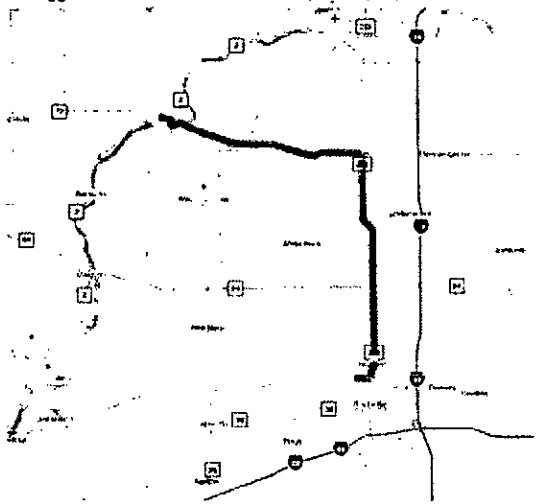
611 W 2nd St, Byron, IL, 61010-1464

28 MIN | 22.6 MI

Est. fuel cost: $1.45

Neighbors Rehab Ctr

1. Start out going east on E Flagg Rd/County Hwy-22 (toward Flagg Rd).
   Then 0.79 miles — 0.79 total miles
2. Turn left onto IL-251/N 7th St. Continue to follow IL-251.
   Then 11.30 miles — 12.08 total miles
3. Turn left onto E State Route 72/IL-72. Continue to follow IL-72.
   Then 9.84 miles — 21.92 total miles
4. Turn left onto W Blackhawk Dr/IL-72/IL-2.
   Then 0.40 miles — 22.33 total miles
5. Turn right onto N Colfax St/County Hwy-29
   Then 0.08 miles — 22.41 total miles
6. Take the 1st left onto W 2nd St
   Then 0.14 miles — 22.55 total miles
7. 611 W 2nd St, Byron, IL 61010-1464, 811 W 2ND ST is on the right.



ATTACHMENT-10D

YOUR TRIP TO:

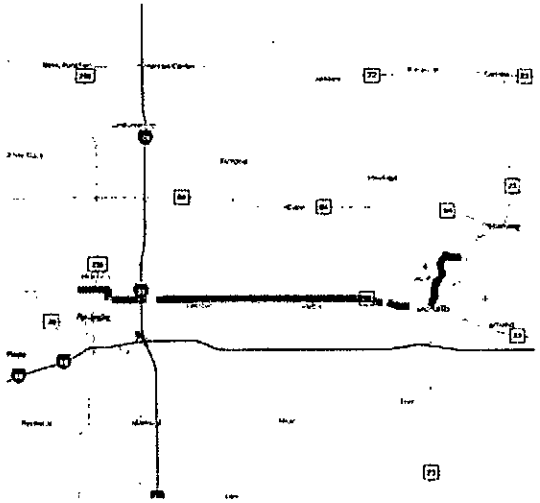
2944 Greenwood Acres Dr, Dekalb, IL, 60115-4949

32 MIN | 31.0 MI

Est. fuel cost: $1.35

Oak Crest/Dekalb

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd.
   Then 1.47 miles — 1.47 total miles
2. E Flagg Rd becomes N Caron Rd.
   Then 0.45 miles — 1.86 total miles
3. Turn left onto E State Route 38/IL-38. Continue to follow IL-38.
   Then 15.55 miles — 17.51 total miles
4. Turn left onto N 1st St/County Hwy-22
   Then 2.74 miles — 20.25 total miles
5. Turn right onto Bethany Rd.
   Then 0.62 miles — 20.87 total miles
6. Take the 2nd right onto Greenwood Acres Dr.
   Then 0.17 miles — 21.04 total miles
7. 2944 Greenwood Acres Dr, Dekalb, IL 60115-4949, 2944 GREENWOOD ACRES DR is on the left.



ATTACHMENT-10D

YOUR TRIP TO:
811 S 10th St, Oregon, IL, 61061-2129

25 MIN | 19.0 MI

Est. fuel cost $17.4

Oregon Healthcare Center

1. Start out going west on E Flagg Rd/County Hwy-22 toward Flagg Rd.
Then 8.80 miles — 0.80 total miles

2. Turn right onto S Chana Rd/County Hwy-4
Then 5.08 miles — 11.88 total miles

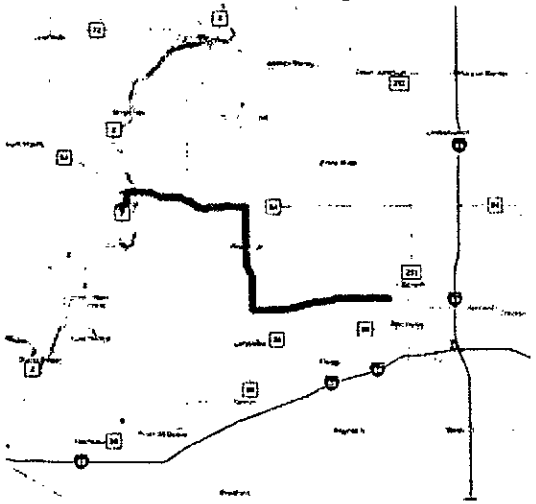
3. Turn left onto E State Route 64/IL-64. Continue to follow IL-64.
Then 5.96 miles — 17.84 total miles

4. Turn left onto S 4th St/IL-2. Continue to follow IL-2.
Then 0.82 miles — 18.67 total miles

5. Turn right onto Pines Rd/County Hwy-6.
Then 0.21 miles — 18.88 total miles

6. Turn right onto S 10th St.
Then 0.12 miles — 19.00 total miles

7. 811 S 10th St, Oregon, IL 61061-2129. 811 S 10TH ST is on the right



ATTACHMENT-10D

YOUR TRIP TO:

1212 S 2nd St, Dekalb, IL, 60115-4435

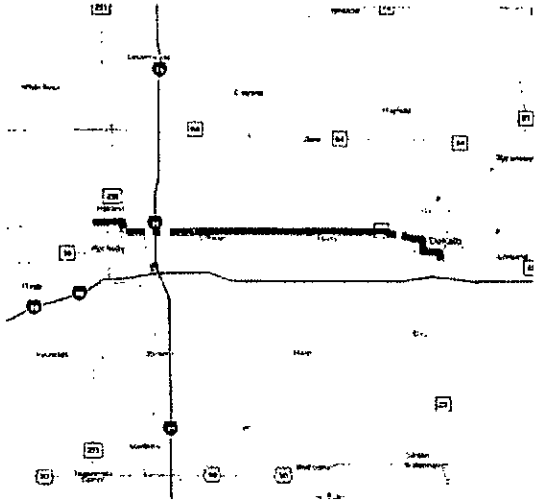
ZENIN | 16.4 MI

Est. fuel cost: $1.63

Pine Acres Care Center

Start of next leg of route

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd
   Then 1.47 miles — 1.47 total miles
2. E Flagg Rd becomes N Carroll Rd
   Then 0.48 miles — 1.96 total miles
3. Turn left onto E State Route 38/IL-38. Continue to follow IL-38.
   Then 14.50 miles — 16.50 total miles
4. Turn right onto S Annie Glidden Rd
   Then 0.63 miles — 17.14 total miles
5. Turn left onto W Taylor St.
   Then 0.81 miles — 17.95 total miles
6. Turn right onto S 2nd St.
   Then 0.44 miles — 18.38 total miles
7. 1212 S 2nd St, Dekalb, IL 60115-4435, 1212 S 2ND ST is on the left.



ATTACHMENT-10D

YOUR TRIP TO.

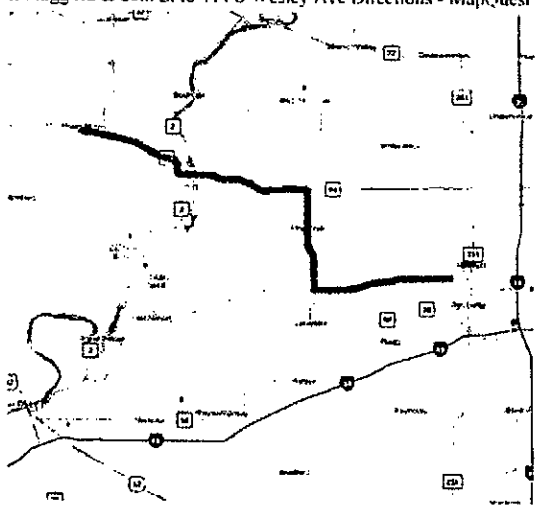
414 S Wesley Ave

31 MIN | 33.9 MI

Est. fuel cost: $1.48

Pinecrest Manor

1. Start out going west on E Flagg Rd/County Hwy-22 toward Flagg Rd.
   Then 6.60 miles — 6.68 total miles
2. Turn right onto S Chana Rd/County Hwy-4.
   Then 5.08 miles — 11.68 total miles
3. Turn left onto E State Route 64/IL-64. Continue to follow IL-64.
   Then 7.08 miles — 18.95 total miles
4. Stay straight to go onto W State Route 64/IL-64.
   Then 4.36 miles — 23.31 total miles
5. Turn left onto E Brayton Rd.
   Then 0.03 miles — 23.34 total miles
6. Turn left onto S Wesley Ave
   Then 0.06 miles — 23.40 total miles
7. 414 S Wesley Ave, Mount Morris, IL 61054-1428, 414 S WESLEY AVE is on the right



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ATTACHMENT-10D

YOUR TRIP TO:

4 S Sequoya St, Shabbona, IL, 60550

26 MIN | 22.6 MI

Est. fuel cost $1.45

Trip time based on traffic conditions as of 11:21 AM on March 9, 2017, Eastern Daylight Saving Time

Prairie Crossing Living & Rehabilitation

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd.
   Then 1.47 miles — 1.47 total miles
2. E Flagg Rd becomes N Caron Rd.
   Then 0.40 miles — 1.90 total miles
3. Turn left onto E State Route 38/IL-38
   Then 1.45 miles — 3.40 total miles
4. Merge onto I-39 S/US-51 S toward LaSalle-Peru
   Then 11.79 miles — 15.20 total miles
5. Take the US-30 exit, EXIT 97, toward Aurora/Sterling/Rock Falls.
   Then 0.38 miles — 15.57 total miles
6. Keep left to take the ramp toward Aurora
   Then 0.02 miles. — 15.59 total miles
7. Turn left onto US-30 E.
   Then 6.93 miles — 22.52 total miles
8. Turn right onto S Sequoya St.
   Then 0.03 miles — 22.55 total miles
9. 4 S Sequoya St, Shabbona, IL 60550, 4 S SEQUOYA ST is on the left

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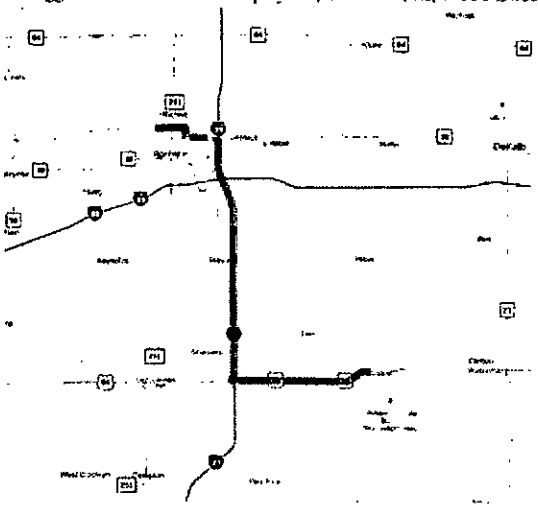


ATTACHMENT-10D

YOUR TRIP TO:

1021 N Caron Rd, Rochelle, IL, 61068-9647

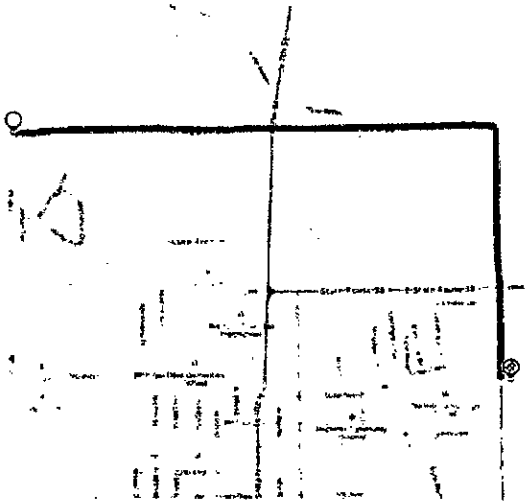
3 MIN | 2.24 MI

Est. fuel cost, $0.26

Trip time based on traffic conditions as of 11:27 AM on March 9, 2017. Current Traffic Legend

Rochelle Gardens Care Center

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd.
   Then 1.42 miles — 1.47 total miles
2. E Flagg Rd becomes N Caron Rd.
   Then 0.77 miles — 2.24 total miles
3. 1021 N Caron Rd, Rochelle, IL 61068-9647, 1021 N CARON RD.



ATTACHMENT-10D

YOUR TRIP TO:

900 N 3rd St, Rochelle, IL, 61068-1666

4 MIN | 1.9 MI

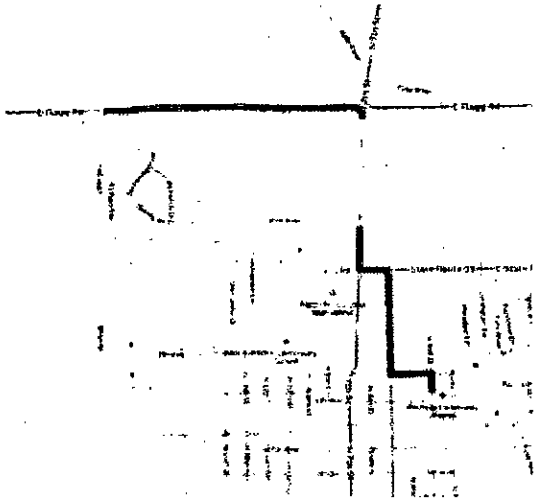
Est. fuel cost: $5.17

Trip time based on traffic conditions as of 1:31 AM on March 9, 2017. Current Traffic: Moderate

Rochelle Rehab & Health Center

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd
   Then 0.76 miles — 0.76 total miles
2. Take the 2nd right onto N 7th St/IL-251.
   Then 0.52 miles — 1.27 total miles
3. Turn left onto IL-38/State Route 38.
   Then 0.09 miles — 1.36 total miles
4. Turn right onto Lincoln Hwy
   Then 0.33 miles — 1.69 total miles
5. Take the 1st left onto 10th Ave.
   Then 0.12 miles — 1.81 total miles
6. Take the 2nd right onto N 3rd St.
   Then 0.06 miles — 1.87 total miles
7. 900 N 3rd St, Rochelle, IL 61068-1666, 900 N 3RD ST is on the right.

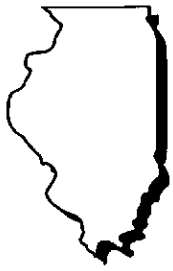
Map of directions not to scale and may not show all details. This map is intended to be used as a guide only. Use caution and follow all signs while driving.



ATTACHMENT-10D

Manor Court of Rochelle

MARKET STUDY FOR A PROPOSED NURSING & MEMORY CARE FACILITY IN ROCHELLE, ILLINOIS



Prepared By:

LAUREL RESEARCH ASSOCIATES
133 South 4th Street, Suite 200
Springfield, Illinois 62701

June, 2017

ATTACHMENT-10E

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Attachment 2: Floor Plans of the Proposed Facility
Attachment 3: Existing Inventory Details
Attachment 4: Supply/Demand/Need Calculations
Attachment 5: Alzheimer's Association: 2017 Alzheimer's Disease Facts and Figures
Attachment 6: Scan/US Demographic Study

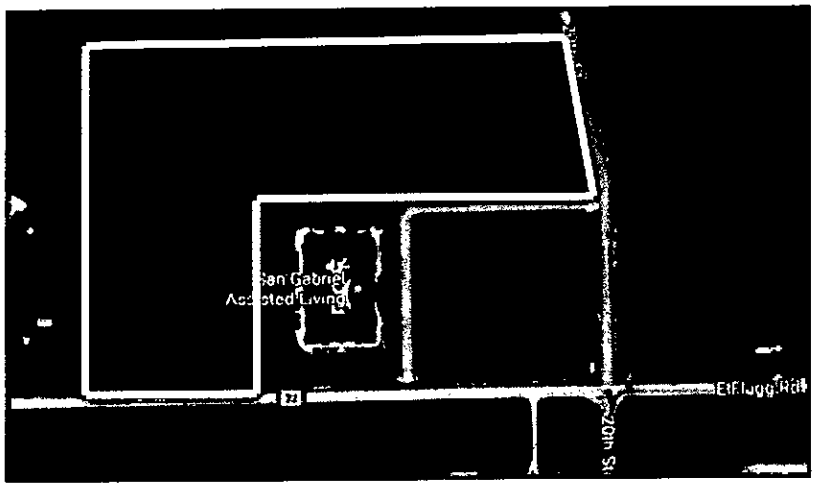
I PROPOSED DEVELOPMENT

A. Developer: The developer of the proposed Skilled Nursing Care facility in Rochelle, Illinois is:

Residential Alternatives of Illinois, Inc. (Owner of the site and building and operator/Licensee of the facility.)
285 South Farnham Street
Galesburg, Illinois 61401

B. General Description: Residential Alternatives of Illinois, Inc., an Illinois Not-For-Profit 501c3, is considering the construction of a new senior care residential facility in Ogle County, Illinois, city of Rochelle. The new facility will be licensed for Skilled Nursing care by the State of Illinois. It will include a single story building housing 80 nursing care beds. There will be 59 beds devoted to general Long-Term nursing care services and the balance serving as memory support. The developer expects to fund this development from existing reserves of cash and securities which may include support from the parental entity, Frances House, Inc., also an Illinois Not-For-Profit.

C. General Location: The site for the proposed Skilled Nursing Facility (SNF) is an "L" shaped parcel located on the north side of a main road, Flagg Road, and west of 20th Street, and is part of tax parcel number 24-14-100-015 in Ogle County. Between the property and the intersection of Flagg Road and 20th Street are two separate parcels of which the closest parcel houses an assisted living facility known as San Gabriel, and the comer parcel is vacant.



Rochelle is located on the South Eastem comer of Ogle County. It is more than 30-Minutes West of DeKalb, DeKalb County; East of Dixon, Lee County; and South of Rockford, Winnebago County. Generally, the site is in an expanding area of Rochelle with a newer grade school and high school in its immediate area.

ATTACHMENT-10E

General Long-Term Care also work neatly on the property as it will be adjacent and abutting a newer assisted living building, San Gabriele, where the two communities can feed off of each other allowing residents to age-in-place and creating a continuum of sorts.

Rochelle is known as a "Hub City" as it is conveniently located at the intersection of several major routes of transportation including Interstates 88 and 39 and two railroad lines. Rochelle is conveniently located 30 miles to the south of Rockford, 80 miles to the west of Chicago, and 90 miles to the east of Moline (which is part of the Quad Cities.) The building site is located less than a mile west of Illinois Route 251, which is a major north-south thoroughfare through Rochelle, and less than 3 miles west from Interstate 39. The site is a little over a mile north of Illinois Route 38, which is the major east-west thoroughfare through Rochelle, and less than 3 miles north of Interstate 88.

Ogle County is considered part of the Rockford-Freeport-Rochelle Micropolitan Statistical area. The county seat of Ogle County is Oregon, but its largest city is Rochelle. Rochelle is about 20 miles to the east of Oregon, 34 miles east of Polo, and 23 miles southeast of Byron, which are all cities in Ogle County.

The proposed site is to the north and east of the San Gabriel Assisted Living community. San Gabriel has studio, one- and two-bedroom apartments for senior citizens. They provide private pay assisted living services.

Appended as Attachment 1 of the Appendix to this study are 2 maps illustrating the general location of the proposed project and overall site layout showing the San Gabriel Assisted Living community as well as 6 pictures of the site taken from the intersection of Flagg Road and 20th Street.

D. Site Description: The proposed site for the new Skilled Nursing Facility is 10 +/- acres of vacant land which is L-shaped. It consists of a flat field with a triangular pond on the east side of the property. The plot of land is west of Rochelle High School (across 20th Street) and south of Lincoln Elementary School (properties abut).

E. Description of Site Improvements: Liberty Village of Rochelle will collectively be a single 80-bed nursing facility consisting of Manor Court of Rochelle and Garden Courts of Rochelle. Manor Court of Rochelle will have 59 long-term nursing beds and Garden Courts will have 21 skilled, memory-care facility beds. The Manor Court building will be a single-story structure, with a "main street commons" in the core of the building and resident rooms on three of four neighborhoods that connect to the central core. The core will offer ancillary services and common area amenities for residents including an old-fashioned ice cream parlor, a beauty/barber shop, a chapel, a private dining room for residents and their guests, and a club room. Outpatient therapy is also being considered as an added service to meet the needs of discharged nursing residents who still need

additional therapy. Pulmonary care and orthopedic rehabilitative services will also be provided.

The memory care will be a separate, distinct wing off of the common core, with a physical layout that will specialize in treating the different stages of dementia. Manor Court and Garden Courts will offer separate and distinct common areas, but will share a single kitchen and laundry facility.

A summary of site features and improvements to the property, together with floor plan of the proposed building are provided in Attachment 2 of the Appendix to this report.

II MARKET AREA CHARACTERISTICS

A. Market Area: The traditional primary market area (PMA) for proposed Skilled Nursing Facilities (SNF) in Illinois is defined by the area reached in a 30-minute drive from the proposed site of a new facility. However, in the case of the proposed Manor Court of Rochelle, there are several reasons why that size of PMA is not appropriate. The proposed site of Manor Court of Rochelle is in the northwestern portion of the city of Rochelle, Illinois. A 30-minute drive from that site under normal traffic conditions stretches into the southern portion of the Rockford, Illinois Metropolitan Area. This area, while providing a large population base for potential nursing care customers, is well provided with long established Skilled Nursing Facilities. Being on the extreme edge of a 30-minute drive time, where small traffic irregularities or adverse weather conditions can greatly extend the required drive time, and where adequate sources of skilled nursing care are available at much closer locations, it is unlikely that a significant portion of residents for the proposed Manor Court would be drawn from the Rockford area.

Considering the above factor a Primary Market Area for Manor Court of Rochelle that is limited to a 20-mile radius circle centered at the proposed site of Manor Court has been selected. Drive times to the existing SNFs in that area have been determined and are found to be within a 30-minute drive. These drive times were initially determined by use of the Scan/US Market Mapping software that is designed for that purpose. The drive times were then confirmed by application of other mapping software such as MapQuest. They were further validated by test drives between existing SNFs in the market area. These methods are consistent with techniques used by the staff of the Illinois Health Facilities and Services Review Board in their proceedings to determine a need for skilled nursing services. The 20-mile market area's definition is considered reasonable in the more rural areas of Ogle, Lee, and De Kalb Counties that the proposed facility is designed to service. The chosen market area contains mostly rural areas and small cities and does not infringe upon the Metropolitan Rockford market

A map depicting the primary market area for this study is contained in Attachment 1 of the Appendix. Locations of existing Skilled Nursing Facilities in and around the selected PMA are also shown.

B. Population/Demographic Characteristics: Laurel Research Associates analyzed demographic data for the City of Rochelle, Ogle County, Lee County, and De Kalb County in Illinois. Also analyzed was the selected PMA of the proposed new SNF. The PMA consists of the 20-mile area surrounding the site of the proposed Manor Court Skilled Nursing Facility. This analysis utilized U.S. Census data and Scan/US Market Statistics Estimates. Results of that analysis are as follows:

1. Population: The population of Rochelle has been decreasing since 2000, but the population of DeKalb County has increased from nearly 89,000 in 2000 to an estimated 103,886 in 2017. Ogle County increased from 51,032 in 2000 to 53,497 in 2010 and is estimated to return to 51,057 in 2017. The primary market area was 127,717 in 2000 and is projected to be at 134,053 in 2022. This represents an increase in size of 5% in the 22 years since the beginning of the 21st Century. Table 1 shows the population of the relevant geographic areas for the years 2000, 2010, 2017 and 2022.

Table 1 – POPULATION

	2000	2010	2017 Estimate	2022 Projection
Primary Market Area	127,717	142,476	137,501	134,053
Rochelle	9,670	9,596	9,156	8,858
Ogle County	51,032	53,497	51,057	49,253
DeKalb County	88,969	105,160	103,886	102,099
Lee County	36,062	36,031	34,150	32,702

Source: U.S. Census 2000/2010, Scan/US 2017/2022

2. Market Area Population: Scan/US estimates that the 2017 population of the primary market area was 137,501 with a projected decrease of 2.5% to 134,053 by the year 2022.

3. Number of Households: Based on Scan/US, the number of households in the primary market area in 2000 was 47,999 with a projected increase of 15.5% to 55,421 by the year 2022. The average household size in the market area in 2017 is estimated to be 2.42 decreasing from 2.54 in 2000 and estimated to further decrease to 2.30 in 2022.

4. Population by Relevant Group: The following chart provides Scan/US information on population of the primary market area by the age groups most often used to estimate the need for nursing care services.

Table 2 - POPULATION BY IMPORTANT AGE GROUPS: 2017 AND 2022

PRIMARY MARKET	2017	2022	2017-2022 Change	
Age 00-64	117,861	111,725	-6,136	-5.21%
Age 65-74	11,209	12,300	1,091	9.73%
Age 75 Plus	8,431	10,027	1,596	18.93%

Source: Scan/US

This data shows that the market area population is aging rapidly. The older age groups are increasing their numbers by 9.7% and 18.93% per five years. These are the most relevant age groups for the providers of skilled nursing care and are the most important factor in the calculation of nursing bed need made later in this study.

5. Population by Age: Table 3 shows the Scan/US estimated population in the primary market area by age cohort for the years 2017 and 2022.

Table 3 - POPULATION BY AGE: 2017 AND 2022

	2017 Estimated	2022 Projected	% Change 2017-2022	
<5 years	7,600	7,452	-148	-1.95%
5-9 years	7,916	7,282	-634	-8.01%
10-14 years	8,454	7,661	-793	-9.38%
15-19 years	11,606	11,220	-386	-3.33%
20-24 years	16,166	13,341	-2,825	-17.47%
25-34 years	18,418	19,449	1,031	5.60%
35-44 years	14,671	15,006	335	2.28%
45-54 years	16,455	14,715	-1,740	-10.57%
55-64 years	16,575	15,599	-976	-5.89%
65-74 years	11,209	12,300	1,091	9.73%
75+ years	8,431	10,027	1,596	18.93%
Median Age	42.6	43.2	0.6	1.41%

Source: Scan/US

Based on these statistics, there will be a decrease in the age cohorts (<5 years, 5-9 years, 10-14 years, 15-19 years, 20-24 years, 45-54 years, and 55-64 years). An increase is expected in the age cohorts 25-34 years, 35-44 years and all cohorts above 65 years. This pattern represents a definite aging trend. It is the age cohorts above 65 years in which one might expect to find potential tenants for the proposed project. All of the more senior cohorts over 65 years old are expected to have large increases and that will result in the median age increasing by more than half a year in the five-year period.

6. Illinois Department of Public Health (IDPH) Population Projections: In an effort to provide better planning information to state health regulators, the IDPH has recently released internally generated population projections for all Illinois counties and the various community areas of Chicago. While this information does not directly translate to a population projection for this study's selected market area, it does serve to illustrate the conservative nature of the Scan/US projections used in the study. IDPH projections of relevant age group populations for the three counties surrounding the Liberty Village of Rochelle site are presented in Table 4.

Table 4 - IDPH POPULATION BY IMPORTANT AGE GROUPS

Ogle County	**2015**	**2020**	**2025**
Age 00-64	44,399	43,397	42,146
Age 65-74	5,281	6,156	7,129
Age 75 Plus	4,107	4,765	5,561
DeKalb County	**2015**	**2020**	**2025**
Age 00-64	100,504	106,253	111,356
Age 65-74	6,701	8,101	9,266
Age 75 Plus	4,924	5,346	6,304
Lee County	**2015**	**2020**	**2025**
Age 00-64	29,804	29,212	28,412
Age 65-74	3,386	3,971	4,443
Age 75 Plus	2,781	2,882	3,264

Source: Illinois Department of Public Health

7. Household Income: Illinois residents who enter a long-term institution face one of the most expensive experiences of their lifetime. By definition, this expense is a lasting one. This is especially true of those with Alzheimer's Disease, where it is likely to be a lifetime event. On the other hand, the Medicaid program provides a financial safety net for those using nursing care. Thus, the sustained income of potential residents at the Liberty Village of Rochelle site is an important consideration when determining potential demand for services such as skilled nursing care. Table 5 presents information concerning household incomes of those over 75 years old in the study market area.

Table 5 - INCOME OF HOUSEHOLDS WITH AGE OF HOUSEHOLDER 75 AND OLDER

PRIMARY MARKET	2017 Estimated	2022 Projected	Change 2017-2022	
<$10,000	347	402	55	15.9%
$10,000-$19,999	847	726	-121	-14.3%
$20,000-$29,999	1,082	1,128	46	4.3%
$30,000-$39,999	566	633	67	11.8%
$40,000-$49,999	580	592	12	2.1%
$50,000-$59,999	567	651	84	14.8%
$60,000-$74,999	555	828	273	49.2%
$75,000-$99,999	682	1,010	328	48.1%
$100,000-$124,999	226	406	180	79.6%
$125,000 -$150,000	144	204	60	41.7%
$150,000-$199,999	94	263	169	179.8%
$200,000 and over	131	242	111	84.7%

Source: Scan/US

C. Economic Characteristics: Laurel Research Associates analyzed economic data for the City of Rochelle, Ogle County, Lee County, DeKalb County and the study market area surrounding the proposed Liberty Village of Rochelle. This analysis suggests a market area that is prosperous and enduring. It includes such municipalities as DeKalb, Genoa, Sycamore, Amboy, Dixon, Byron, Oregon, and Polo. It is home to several hospital medical centers, many manufacturing and financial industry companies, and most importantly, homes for over 137,000 residents.

The proposed Liberty Village of Rochelle's facility's market area is on the southern edge of the Rockford Metropolitan Area. It is linked to Rockford by Interstate 39, linked to the city of Chicago by Interstate 88 to the east, and linked to the Quad Cities metropolitan area by Interstate 88 to the west. Some of the key characteristics of the study market area are enumerated here.

1. Unemployment Rate: The unemployment rate in the study market area counties has historically tended to track State and U.S. trends. The county rates were usually between the Illinois and national rates, with the state rate being significantly higher than the national rate. This data indicates that since the last big recession the entire State of Illinois has been

troubled by high unemployment. Table 6 shows the unemployment rates for recent years for the market area counties, Illinois and the U.S.

Table 6-MARKET AREA COUNTIES, ILLINOIS AND NATIONAL UNEMPLOYMENT RATES

	2011	2012	2013	2014	2015	2016	2017 (March)
Ogle County	11.4%	10.1%	9.9%	7.4%	6.1%	5.9%	5.8%
DeKalb County	9.3%	8.4%	8.2%	6.5%	5.5%	5.4%	5.3%
Lee County	9.1%	8.3%	8.1%	6.2%	5.3%	5.1%	4.6%
Illinois	9.7%	9.0%	9.1%	7.1%	5.9%	5.9%	4.7%
U.S.	8.9%	8.1%	7.4%	6.2%	5.3%	4.9%	4.6%

Source: Illinois Department of Employment Security

2. General Affluence: In general, the study market area has a modest economy with median earnings slightly lower than the state of Illinois and slightly higher than the United States. Below are some indicators of this fact as they were estimated by the Scan/US Demographic software for the year 2017:

- The median income of households in the market area is $54,233 and over 1,266 households have income in excess of $200,000. The State of Illinois has a median household income of $62,867.
- 64.4% of the market's households are homeowners compared to 62.3% in Illinois as a whole. Only 6% of the market's housing units are vacant.
- Median age of the market area population is 42.6 years compared to the Illinois median age of 38.0 years.
- Of persons more than 25 years old in the market area, 59.1% have some college or higher education degrees while the comparable number in the statewide population is 61.9%.
- Market area households have an average of 1.87 vehicles available and 60.1% of its households have 2 or more vehicles available.
- Population density is 125.51 people per square mile in the market area producing an aggregate income per square mile of $3.43 million. The State of Illinois produces aggregate income per Square mile of $8.11 million.
- Market area residents over age 75 are 6.1% of the area's populace, and over 41.2% of that age cohort has household income exceeding $50,000. Only 39.2% have household income below $30,000.

III SKILLED NURSING MARKET CHARACTERISTICS

A. General Market Characteristics: Skilled nursing care in Illinois is a licensed service that can only be provided by licensed providers in a state-approved Skilled Nursing Facility. The Rochelle market area is served by a number of different nursing facilities of varying ages and levels of proficiency, the basic components of skilled nursing care is defined and controlled by the licensing process of the Illinois Department of Public Health (IDPH).

The actual numbers and sizes of skilled nursing facilities is controlled by a Certificate of Need (CON) program overseen by the Illinois Health Facilities and Services Review Board (IHFSRB). IHFSRB periodically published the Inventory of Health Care Facilities and Need Determinations (The Inventory). This inventory and need data is used by the IHFSRB in deliberating whether to issue the permit that is necessary to begin construction of any new facility providing skilled nursing services. A CON application is being made for construction of a new Liberty Village of Rochelle facility that is to be licensed by IDPH to provide skilled nursing care.

The nursing care industry that currently serves the area surrounding the Liberty Village of Rochelle site is moderate in size. Table 7, the IDPH Inventory for 2013 – the latest, published in 2015 – reveals that in the three counties containing areas of the Rochelle market area there are a total of 27 SNFs with 1,522 licensed beds that provided 408,424 patient days of nursing service during 2013. The data for each of these areas is included here:

Table 7 – IDPH INVENTORY, PUBLISHED CY 2015

Planning Area	Facilities	Beds	Patient Days
Ogle County	7	535	147,129
DeKalb County	8	742	220,189
Lee County	12	245	41,106
Total	27	1,522	408,424

Source: Illinois Department of Public Health

In general, the nursing care market is changing as the "baby boomer" generation reaches the ages when they will require skilled nursing care in larger numbers. Along with this market change, there is a move towards shorter, more intensive rehabilitative stays and a larger demand for home-like accommodations. This new, Rochelle facility will be designed and managed to care for this type of residents.

B. Current Inventory Analysis:

1. Comparable Facilities: The Primary Market Area selected for this study contains 10 Skilled Nursing Facilities providing 1013 beds for nursing care. These facilities range in age from 11 years to more than 40 years and range in size from 50 beds to 190 beds. They are all licensed to conduct nursing care, but they each have unique characteristics that differentiate them from their competitors. One of the existing facilities, Rochelle Gardens, does not accept patients unless they have a mental health diagnosis, as they specialize in care of those who are mentally ill. As indicated in the Long-Term Care Inventory (Table 8), there are sufficient nursing care spaces available in Ogle and Lee counties to provide for the needs of their current population, but this is not the case for DeKalb County.

Table 8 – IDPH INVENTORY BY PSA, PUBLISHED CY 2015

PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED-2018	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Ogle County	565	538	0	27
DeKalb County	742	768	26	0
Lee County	353	275	0	78

Source: Illinois Department of Public Health

In the City of Rochelle, there are only two providers of long-term care licensed for skilled nursing care: Rochelle Rehabilitation and Health Center and Rochelle Gardens Care Center. The other 8 facilities range in distance from over 16 miles to 22 miles away.

More complete facility information for representative nursing care providers that are most comparable to the proposed Liberty Village of Rochelle facility is detailed in the Appendix in Attachment 3: Existing Inventory Details.

IV DEMAND/NEED

A. IHFSRB Need Methodology: The Inventory of Health Care Facilities and Need Determinations is the IHFSRB vehicle that publishes to the nursing care industry and its regulators the approved method of determining how many nursing beds are needed in a particular area. The method that IHFSRB uses for this determination is based on the calculation of a historical use rate for Health Service Areas (HSA) and Health Planning Areas (PSA). The method then uses that use rate - defined as the number of patient days of service for each one thousand persons in a relevant age group - to estimate the number of beds needed at some future level of population.

The number of beds needed by a PSA is presented in The Inventory as a table showing the result of the above calculations. The calculation of the published bed need for PSA DeKalb County, PSA Lee County, and PSA Ogle County is provided in Attachment 4 of the Appendix and is summarized below:

PUBLISHED BED NEED

PSA	2018 BED NEED	EXISTING BEDS	DIFFERENCE
DeKalb County	768	742	26
Lee County	275	342	-67
Ogle County	538	565	-27
Total	1,581	1,649	-68

These data from the published inventory of nursing beds indicate that the counties (PSAs) surrounding Manor Court's site will have a surplus of 68 nursing beds in 2018. However, the proposed Manor Court's capacity is intended for use after 2018. Since the IHFSRB inventory does not provide guidance beyond 2018, Laurel Research Associates will use the IHFSRB need methodology and the population data presented in Section III to project bed need requirements for the Liberty Village market areas in 2022. These calculations are contained in Attachment 4 of the Appendix.

B. Surrounding Counties Nursing Bed Need: In order to estimate nursing care demand in 2022, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the market area are those that actually occur in 2015. However, since the Department of Public Health now has population estimates for Illinois Counties extending to 2025, we will use those estimates and commercially available Scan/US estimates to determine and compare future nursing care bed need in the region. A calculation of bed need for the surrounding PSAs using different population estimates is provided in Attachment 4 of the Appendix and is summarized in Table 9 below:

Table 9-SURROUNDING COUNTIES NURSING BED NEED COMPARISON

PSA	2015 Need	2018 Need	2022 Need	2013 Beds	2022 Add Need
De Kalb County:					
Published Inventory	735	768	N/A	742	N/A
IDPH Population Projections			789	742	47
Scan/US Software (2022)			910	742	168
Lee County:					
Published Inventory	283	275	N/A	342	N/A
IDPH Population Projections			285	342	-57
Scan/US Software (2022)			296	342	-46
Ogle County:					
Published Inventory	444	538	N/A	565	N/A
IDPH Population Projections			569	565	4
Scan/US Software (2022)			572	565	7
Total All Counties:					
Published Inventory	1,462	1,581	N/A	1,649	N/A
IDPH Projections			1,643	1,649	-6
Scan/US Software (2022)			1,778	1,649	129

Source: IDPH Inventory and Need Determination of Nursing Care Beds (2015) and LRA Bed Need Calculations, Attachment 4 of the Appendix

This comparison of nursing bed need in the vicinity of the proposed new facility reveals not only that the bed need is heavily dependent on the accuracy of population projections, but also that the Scan/us Market Mapping software, being used in this study to predict the demographic characteristics of the new facilities intended market area, is a reasonable substitute for the IDPH population estimates. This substitution is necessary because neither the IHFSRB Inventory and Need Determination nor the IDPH populations estimates provide any guidance for determining the need for nursing care within a 20-mile primary market area surrounding the proposed site of the new facility. It is also interesting to note that all predictions of nursing care need in the surrounding counties are for an increase in the future need for those services.

C. Primary Market Area (PMA) Demand: In order to estimate nursing care demand in this study's PMA, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the surrounding counties are those that actually occur in 2015. The calculation of the 2022 bed need for the Primary Market Area that was defined as 20-miles from the proposed site of the Liberty Village Campus, applies Scan/US population projections to the IHFSRB need methodology. The detail of this calculation is included in Attachment 4 of the Appendix and the results are summarized below:

CALCULATED FUTURE BED NEED

PMA	2022 BED NEED	EXISTING BEDS	ADDITIONAL NEED
20-Mile	1,208	1,043	165

The second factor we need to calculate future demand for nursing care with the IHFSRB method is an appropriate use rate. We have chosen the historical use rate of Ogle County as the most likely to represent a use rate for the future Manor Court primary market area. There is an inherent risk introduced in the demand calculation when using a historical factor to predict future behavior. It is by no means certain that the citizens of the study market area will make the same choices regarding long-term care in 2022 that they made in 2013. It has been suggested that nursing care use rates are declining in Illinois because more suitable substitutes for nursing care are now available. There is no evidence in the data to support that simplification. Nursing care use rates vary widely among PSAs and time periods.

The most appropriate way to account for this risk in the demand calculation is to introduce a safety margin. LRA has found that a 100% increase in the demand necessary to support a long-term care facility in Illinois will account for most of the variations caused by uncertainty of the use rate used in the demand calculation. Therefore, we would expect that a demand estimate of double the proposed capacity would indicate adequate support for the facility. In the case of this estimated demand in Manor Court's PMA it is more than double the proposed capacity.

D. Memory Care Demand: The Liberty Village Campus in Rochelle, Illinois will have a component devoted to the care of those suffering from the effects of Alzheimer's Disease and Related Dementia (ADRD). This type of specialization has become known as "memory care". In order to estimate the number of living units that should be allocated to memory care in the study market area, additional factors must be considered.

Research has shown that the prevalence of Alzheimer's Disease varies mostly with age and increases dramatically at ages above 75. We will use the normally accepted prevalence rates and the demographic data of Attachment 5 to estimate the number of ADRD cases, and their financial qualification for care, that are likely to occur in the study market area. The result of that analysis is contained in Attachment 4 of the Appendix and is summarized in Table 10.

Table 10 - ADRD CASES WITH REQUIRED INCOME

Age Group	Population	Rate	Cases	With Income
65-74	12,300	3.0%	369	73
75-84	6,802	18.7%	1,272	252
85 Plus	3,225	47.2%	1,522	302
Total	22,327		3,163	628

Source: Scan/US

Liberty Village of Rochelle is planned for 21 units of memory care at the skilled nursing level. Its management reports that other sister facilities in similar markets as the study market area and having memory care capability, are normally fully occupied. They further report that significant numbers of residents are forced to leave their memory care units because their care needs have exceeded Sheltered Care or Assisted Living capabilities. The Liberty Village management believes that this pattern indicates the need for Memory Care at both Assisted Living and Skilled Nursing levels of care.

Considering the factors enumerated above, LRA made a calculation of the potential market for memory care in the Rochelle market area. The details of those calculations are contained in Attachment 4 of the Appendix and are used in the following table to report the potential market, required capture rate and total inventory penetration rate for the market area. Also considered in compiling Table 10 is the finding by LRA that, in similar projects, approximately half of the identified ADRD cases will be cared for in non-institutional settings such as private homes.

Table 11 - MARKET CAPTURE AND PENETRATION RATES

Item	Memory Care
Potential Market - 50% of Cases	1,582
Less Existing Units	115
Net Need in Market	1,467
Max Proposed Project Size	21
Required Capture Rate	1.43%
Total Inventory Penetration Rate	9%

Source: LRA Market Penetration Calculations

As can be seen in the above table, the proposed project does not represent a significant proportion of the potential market for memory care in the Rochelle Primary Market Area. Also noted, is the small total inventory penetration rate of all the memory care providers in the market. Both of these findings indicate that additional memory care capacity would be readily accepted by the market.

V CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions: Based on a survey of existing nursing and memory care facilities in the 20-mile circle Primary Market Area of Liberty Village of Rochelle and calculations of potential demand based on IHFSRB nursing bed need methodology, LRA found a future need for additional capacity of long-term care being proposed at the new facility.

LRA also identified a stable and prosperous rural residential and commercial market area for the Rochelle facility. The extent of the market area is defined by the area covered by a 20-mile circle from the proposed site. LRA's demographic study conducted by use of Scan/US Market Mapping Software indicated continued stability and aging of the market area population over the next five years. This finding was confirmed by population projections recently issued by the Illinois Department of Public Health. Although, the selected market area of the proposed Liberty Village facility is currently served by a sizeable long-term care industry, the need analysis conducted here indicates that still more senior services will be required in the future.

The LRA analysis of the existing long-term care industry in the study PMA found an ageing group of existing facilities that barely meets the current needs of the PMA and is poorly positioned for future requirements. This was especially true in the immediate vicinity of Rochelle, where two facilities that are more than 35 years old, are predominately occupied by patients diagnosed with Mental Illness, and are ill equipped to provide home-like living conditions or rehabilitative services.

Since the population of the study market area is ageing rapidly, LRA predicts that demand for skilled nursing beds in the three counties surrounding this project's primary market area could increase nearly 200 by 2022. We project that those changes will leave the PMA underserved by about 165 beds. Similarly, we believe that current trends in long-term care such as memory care and shorter stays for rehabilitation will require more modern facilities than most of those currently existing in the PMA. The proposed project is well conceived to satisfy these needs.

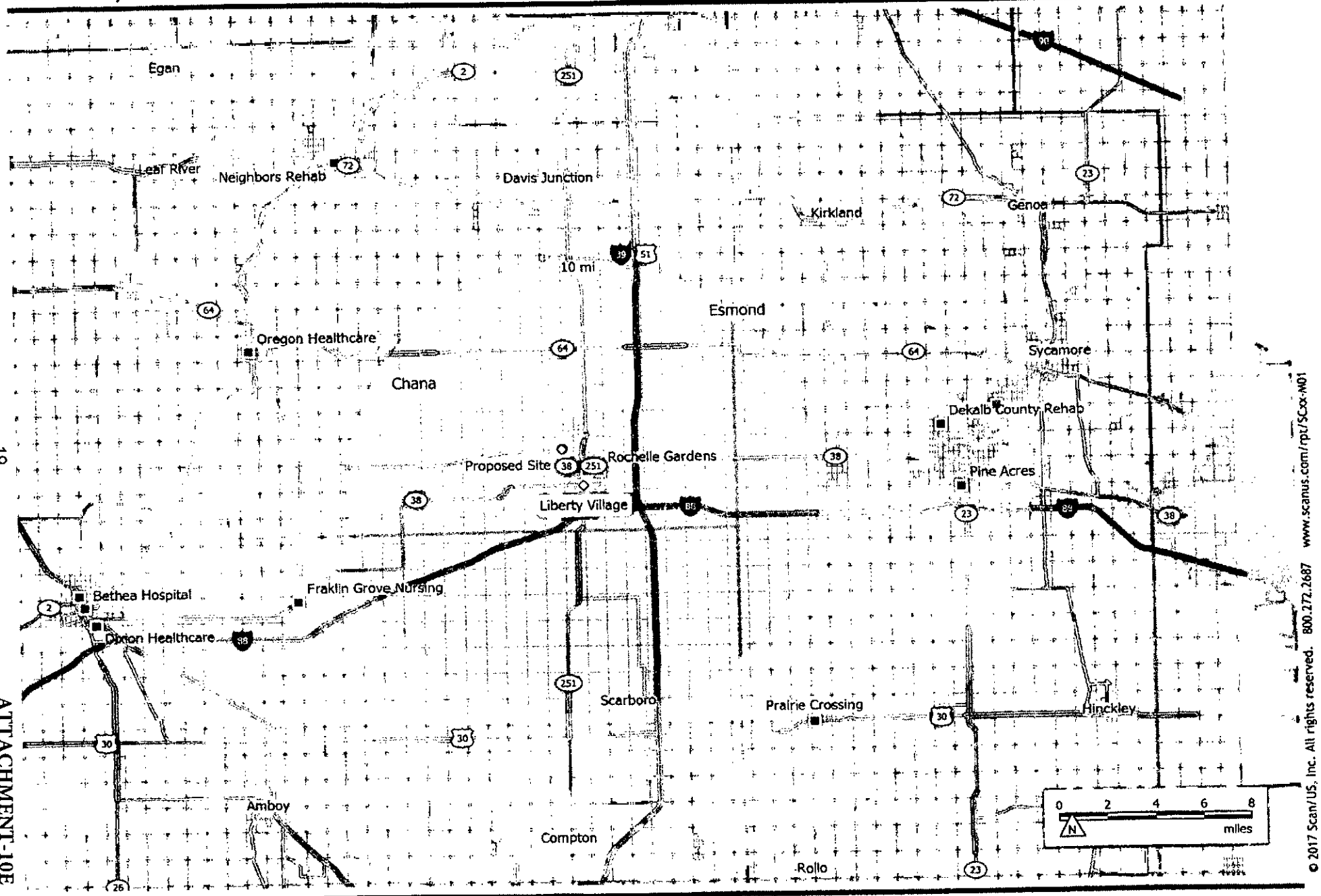
B. Recommendation: Based on the findings of this Market Study, it is recommended that the proposed development of Skilled Nursing Care capacity at the Liberty Village of Rochelle, Illinois be pursued. Because of the indicators revealed by this study, an addition to nursing care services in the project's PMA is recommended as soon as possible.

VI APPENDIX

Attachment 1:	Map of Market Area (With Location of Existing Facilities) & Google Site Map
Attachment 2:	Floor Plans of the Proposed Facility
Attachment 3:	Existing Inventory Details
Attachment 4:	Supply/Demand/Need Calculations
Attachment 5:	Alzheimer's Association: 2017 Alzheimer's Disease Facts and Figures
Attachment 6:	Scan/US Demographic Study

Attachment 1: Map of Market Area (With Location of Existing Facilities) & Google Site Map

ATTACHMENT-10E



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SCxx-M01

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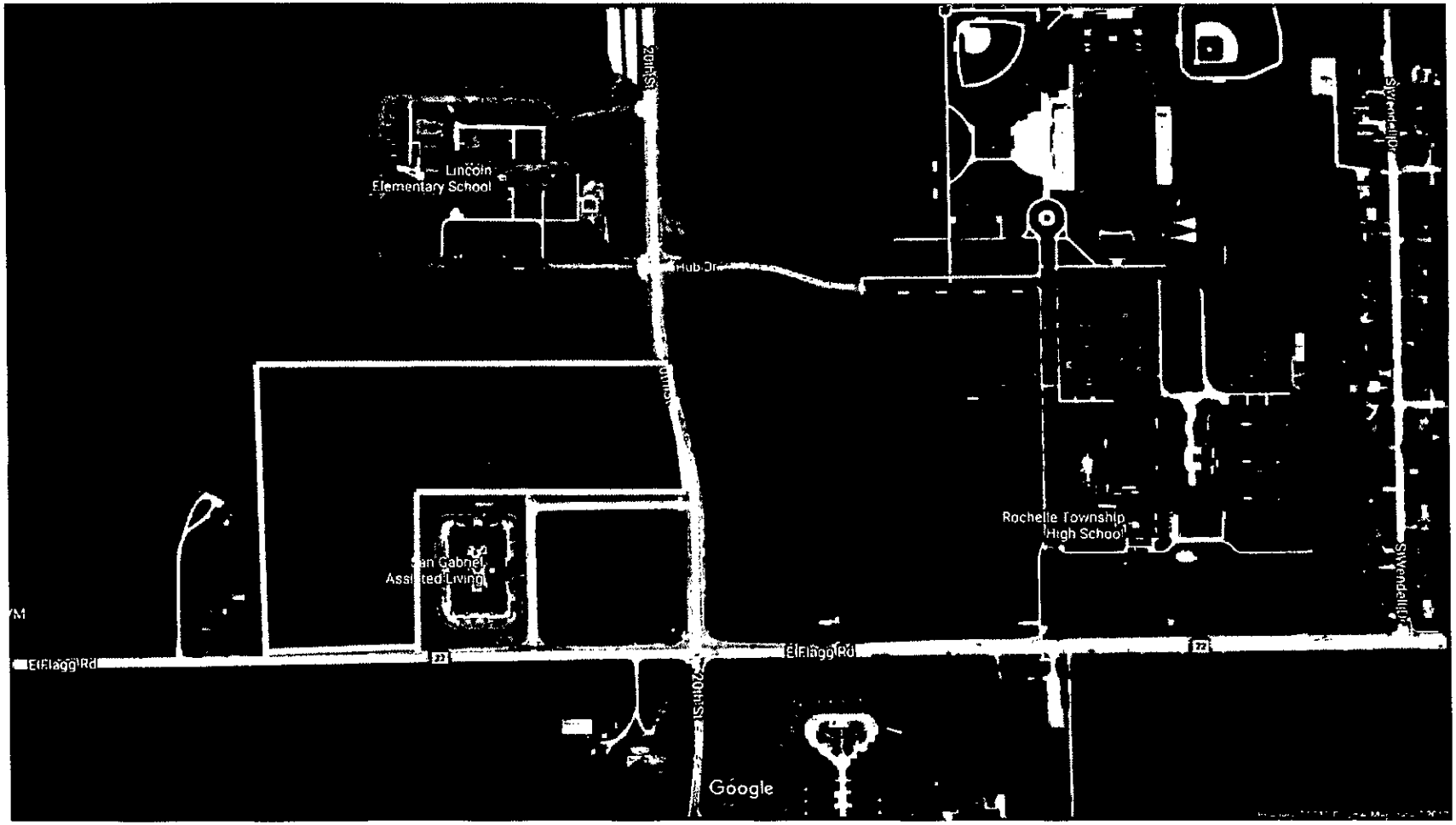
Proposed Liberty Village Site with 10 and 20 Mile Market Areas

Manor Court of Rochelle
Proposed Site

updates built in

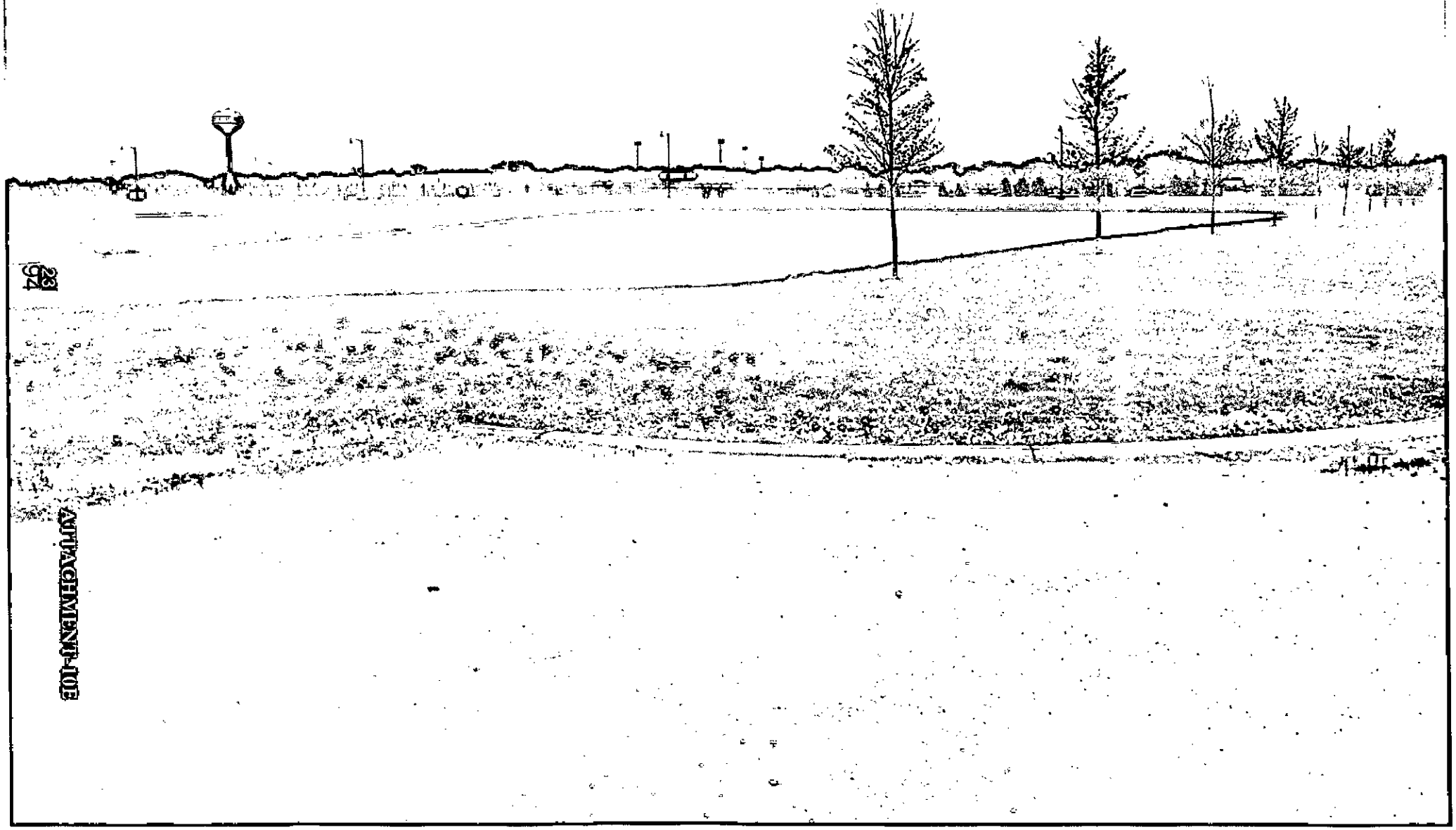


ATTACHMENT-10E

Rochelle site facing west

Rochelle site facing northwest - elementary school in picture

Rochelle site facing northeast to include pond



AUPHACHMENT-103

Rochelle site facing northeast to elementary school with pond to east

ATTACHMENT-10E

Rochelle site facing north - towards elementary school

Rochelle site facing east - pond

ATTACHMENT-10E

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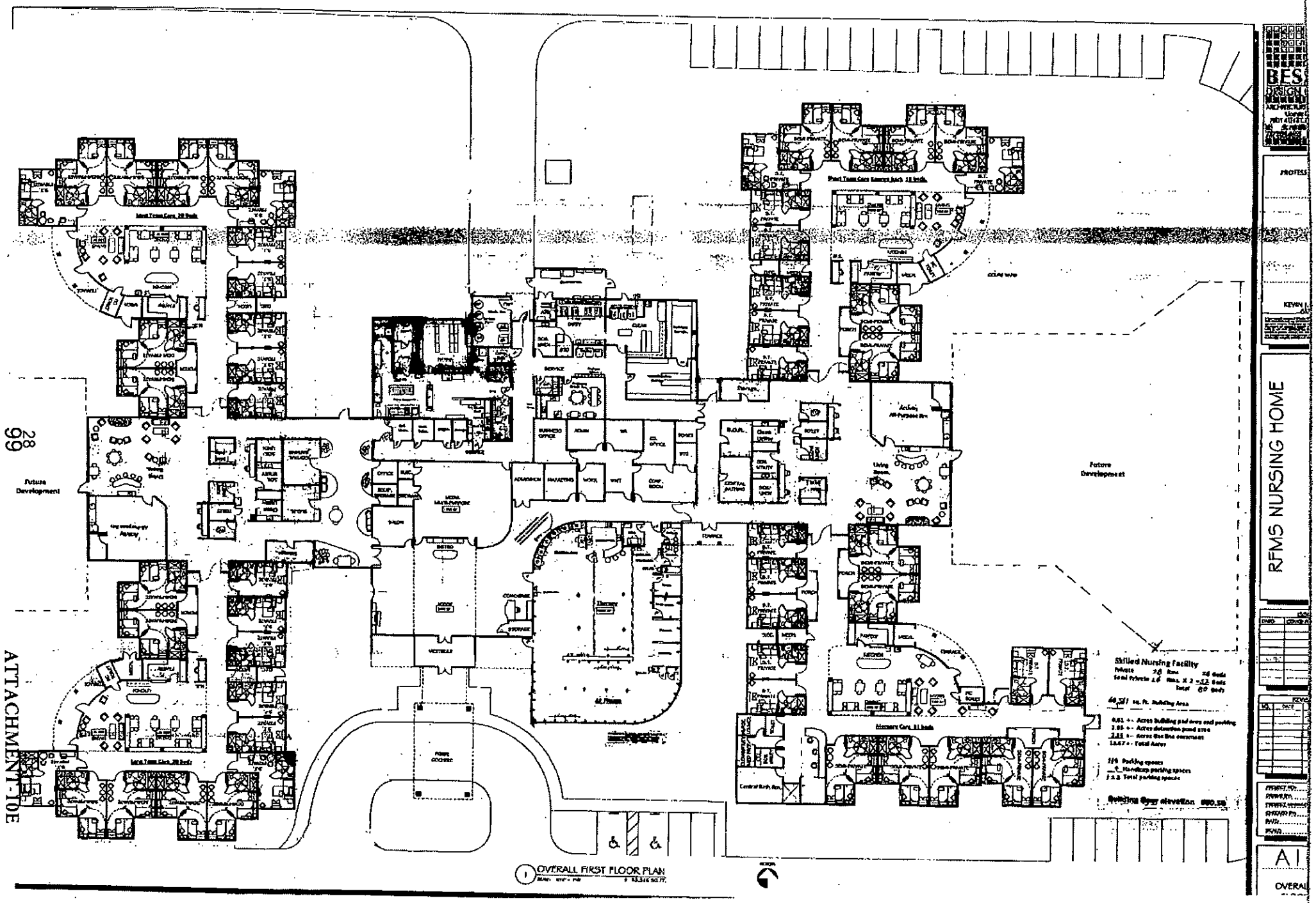
Attachment 2: Floor Plans of the Proposed Facility



ATTACHMENT 10E

Attachment 3: Existing Inventory Details

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Rochelle Rehabilitation and Health Center *900 North 3rd Street* *Rochelle, IL 61068* *https://www.petersenhealthcare.net/rochelle/*	50	Double	$155/day	80%

Phone: (815) 562-4111

Contact: Rachel Burton

Utilities: Meals, housekeeping, laundry, phone, internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Physical therapy, occupational therapy, speech, oxygen services, x-ray, podiatry, wound care, therapeutic meals, 24-hour pharmacy, 24-hour laboratory, medical supplies, transportation, social programs, beauty/barber salon, religious services, lunch outings, parties/events, scenic rides, music, outings, visitation to hospitals, cookouts, holiday parties, exercise programs, and patio.

Condition: The facility is an older facility.

Comments: This is a Petersen Health Care facility. It does not have a Memory Care or dementia program, but they will accept dementia patients. There is not a waitlist. This facility is located directly across from the Rochelle Community Hospital.

ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Rochelle Gardens *1021 North Caron Road* *Rochelle, IL 61068* *http://www.petersenhealthcare.net/rochelle-gardens/*	74 licensed – 66 in facility	Single Double	$185/day $161/day	80%

Phone: (815) 562-4047

Contact: Margarita Cornejo

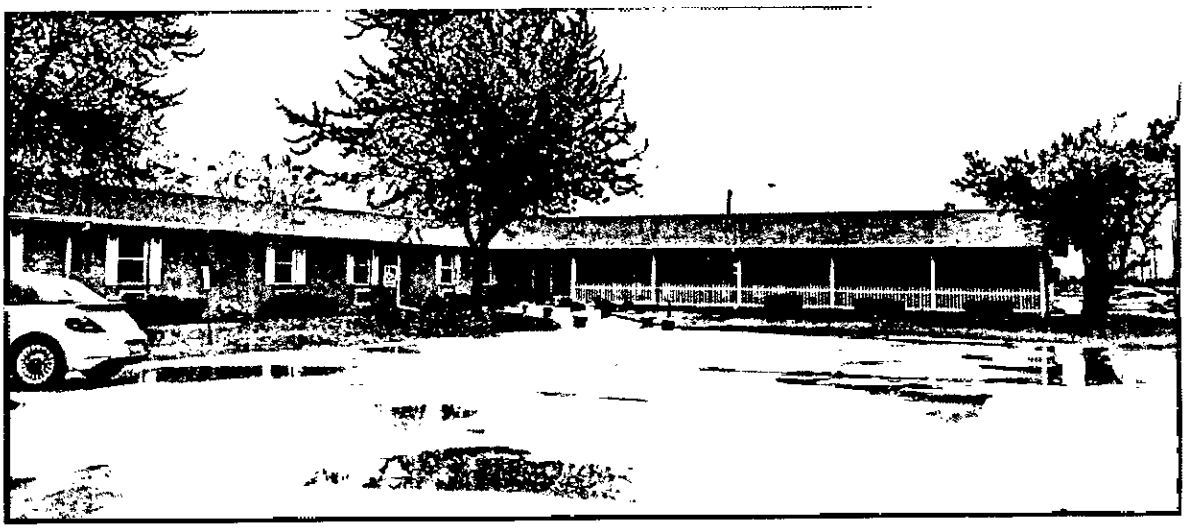
Utilities: Meals, housekeeping, laundry, phone, internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: MUST have a mental health diagnosis to be at this facility. Restorative care, diabetic care, hospice care, 24-hour pharmacy, 24-hour laboratory, podiatrist, audiology, dentist, respite care, psycho-social activities, physical therapy, occupational therapy, speech, religious services, lunch outings, resident council, parties, scenic rides, music, senior citizen outings, hospital visits, cookouts, beauty/barber shop, shopping trips, holiday parties, van transportation, exercise programs, and picnic tables.

Condition: The facility is an older facility.

Comments: This is a Petersen Health Care facility. It does not have a Memory Care or dementia program, but they will accept dementia patients with a mental health diagnosis.



ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Franklin Grove Nursing Center	132	Single	$195/day	100%
502 North State Street				
Franklin Grove, IL 61031		Double	$170/day	80%
http://www.franklingrovelivingandrehab.com				

Phone: (815) 456-2374

Contact: Dannette

Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and satellite TV.

Unit Amenities: bed, dresser, TV

Project Amenities: Short-term rehabilitation; long-term rehabilitation; private Medicare suites with electric beds, flat screen televisions, and refrigerators; rain spa shower with whirlpool; full-service therapy; guest computers; wound care; respite care; skilled care; hospice care; salon services – manicures, pedicures, massages, and facials; menu dining; social activities; bus or van transportation; walking path; concierge; financial guidance; beauty/barber services; and private dining.

Condition: The facility is nice and well maintained.

Comments: This facility does not have a Memory Care program. It does not have any single or private rooms available.

ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
DeKalb County Rehabilitation and Nursing *2600 N. Annie Glidden Road* *DeKalb, IL 60115* *http://dekalbcounty.org/rnc/*	190	Dementia Care	$216/day	100%
		Skilled Nursing	$204/day	90%

Phone: (815) 758-2477

Contact: Lori

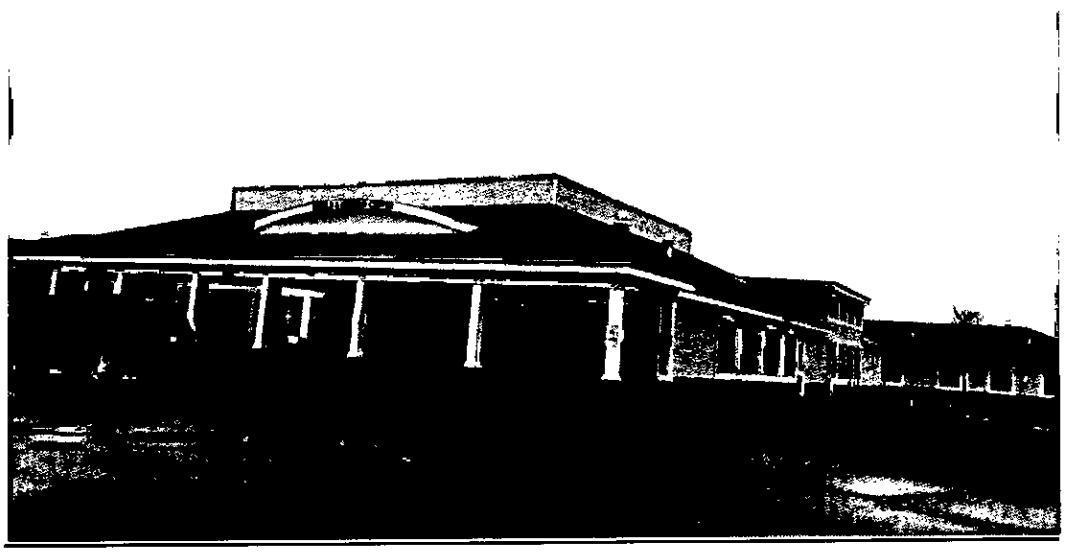
Utilities: Meals, housekeeping, laundry, phone, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Activities program, gym, ice cream parlor, rehabilitation, dementia, gift shop, beauty/barber shop, outdoor courtyards, central gazebos, Wii gaming system, and outdoor walking trail

Condition: The facility looks clean and well-kept.

Comments: This facility is owned and operated by DeKalb County. It is located on the county campus of facilities including the DeKalb County Health Department, Community Outreach, and Multipurpose room. They have semi-private rooms for patients and private rooms available for medical isolation, hospice, or behavioral issues. They currently have a waitlist for the Dementia unit and are almost full for the skilled nursing.



ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Pine Acres Care Center *1212 South Second Street* *DeKalb, IL 60115* *http://pineacresdekalb.com*	119	Memory Care	$219/day	100% Waitlist
		Single	$230/day	85% for skilled nursing
		Double	$203/day	
		Triple	$199/day	

Phone: (815) 758-8151

Contact: Connie

Utilities: Meals, housekeeping, laundry, phone, internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Therapy gym, physical therapy, occupational therapy, speech, medication management, pain management, wound care, infusion therapy, pstomy care, diabetic care, respiratory care, dementia care, patio and gardens, pet therapy, dental, activities.

Condition: The facility is an older facility with a green, metal roof. It is right next to a playground, soccer field, and empty lot.

Comments: They do not have any openings in the dementia unit, but they have a waitlist.

ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Oregon Healthcare Center	104	Single	$175/day	100%
811 South 10th Street				
Oregon, IL 61061		Double	$165/day	70%
http://www.oregonlivingandrehab.com				

Phone: (815) 732-7994

Contact: Tammy in Admissions

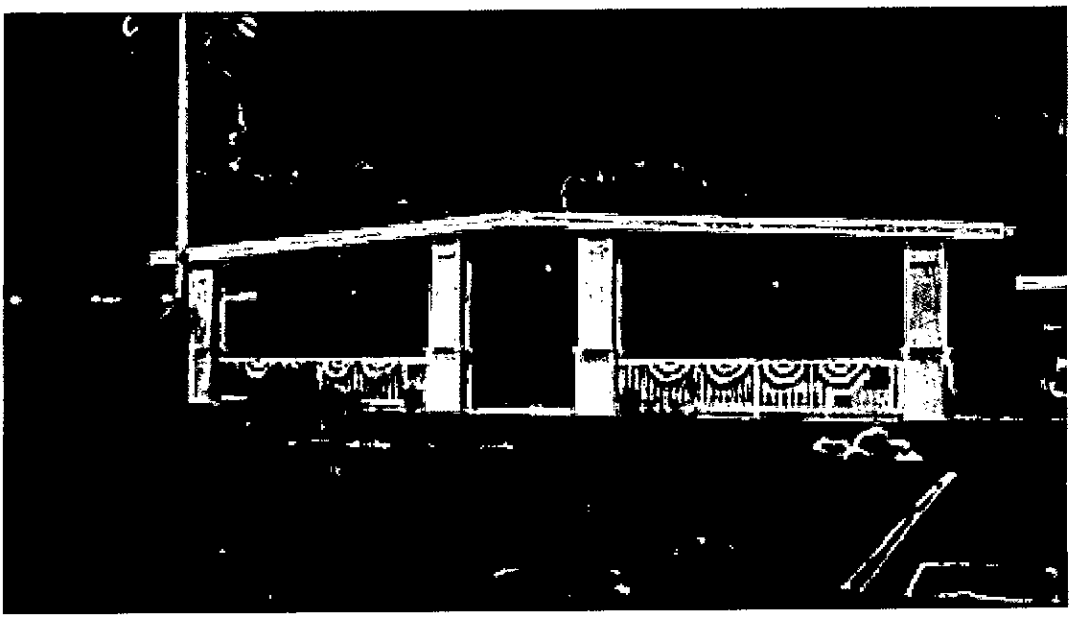
Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and cable TV.

Unit Amenities: electric bed, dresser, TV

Project Amenities: Respite care, cardiac therapy, IV therapy, enteral feeding, dementia care, physician services, physical therapy, occupational therapy, speech, optometry, dental, podiatry, activities, hospice, and wound care.

Condition: The facility is nice and well maintained.

Comments: This facility does have a dementia/wandering component. It does have a waitlist for this program.



ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Generations at Neighbors Rehabilitation & Skilled Nursing	131 licensed;	Single	$225/day	100%
811 West 2nd Street		Double	$185/day	90%
Byron, IL 61010	101 guest beds			
http://generationsneighbors.com				

Phone: (815) 234-2511

Contact: Amanda in Admissions

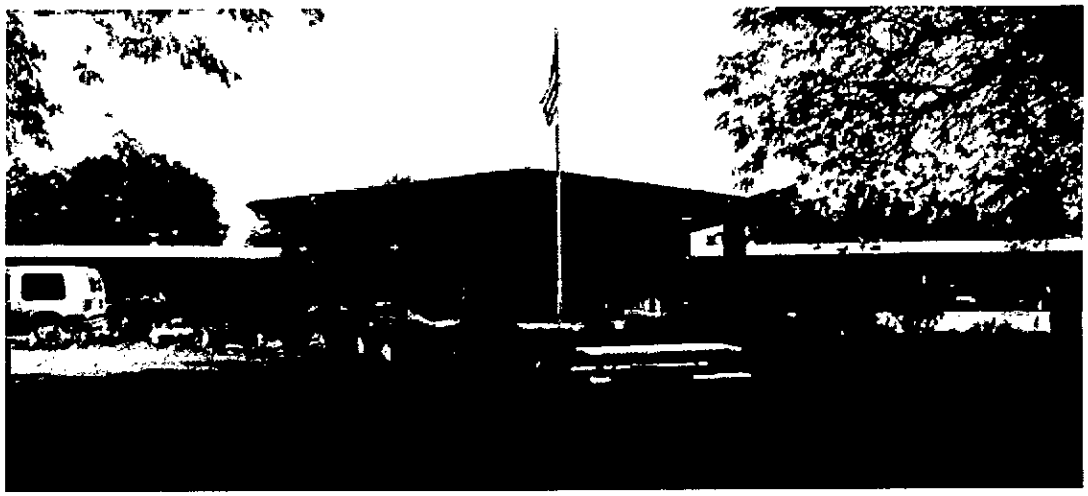
Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and cable TV.

Unit Amenities: electric bed, dresser, TV

Project Amenities: Rehabilitative services, physical therapy, occupational therapy, speech, stroke care, Memory Care – certified Alzheimer's unit, parenteral nutrition care, wound care, IV therapy, respiratory care, tracheotomy, oxygen therapy, social services, palliative/hospice care, pain management, and convenience center.

Condition: The facility is nice and well maintained.

Comments: This facility does have a certified Alzheimer's Unit. It does have a waitlist for private rooms.



ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Prairie Crossing Living & Rehabilitation *409 W. Comanche Avenue* *Shabbona, IL 60550* *http://www.prairiecrossing.net*	91	Memory Care Single	$200/day	80%
		Memory Care Double	$195/day	
		Single	$200/day	
		Double	$165/day	

Phone: (815) 824-2194

Contact: Debbie

Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Short-term rehabilitation, long-term rehabilitation, respite care, licensed Memory Care, podiatry, physician services, psychiatry, optometry, x-ray, laboratory, wound care, hospice, physical therapy, occupational therapy, speech, guest computers, transportation services, enclosed courtyard.

Condition: The facility is an older facility and is u-shaped.

Comments: This facility has a certified and secure Memory Care program. There is not a waitlist.

ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Bethany Health Care and Rehabilitation *3298 Resource Parkway* *DeKalb, IL 60115* *http://www.bethanynursingrehab.com*	90 licensed, 83 in facility	Single	$220/day	100%
		Double	$212/day	100%

Phone: (815) 756-5526

Contact: Lindsay

Utilities: Meals, housekeeping, laundry, phone, WiFi, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Activities program, Physical therapy, Occupational therapy, speech, advanced wound care, IV therapy, Total parenteral nutrition, Peritoneal dialysis, pulmonary care, tracheostomy care, infectious disease care, pain management, restorative nursing, hospice, respite care, nutrition management, post-surgical treatment, Jacuzzi with aromatherapy, coffee bar, beauty/barber shop

Condition: The facility looks clean and maintained.

Comments: This facility is owned and operated by Tutera. They do not have a dementia unit, but they do accept patients with mild/moderate dementia. They have private and semi-private rooms for patients, but they do not have any long-term openings. They currently have a waitlist.

ATTACHMENT-10E

Comparable Property Details

Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
Oak Crest *DeKalb Area Retirement Center* *2944 Greenwood Acres Drive* *DeKalb, IL 60115* *http://www.oakcrestdekalb.org*	80	Single, private suite	$211/day	90%

Phone: (815) 756-8461

Contact: Sharon Cox

Utilities: Meals, housekeeping, laundry, phone, and cable. Internet not included.

Unit Amenities: bring your own furnishings

Project Amenities: Health center, Gazebo, walking path, 80 private suites, neighborhood concept with a family room and patio, dining – restaurant or catering, health/wellness program, fitness center, personal trainers, educational programs, music and art programs, social and cultural activities program, dance floor, café, chapel, library, convenience store, ceramics/craft programs, beauty/barber salon, community kitchen, on-site banking, computer lab with internet access, postal services, gardens, stocked fishing ponds, and transportation.

Condition: The facility looks very well maintained. This is an impressive facility with deluxe offerings.

Comments: They do not have a dementia unit, but they do accept patients with mild/moderate dementia. They have private suites for patients and they do have long-term openings.

ATTACHMENT-10E

Attachment 4: Supply/Demand/Need Calculations

PA -Ogle - With Scan/US 2022 Projection

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	13.8%	20760	43.6	476.1
65-74	15.1%	22685	5.1	4448.0
75 YR+	71.1%	106868	3.7	28883.2
	1	150313	52.4	

PA -Ogle - With Scan/US 2022 Projection

AGE GR	MIN	AREA USE	MAX	PROJ USE	Scan/US POP 2022	PROJ PD
00-64	259.1	476.1	691.0	476.1	38.7	18425
65-74	2043.7	4448	5449.9	4448	5.6	24909
75 YR+	15193.9	28883.2	40517.1	28883.2	5.0	144416
				Total	49.3	187750

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
187750	514.4	90%	572	565	7

Rochelle, IL - 10-Mile Market Area - Scan/US 2017

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	13.8%	20760	43.6	476.1
65-74	15.1%	22685	5.1	4448.0
75 YR+	71.1%	106868	3.7	28883.2
	1	150313	52.4	

Rochelle, IL - 10-Mile Market Area - Scan/US 2017

AGE GR	MIN	AREA USE	MAX	PROJ USE	Scan/US POP 2017	PROJ PD
00-64	259.1	476.1	691.0	476.1	15.5	7380
65-74	2043.7	4448	5449.9	4448	1.6	7117
75 YR+	15193.9	28883.2	40517.1	28883.2	1.4	40436
				Total	18.5	54933

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
54933	150.5	90%	167	124	43

Rochelle, IL - 10-Mile Market Area - Scan/US 2022

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	13.8%	20760	43.6	476.1
65-74	15.1%	22685	5.1	4448.0
75 YR+	71.1%	106868	3.7	28883.2
	1	150313	52.4	

Rochelle, IL - 10-Mile Market Area - Scan/US 2022

AGE GR	MIN	AREA USE	MAX	PROJ USE	Scan/US POP 2022	PROJ PD
00-64	259.1	476.1	691.0	476.1	14.3	6808
65-74	2043.7	4448	5449.9	4448	1.8	8006
75 YR+	15193.9	28883.2	40517.1	28883.2	1.7	49101
				Total	17.8	63915

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
63915	175.1	90%	195	124	71

Rochelle, IL - 20-Mile Market Area - Scan/US 2022

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	13.8%	20760	43.6	476.1
65-74	15.1%	22685	5.1	4448.0
75 YR+	71.1%	106868	3.7	28883.2
	1	150313	52.4	

Rochelle, IL - 20-Mile Market Area - Scan/US 2022

AGE GR	MIN	AREA USE	MAX	PROJ USE	Scan/US POP 2022	PROJ PD
00-64	259.1	476.1	691.0	476.1	111.7	53180
65-74	2043.7	4448	5449.9	4448	12.3	54710
75 YR+	15193.9	28883.2	40517.1	28883.2	10.0	288832
				Total	134.0	396722

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
396722	1086.9	90%	1208	1043	165

ATTACHMENT-10E

DeKalb County Bed Need

PA -DeKalb - Published Inventory

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	16911.8%	15914	93.2	170.8
65-74	26847.0%	25263	6.0	4210.5
75 YR+	**********	182594	4.9	37264.1
	T/B	223771	104.1	

PA -DeKalb - Published Inventory

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 2018	PROJ PD
00-64	259.1	170.8	691.0	259.1	104.0	26946
65-74	2043.7	4210.5	5449.9	4210.5	7.5	31579
75 YR+	15193.9	37264.1	40517.1	37264.1	5.2	193773
					Total	252298

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
252298	691.2	90%	768	742	26

PA -DeKalb - 2020 IDPH Population Projection

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	16911.8%	15914	93.2	170.8
65-74	26847.0%	25263	6.0	4210.5
75 YR+	**********	182594	4.9	37264.1
	T/B	223771	104.1	

PA -DeKalb - 2020 IDPH Population Projection

AGE GR	MIN	AREA USE	MAX	IDPH PROJ USE	POP 2020	PROJ PD
00-64	259.1	170.8	691.0	259.1	106.3	27542
65-74	2043.7	4210.5	5449.9	4210.5	8.1	34105
75 YR+	15193.9	37264.1	40517.1	37264.1	5.3	197500
				Total	119.7	259147

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
259147	710	90%	789	742	47

PA -DeKalb --Scan/US 2022 Estimate

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	16911.8%	15914	93.2	170.8
65-74	26847.0%	25263	6.0	4210.5
75 YR+	**********	182594	4.9	37264.1
	T/B	223771	104.1	

PA -DeKalb --Scan/US 2022 Estimate

AGE GR	MIN	AREA USE	MAX	Scan/US PROJ USE	POP 2022	PROJ PD
00-64	259.1	170.8	691.0	259.1	87.5	22671
65-74	2043.7	4210.5	5449.9	4210.5	8.1	34105
75 YR+	15193.9	37264.1	40517.1	37264.1	6.5	242217
				Total	102.1	298993

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
298993	819.2	90%	910	742	168

LEE COUNTY BED NEED

PA -Lee- Published Inventory

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	7.8%	6675	29.4	227.0
65-74	10.6%	9125	3.3	2765.2
75 YR+	81.6%	69918	2.7	25895.6
	1	85718	35.4	

PA -Lee- Published Inventory

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 2018	PROJ PD
00-64	259.1	227	691.0	259.1	29.4	7618
65-74	2043.7	2765.2	5449.9	2765.2	3.7	10231
75 YR+	15193.9	25895.6	40517.1	25895.6	2.8	72508

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
90357	247.6	90%	275	342	-67

PA -LEE- 2020 IDPH Estimate

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	7.8%	6675	29.4	227.0
65-74	10.6%	9125	3.3	2765.2
75 YR+	81.6%	69918	2.7	25895.6
	1	85718	35.4	

PA -LEE- 2020 IDPH Estimate

AGE GR	MIN	AREA USE	MAX	IDPH PROJ USE	POP 2020	PROJ PD
00-64	259.1	227	691.0	259.1	29.2	7566
65-74	2043.7	2765.2	5449.9	2765.2	4.0	11061
75 YR+	15193.9	25895.6	40517.1	25895.6	2.9	75097
				TOTAL	36.1	93724

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
93724	256.8	90%	285	342	-57

PA -LEE- Scan/US 2022 Projection

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	7.8%	6675	29.4	227.0
65-74	10.6%	9125	3.3	2765.2
75 YR+	81.6%	69918	2.7	25895.6
	1	85718	35.4	

PA -LEE- Scan/US 2022 Projection

AGE GR	MIN	AREA USE	MAX	Scan/US PROJ USE	POP 2022	PROJ PD
00-64	259.1	227	691.0	259.1	25.9	6711
65-74	2043.7	2765.2	5449.9	2765.2	3.7	10231
75 YR+	15193.9	25895.6	40517.1	25895.6	3.1	80276
				TOTAL	32.7	97218

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
97218	266.4	90%	296	342	-46

Ogle County Bed Need

PA -Ogle - Published Inventory

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	13.8%	20760	43.6	476.1
65-74	15.1%	22685	5.1	4448.0
75 YR+	71.1%	106868	3.7	28883.2
	1	150313	52.4	

PA -Ogle - Published Inventory

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 2018	PROJ PD
00-64	259.1	476.1	691.0	476.1	43.8	20853
65-74	2043.7	4448	5449.9	4448	5.8	25798
75 YR+	15193.9	28883.2	40517.1	28883.2	4.5	129974

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
176625	483.9	90%	538	565	-27

PA -Ogle - With IDPH 2020 Estimate

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	13.8%	20760	43.6	476.1
65-74	15.1%	22685	5.1	4448.0
75 YR+	71.1%	106868	3.7	28883.2
	1	150313	52.4	

PA -Ogle - With IDPH 2020 Estimate

AGE GR	MIN	AREA USE	MAX	PROJ USE	IDPH POP 2020	PROJ PD
00-64	259.1	476.1	691.0	476.1	43.4	20663
65-74	2043.7	4448	5449.9	4448	6.2	27578
75 YR+	15193.9	28883.2	40517.1	28883.2	4.8	138639
				Total	54.4	186880

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
186880	512	90%	569	565	4

PA -Ogle - With Scan/US 2022 Projection

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	13.8%	20760	43.6	476.1
65-74	15.1%	22685	5.1	4448.0
75 YR+	71.1%	106868	3.7	28883.2
	1	150313	52.4	

PA -Ogle - With Scan/US 2022 Projection

AGE GR	MIN	AREA USE	MAX	PROJ USE	Scan/US POP 2022	PROJ PD
00-64	259.1	476.1	691.0	476.1	38.7	18425
65-74	2043.7	4448	5449.9	4448	5.6	24909
75 YR+	15193.9	28883.2	40517.1	28883.2	5.0	144416
				Total	49.3	187750

PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
187750	514.4	90%	572	565	7

SKILLED NURSING MEMORY CARE NEED CALCULATION

Liberty Village of Rochelle 2022

POPULATION DATA:		INCOME DATA: $/YR	Over 65 Households HOUSE	%	14975
65-74	12300	0-10000	708	4.7%	
75-84	6802	10000-20000	995	6.6%	
85+	3225	20000-30000	1615	10.8%	
		30000-40000	1010	6.7%	
TOTAL	22327	40000-50000	1194	8.0%	
		50000-60000	1295	8.6%	
		60000-75000	1900	12.7%	
		75000-100000	2463	16.4%	
		100000-125000	1362	9.1%	
		125000-150000	831	5.5%	
		150000-200000	1001	6.7%	
		200000+	601	4.0%	
		TOTAL	14975	100.00%	

ALZHEIMER'S NEED:

THRESHOLD INCOME $106,667

CASE DISTRIBUTION BY HOUSEHOLD INCOME: 22.9%

AGE GRP.	POPULATION [	PREV.	CASES	Private Pay
65-74	12300	3.0%	369	73
75-84	6802	18.7%	1272	252
85+	3225	47.2%	1522	302
TOTAL	22327		3163	628
PROPOSED CAPACITY			21	21
CAPACITY FILLED BY PMA (100%)			21	21
REQUIRED CAPTURE RATE			1.43%	3.35%

SKILLED NURSING MEMORY CARE NEED CALCULATION
Liberty Village of Rochelle 2022

INVENTORY:

TYPE	EXISTING Private Pay	EXISTING Medicaid	PROPOSED Private Pay	PROPOSED Medicaid
Shelter	0			
Supportive	0	0		
Nursing SC	88	0		
Asst. Liv.	27			
Liberty Village			21	0
TOTAL	115	0	21	0

TOTAL AFFORDABLE: 0

TOTAL MARKET RATE: 136

TOTAL INVENTORY: 136

MARKET PENETRATION OF TOTAL INVENTORY:

	Private Pay
POTENTIAL MARKET:	1582
Income Qualified	628
LESS CURRENT:	115
NET NEED:	1467
INVENTORY CAP.	136
CAPTURE RATE	1.43%
TOTAL MARKET PENETRATION	9%

Sheltered:		Assisted:		Nursing SCU:	
		Pinecrest	27	Neighbors	16
				Prairie Cross	18
				De Kalb County	38
				Pine Acres	16
Total	0	Total	27	Total	88

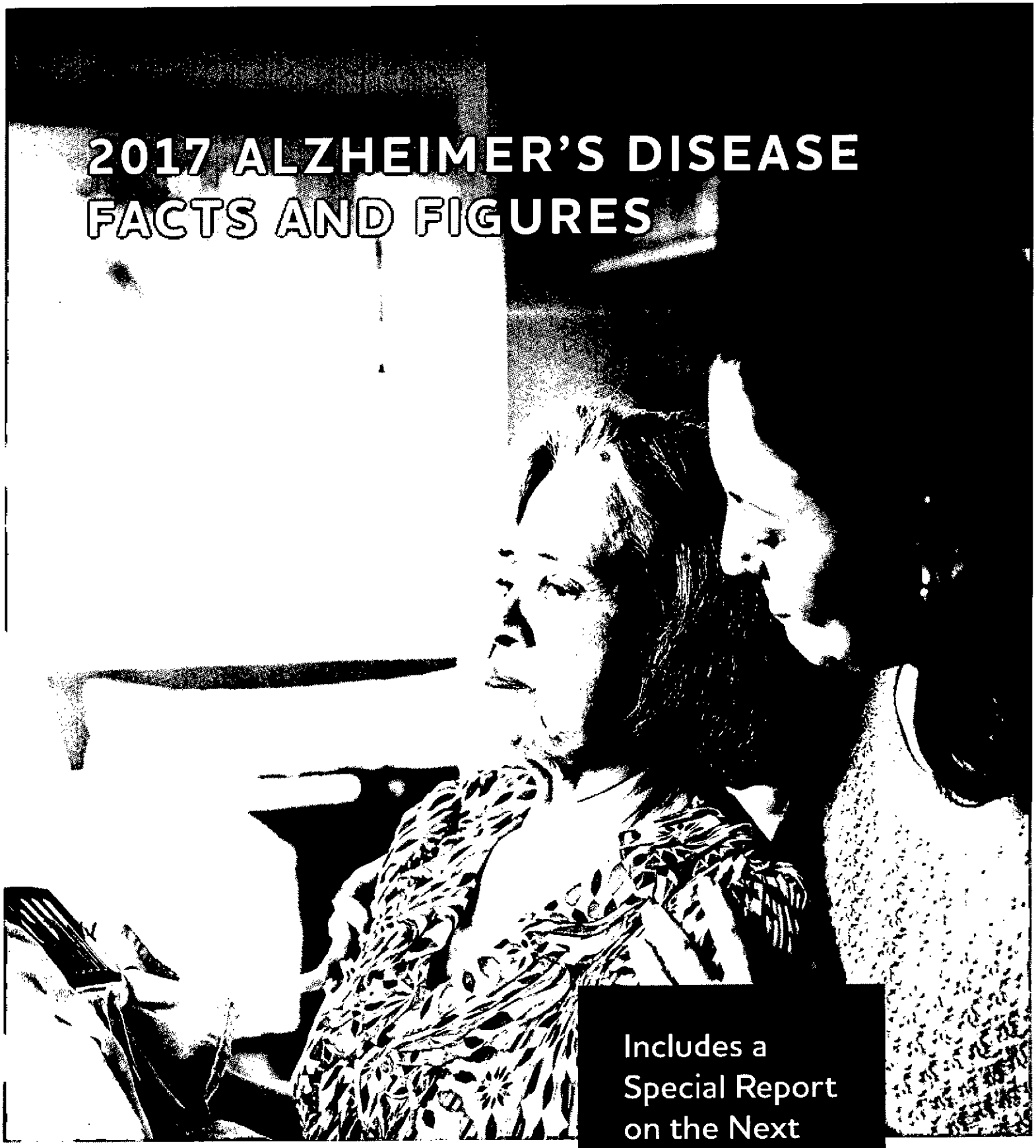
THRESHOLD INCOME = $106,667

CAP. RATE	50.0% SN CARE	22.9% FIN. ABLE	= PERCENT OF HOUSEHOLDS FOR PRIVATE PAY RATES
0	185	37	
0	636	126	
0	761	151	
0	1582	314	43%

ATTACHMENT-10E

Attachment 5: Alzheimer's Association: 2017 Alzheimer's Disease Facts and Figures

2017 ALZHEIMER'S DISEASE FACTS AND FIGURES



Includes a Special Report on the Next Frontier of Alzheimer's Research

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Millions of Americans have Alzheimer's or other dementias. As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow. This number will escalate rapidly in coming years, as the population of Americans age 65 and older is projected to nearly double from 48 million to 88 million by 2050.[135] The baby boom generation has already begun to reach age 65 and beyond,[136] the age range of greatest risk of Alzheimer's; in fact, the first members of the baby boom generation turned 70 in 2016.

This section reports on the number and proportion of people with Alzheimer's dementia to describe the magnitude of the burden of Alzheimer's on the community and health care system. The prevalence of Alzheimer's dementia refers to the proportion of people in a population who have Alzheimer's dementia at a given point in time. Incidence, the number of new cases per year, is also provided as an estimate of the risk of developing Alzheimer's or other dementias for different age groups. Estimates from selected studies on the number and proportion of people with Alzheimer's or other dementias vary depending on how each study was conducted. Data from several studies are used in this section.

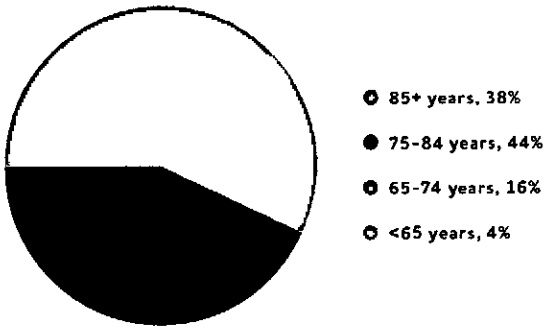
Prevalence of Alzheimer's and Other Dementias in the United States

An estimated 5.5 million Americans of all ages are living with Alzheimer's dementia in 2017. This number includes an estimated 5.3 million people age 65 and older[A2,31] and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate.[137]

- One in 10 people age 65 and older (10 percent) has Alzheimer's dementia.[A3,31]
- The percentage of people with Alzheimer's dementia increases with age: 3 percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older have Alzheimer's dementia.[31]
- Of people who have Alzheimer's dementia, 82 percent are age 75 or older (Figure 1).[A4,31]

FIGURE 1

Ages of People with Alzheimer's Dementia in the United States, 2017



Created from data from Hebert et al.[A4,31]
Percentages do not total 100 because of rounding.

The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people.[31]

National estimates of the prevalence of all dementias are not available from CHAP, but they are available from other population-based studies including the Aging, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults.[A5,138-139] Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia.[138]

Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia. But outside of research settings, only about half of those who would meet the diagnostic criteria for Alzheimer's and other dementias are diagnosed with dementia by a physician.[140-142] Furthermore, as discussed in *2015 Alzheimer's Disease Facts and Figures*, fewer than half of those who have a diagnosis of Alzheimer's or another dementia in their Medicare records (or their caregiver, if the person was too impaired to respond to the survey) report being told of the diagnosis.[143-146] Because Alzheimer's dementia is underdiagnosed and underreported, a large portion of Americans with Alzheimer's may not know they have it.

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The estimates of the number and proportion of people who have Alzheimer's in this section refer to people who have Alzheimer's dementia. But as described in the Overview section (see pages 4-16) and Special Report (see pages 61-68), revised diagnostic guidelines[20-23] propose that Alzheimer's disease begins many years before the onset of dementia. More research is needed to estimate how many people may have MCI due to Alzheimer's disease and how many people may be in the preclinical stage of Alzheimer's disease. However, if Alzheimer's disease could be accurately detected before dementia develops, the number of people reported to have Alzheimer's disease would change to include more than just people who have been diagnosed with Alzheimer's dementia.

Subjective Cognitive Decline

The experience of worsening or more frequent confusion or memory loss (often referred to as subjective cognitive decline) is one of the earliest warning signs of Alzheimer's disease and may be a way to identify people who are at high risk of developing Alzheimer's or other dementias as well as MCI.[147-151] Subjective cognitive decline does not refer to someone occasionally forgetting their keys or the name of someone they recently met; it refers to more serious issues such as having trouble remembering how to do things one has always done or forgetting things that one would normally know. Not all of those who experience subjective cognitive decline go on to develop MCI or dementia, but many do.[152-154] According to a recent study, only those who over time consistently reported subjective cognitive decline that they found worrisome were at higher risk for developing Alzheimer's dementia.[155] Data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey, which included questions on self-perceived confusion and memory loss for people in 33 U.S. states and the District of Columbia, showed that 12 percent of Americans age 45 and older reported subjective cognitive decline, but 56 percent of those who reported it had not consulted a health care professional about it.[156] Individuals concerned about declines in memory and other cognitive abilities should consult a health care professional.

Differences Between Women and Men in the Prevalence of Alzheimer's and Other Dementias

More women than men have Alzheimer's or other dementias. Almost two-thirds of Americans with Alzheimer's are women.[A6,31] Of the 5.3 million people age 65 and older with Alzheimer's in the United States, 3.3 million are women and 2.0 million are men.[A6,31] Based on estimates from ADAMS, among people age 71 and older, 16 percent of women have Alzheimer's or other dementias compared with 11 percent of men.[138,157]

There are a number of potential biological and social reasons why more women than men have Alzheimer's or other dementias.[158] The prevailing view has been that this discrepancy is due to the fact that women live longer than men on average, and older age is the greatest risk factor for Alzheimer's.[157,159-160] Many studies of incidence (which indicates risk of developing disease) of Alzheimer's or any dementia[161] have found no significant difference between men and women in the proportion who develop Alzheimer's or other dementias at any given age. A recent study using data from the Framingham Heart Study suggests that because men in middle age have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have a healthier cardiovascular risk profile and thus an apparent lower risk for dementia than women of the same age.[160] Epidemiologists call this "survival bias" because the men who survive to older ages and are included in studies tend to be the healthiest men; as a result, they may have a lower risk of developing Alzheimer's and other dementia than the men who died at an earlier age from cardiovascular disease. More research is needed to support this finding.

However, researchers have recently begun to revisit the question of whether the risk of Alzheimer's could actually be higher for women at any given age due to biological or genetic variations or differences in life experiences.[162] A large study showed that the APOE-e4 genotype, the best known genetic risk factor for Alzheimer's dementia, may have a stronger association with Alzheimer's dementia in women than

in men.[163-164] It is unknown why this may be the case, but some evidence suggests that it may be due to an interaction between the APOE-e4 genotype and the sex hormone estrogen.[165-166] Finally, because low education is a risk factor for dementia,[80-83,88,161] it is possible that lower educational attainment in women than in men born in the first half of the 20th century could account for a higher risk of Alzheimer's and other dementias in women.[167]

Racial and Ethnic Differences in the Prevalence of Alzheimer's and Other Dementias

Although there are more non-Hispanic whites living with Alzheimer's and other dementias than any other racial or ethnic group in the United States, older African-Americans and Hispanics are more likely, on a per-capita basis, than older whites to have Alzheimer's or other dementias.[168-173] A review of many studies by an expert panel concluded that older African-Americans are about twice as likely to have Alzheimer's or other dementias as older whites,[174-175] and Hispanics are about one and one-half times as likely to have Alzheimer's or other dementias as older whites.[A7,175-177] Currently, there is not enough evidence from population-based cohort studies in which everyone is tested for dementia to estimate the national prevalence of Alzheimer's and other dementias in other racial and ethnic groups. However, a study examining electronic medical records for members of a large health plan in California indicated that dementia incidence — determined by the presence of a dementia diagnosis in one's medical record — was highest in African-Americans, intermediate for Latinos (the term used in the study for those who self-reported as Latino or Hispanic) and whites, and lowest for Asian-Americans.[178]

Variations in health, lifestyle and socioeconomic risk factors across racial groups likely account for most of the differences in risk of Alzheimer's and other dementias by race.[179] Despite some evidence that the influence of genetic risk factors on Alzheimer's and other dementias may differ by race,[180-181] genetic factors do not appear to account for the large prevalence differences among racial groups.[179,182] Instead, health conditions such as cardiovascular disease and diabetes, which are associated with an increased risk for Alzheimer's and other dementias, are believed to account for these differences as they are more prevalent in African-American and Hispanic people.[183-184] Indeed, vascular dementia accounts for a larger proportion of dementia in African-Americans than in whites.[181] Socioeconomic characteristics, including lower levels of education, higher rates of poverty, and greater exposure to early life adversity and discrimination, may also increase risk in African-American and Hispanic communities.[183-185] Some studies suggest that differences based on race and ethnicity do not persist in rigorous analyses that account for such factors.[78,138,179]

There is evidence that missed diagnoses of Alzheimer's and other dementias are more common among older African-Americans and Hispanics than among older whites.[186-187] Based on data for Medicare beneficiaries age 65 and older, Alzheimer's or another dementia had been diagnosed in 6.9 percent of whites, 9.4 percent of African-Americans and 11.5 percent of Hispanics.[188] Although rates of diagnosis were higher among African-Americans than among whites, according to prevalence studies that detect all people who have dementia irrespective of their use of the health care system, the rates should be higher (i.e., twice as high as 6.9 percent, which is approximately 13.8 percent).

Estimates of the Number of People with Alzheimer's Dementia by State

Table 4 lists the estimated number of people age 65 and older with Alzheimer's dementia by state for 2017, the projected number for 2025, and the projected percentage change in the number of people with Alzheimer's between 2017 and 2025.[A8,189] Comparable estimates and projections for other types of dementia are not available.

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TABLE 4

Projections of Total Numbers of Americans Age 65 and Older with Alzheimer's Dementia by State

State	Projected Number with Alzheimer's (in thousands) 2017	2025	Percentage Change 2017-2025
Alabama	90	110	22.2
Alaska	7.1	11	54.9
Arizona	130	200	53.8
Arkansas	55	67	21.8
California	630	840	33.3
Colorado	69	92	33.3
Connecticut	75	91	21.3
Delaware	18	23	27.8
District of Columbia	9	9	0.0
Florida	520	720	38.5
Georgia	140	190	35.7
Hawaii	27	35	29.6
Idaho	24	33	37.5
Illinois	220	260	18.2
Indiana	110	130	18.2
Iowa	64	73	14.1
Kansas	52	62	19.2
Kentucky	70	86	22.9
Louisiana	85	110	29.4
Maine	27	35	29.6
Maryland	100	130	30.0
Massachusetts	120	150	25.0
Michigan	180	220	22.2
Minnesota	92	120	30.4
Mississippi	53	65	22.6
Missouri	110	130	18.2
Montana	20	27	35.0
Nebraska	33	40	21.2
Nevada	43	64	48.8
New Hampshire	24	32	33.3
New Jersey	170	210	23.5
New Mexico	38	53	39.5
New York	390	460	17.9
North Carolina	160	210	31.3
North Dakota	14	16	14.3
Ohio	210	250	19.0
Oklahoma	63	76	20.6
Oregon	63	84	33.3
Pennsylvania	270	320	18.5
Rhode Island	23	27	17.4
South Carolina	86	120	39.5
South Dakota	17	20	17.6
Tennessee	110	140	27.3
Texas	360	490	36.1
Utah	30	42	40.0
Vermont	12	17	41.7
Virginia	140	190	35.7
Washington	110	140	27.3
West Virginia	37	44	18.9
Wisconsin	110	130	18.2
Wyoming	9.4	13	38.3

Created from data provided to the Alzheimer's Association by Wouve et al.[A8, 189]

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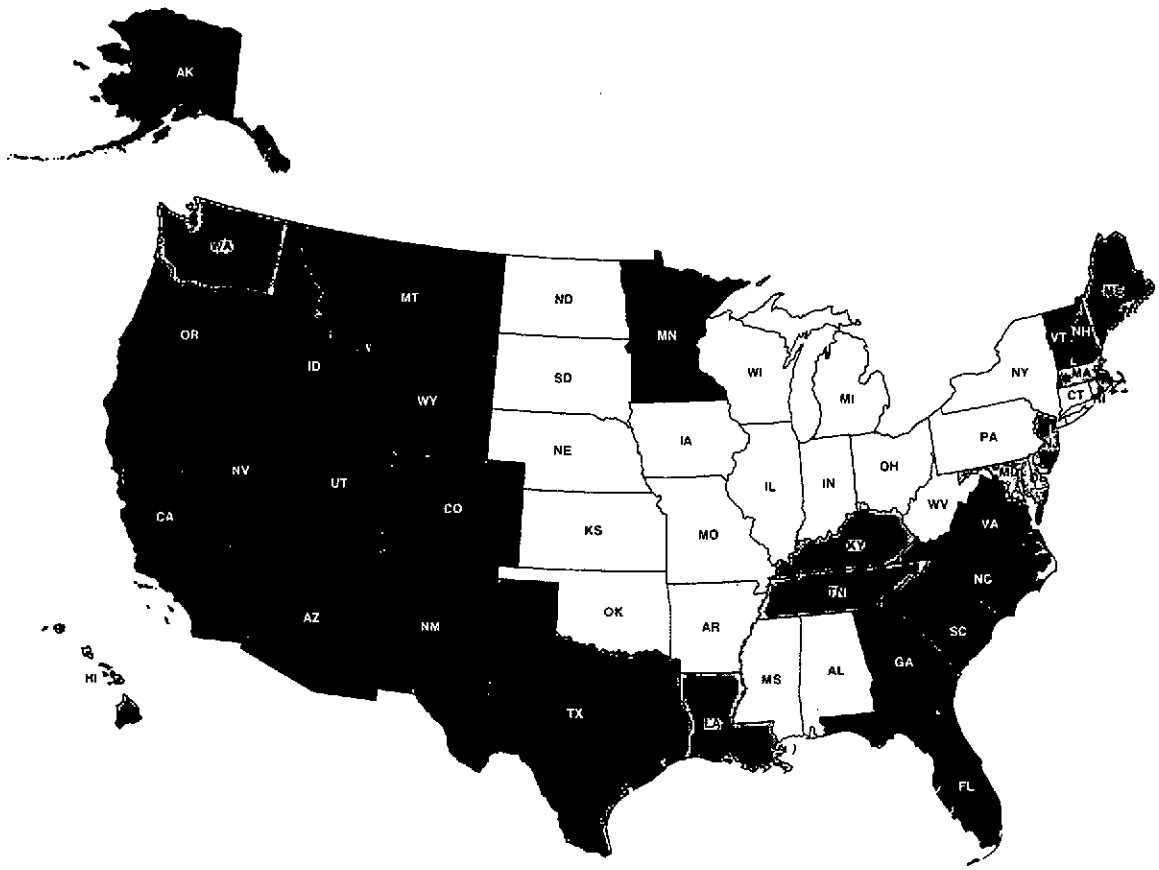
FIGURE 2

Projected Increases Between 2017 and 2025 in Alzheimer's Dementia Prevalence by State



Change from 2017 to 2025 for Washington, D.C.: 0.0%

Created from data provided to the Alzheimer's Association by Weuve et al.[48,189]

As shown in Figure 2, between 2017 and 2025 every state across the country is expected to experience an increase of at least 14 percent in the number of people with Alzheimer's due to increases in the population age 65 and older. The West and Southeast are expected to experience the largest percentage increases in people with Alzheimer's between 2017 and 2025. These increases will have a marked impact on states' health care systems, as well as the Medicaid program, which covers the costs of long-term care and support for some older residents with dementia.

Incidence of Alzheimer's Dementia

While prevalence refers to *existing* cases of a disease in a population at a given time, incidence refers to *new* cases of a disease that develop in a given period of time in a defined population — in this case, the U.S. population age 65 or older. Incidence provides a measure of *risk* for developing a disease. According to one study using data from the Established Populations for Epidemiologic Study of the Elderly (EPESE), approximately 480,000 people age 65 or older will

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develop Alzheimer's dementia in the United States in 2017.[A9] The number of new cases of Alzheimer's increases dramatically with age: in 2017, there will be approximately 64,000 new cases among people age 65 to 74, 173,000 new cases among people age 75 to 84, and 243,000 new cases among people age 85 and older (the "oldest-old").[A9,190] This translates to approximately two new cases per 1,000 people age 65 to 74, 12 new cases per 1,000 people age 75 to 84, and 37 new cases per 1,000 people age 85 and older.[A9] A more recent study using data from the Adult Changes in Thought (ACT) study, a cohort of members of the Group Health health care delivery system in the Northwest United States, reported even higher incidence rates for Alzheimer's dementia.[161] Because of the increasing number of people age 65 and older in the United States, particularly the oldest-old, the annual number of new cases of Alzheimer's and other dementias is projected to double by 2050.[190]

- Every 66 seconds, someone in the United States develops Alzheimer's dementia.[A10]
- By 2050, someone in the United States will develop Alzheimer's dementia every 33 seconds.[A10]

Lifetime Risk of Alzheimer's Dementia

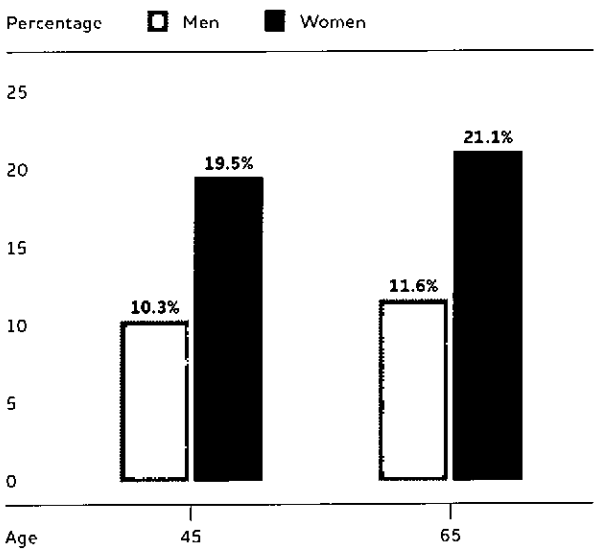
Lifetime risk is the probability that someone of a given age will develop a condition during his or her remaining life span. Data from the Framingham Heart Study were used to estimate lifetime risks of Alzheimer's dementia by age and sex.[A11,160] As shown in Figure 3, the study found that the estimated lifetime risk for Alzheimer's dementia at age 45 was approximately one in five (20 percent) for women and one in 10 (10 percent) for men. The risks for both sexes were slightly higher at age 65.[160]

Trends in the Prevalence and Incidence of Alzheimer's Dementia

A growing number of studies indicate that the age-specific risk of Alzheimer's and other dementias in the United States and other higher-income Western countries may have declined in the past 25 years,[191-202] though results are mixed.[30] These declines have been

FIGURE 3

Estimated Lifetime Risk for Alzheimer's Dementia, by Sex, at Age 45 and Age 65



Created from data from Chene et al.[160]

attributed to increasing levels of education and improved control of cardiovascular risk factors.[193,199,202] Such findings are promising and suggest that identifying and reducing risk factors for Alzheimer's and other dementias may be effective. Although these findings indicate that a person's risk of dementia at any given age may be decreasing slightly, it should be noted that the total number of Americans with Alzheimer's or other dementias is expected to continue to increase dramatically because of the population's shift to older ages. Furthermore, it is unclear whether these positive trends will continue into the future given worldwide trends showing increasing mid-life diabetes and obesity — potential risk factors for Alzheimer's dementia — which may lead to a rebound in dementia risk in coming years.[200,203-204] Thus, while recent findings are promising, the social and economic burden of Alzheimer's and other dementias will continue to grow. Moreover, 68 percent of the projected increase in the global prevalence and burden of dementia by 2050 will take place in low- and middle-income countries, where there is no evidence for a decline in the risk of Alzheimer's and other dementias.[205]

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Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States.[208] It is the fifth-leading cause of death for those age 65 and older.[198] However, it may cause even more deaths than official sources recognize. Alzheimer's is also a leading cause of disability and poor health (morbidity). Before a person with Alzheimer's dies, he or she lives through years of morbidity as the disease progresses.

Deaths from Alzheimer's Disease

It is difficult to determine how many deaths are caused by Alzheimer's disease each year because of the way causes of death are recorded. According to data from the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC), 93,541 people died from Alzheimer's disease in 2014.[208] The CDC considers a person to have died *from* Alzheimer's if the death certificate lists Alzheimer's as the underlying cause of death, defined by the World Health Organization as "the disease or injury which initiated the train of events leading directly to death."[209]

Severe dementia frequently causes complications such as immobility, swallowing disorders and malnutrition that significantly increase the risk of serious acute conditions that can cause death. One such condition is pneumonia, which is the most commonly identified cause of death among elderly people with Alzheimer's or other dementias.[210-211] Death certificates for individuals with Alzheimer's often list acute conditions such as pneumonia as the primary cause of death rather than Alzheimer's.[212-214] As a result, people with Alzheimer's disease who die due to these acute conditions may not be counted among the number of people who died from Alzheimer's disease according to the World Health Organization definition, even though Alzheimer's disease may well have caused the acute condition listed on the death certificate. This difficulty in using death certificates to accurately determine the number of deaths from Alzheimer's has been referred to as a "blurred distinction between death with dementia and death from dementia."[215]

Another way to determine the number of deaths from Alzheimer's disease is through calculations that compare the estimated risk of death in those who have Alzheimer's with the estimated risk of death in those who do not have Alzheimer's. A study using data from the Rush Memory and Aging Project and the Religious Orders Study estimated that 500,000 deaths among people age 75 and older in the United States in 2010 could be attributed to Alzheimer's (estimates for people age 65 to 74 were not available), meaning that those deaths would not be expected to occur in that year if those individuals did not have Alzheimer's.[216]

The true number of deaths caused by Alzheimer's is somewhere between the number of deaths from Alzheimer's recorded on death certificates and the number of people who have Alzheimer's disease when they die. According to 2014 Medicare claims data, about one-third of all Medicare beneficiaries who die in a given year have been diagnosed with Alzheimer's or another dementia.[188] Based on data from the Chicago Health and Aging Project (CHAP) study, in 2017 an estimated 700,000 people age 65 and older in the United States will have Alzheimer's when they die.[217] Although some seniors who have Alzheimer's disease at the time of death die from causes that are unrelated to Alzheimer's, many of them die from Alzheimer's disease itself or from conditions in which Alzheimer's was a contributing cause, such as pneumonia.

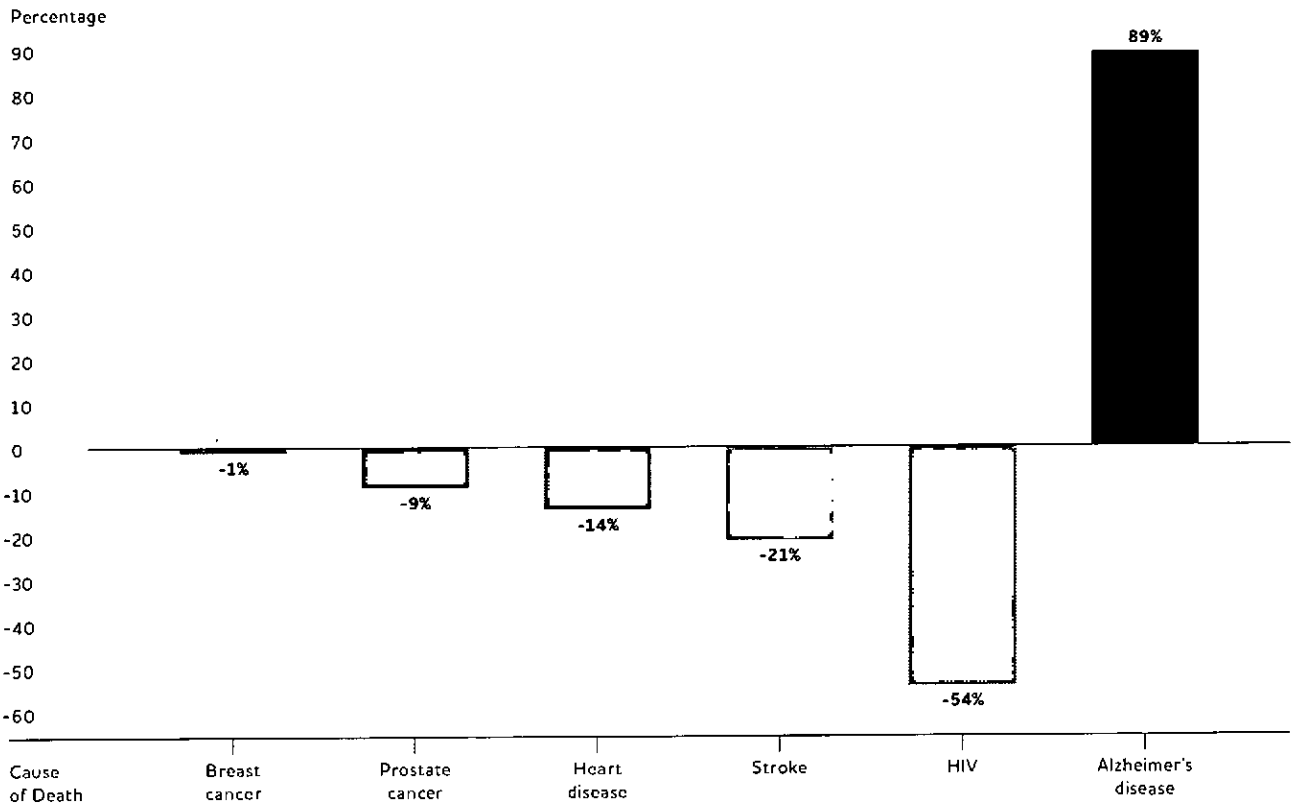
Irrespective of the cause of death, among people age 70, 61 percent of those with Alzheimer's are expected to die before age 80 compared with 30 percent of people without Alzheimer's.[218]

Public Health Impact of Deaths from Alzheimer's Disease

As the population of the United States ages, Alzheimer's is becoming a more common cause of death, and it is the only top 10 cause of death that cannot be prevented, cured or even slowed. Although deaths from other major causes have decreased significantly, official records indicate that deaths from Alzheimer's disease have increased significantly.

FIGURE 5

Percentage Changes in Selected Causes of Death (All Ages) Between 2000 and 2014



Created from data from the National Center for Health Statistics.[208, 215]

Between 2000 and 2014, deaths from Alzheimer's disease as recorded on death certificates increased 89 percent, while deaths from the number one cause of death (heart disease) decreased 14 percent (Figure 5).[208] The increase in the number of death certificates listing Alzheimer's as the underlying cause of death reflects both changes in patterns of reporting deaths on death certificates over time as well as an increase in the actual number of deaths attributable to Alzheimer's.

State-by-State Deaths from Alzheimer's Disease

Table 5 provides information on the number of deaths due to Alzheimer's by state in 2014, the most recent year for which state-by-state data are available. This information was obtained from death certificates and reflects the condition identified by the physician as the underlying cause of death. The table also provides annual mortality rates by state to compare the risk of death due to Alzheimer's disease across states with varying population sizes. For the United States as a whole, in 2014, the mortality rate for Alzheimer's disease was 29 deaths per 100,000 people.[A15,208]

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TABLE 5

Number of Deaths and Annual Mortality Rate (per 100,000 People) Due to Alzheimer's Disease, by State, 2014

State	Number of Deaths	Mortality Rate	State	Number of Deaths	Mortality Rate
Alabama	1,885	38.9	Montana	253	24.7
Alaska	68	9.2	Nebraska	515	27.4
Arizona	2,485	36.9	Nevada	606	21.3
Arkansas	1,193	40.2	New Hampshire	396	29.8
California	12,644	32.6	New Jersey	1,962	22.0
Colorado	1,364	25.5	New Mexico	442	21.2
Connecticut	923	25.7	New York	2,639	13.4
Delaware	188	20.1	North Carolina	3,246	32.6
District of Columbia	119	18.1	North Dakota	364	49.2
Florida	5,874	29.5	Ohio	4,083	35.2
Georgia	2,670	26.4	Oklahoma	1,227	31.6
Hawaii	326	23.0	Oregon	1,411	35.5
Idaho	376	23.0	Pennsylvania	3,486	27.3
Illinois	3,266	25.4	Rhode Island	403	38.2
Indiana	2,204	33.4	South Carolina	1,938	40.1
Iowa	1,313	42.3	South Dakota	434	50.9
Kansas	790	27.2	Tennessee	2,672	40.8
Kentucky	1,523	34.5	Texas	6,772	25.1
Louisiana	1,670	35.9	Utah	584	19.8
Maine	434	32.6	Vermont	266	42.5
Maryland	934	15.6	Virginia	1,775	21.3
Massachusetts	1,688	25.0	Washington	3,344	47.4
Michigan	3,349	33.8	West Virginia	620	33.5
Minnesota	1,628	29.8	Wisconsin	1,876	32.6
Mississippi	1,098	36.7	Wyoming	162	27.7
Missouri	2,053	33.9	**U.S. Total**	93,541	29.3

Created from data from the National Center for Health Statistics.[A15, 208]

TABLE 6

U.S. Annual Alzheimer's Death Rates (per 100,000 People) by Age and Year

Age	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
45-54	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2
55-64	2.0	2.1	1.9	2.0	1.8	2.1	2.1	2.2	2.2	2.0	2.1	2.2	2.2	2.2	2.1
65-74	18.7	18.6	19.6	20.7	19.5	20.2	19.9	20.2	21.1	19.4	19.8	19.2	17.9	18.1	19.6
75-84	139.6	147.2	157.7	164.1	168.5	177.0	175.0	175.8	192.5	179.1	184.5	183.9	175.4	171.6	185.6
85+	667.7	725.4	790.9	846.8	875.3	935.5	923.4	928.7	1,002.2	945.3	987.1	967.1	936.1	929.5	1,006.8

Created from data from the National Center for Health Statistics.[208]

life years (DALYs), which is the sum of the number of years of life lost due to premature mortality and the number of years lived with disability, totaled across all those with the disease. Using this measure, Alzheimer's rose from the 25th most burdensome disease in the United States in 1990 to the 12th in 2010. No other disease or condition increased as much.[230] In terms of years of life lost, Alzheimer's disease rose from 32nd to 9th, the largest increase for any disease. In terms of years lived with disability, Alzheimer's disease went from ranking 17th to 12th; only kidney disease equaled Alzheimer's in as high a jump in rank.

Taken together, these statistics indicate that not only is Alzheimer's disease responsible for the deaths of more and more Americans, but also that the disease is contributing to more and more cases of poor health and disability in the United States.

More than six in 10 (63 percent) Alzheimer's caregivers expect to continue having care responsibilities for the next 5 years compared with less than half of caregivers of people without dementia (49 percent).[243]

Hours of Unpaid Care and Economic Value of Caregiving

In 2016, the 15.9 million family and other unpaid caregivers of people with Alzheimer's or other dementias provided an estimated 18.2 billion hours of unpaid care. This number represents an average of 21.9 hours of care per caregiver per week, or 1,139 hours of care per caregiver per year.[A18] With this care valued at $12.65 per hour,[A19] the estimated economic value of care provided by family and other unpaid caregivers of people with dementia across the United States was $230.1 billion in 2016. Table 8 (see pages 38-39) shows the total hours of unpaid care as well as the value of care provided by family and other unpaid caregivers for the United States and each state. Unpaid caregivers of people with Alzheimer's or other dementias provided care valued at more than $4 billion in each of 21 states. Unpaid caregivers in each of the four most populous states — California, Florida, New York and Texas — provided care valued at more than $14 billion. A longitudinal study of the monetary value of family caregiving for people with dementia found that the overall value of daily family care increased 18 percent with each additional year of providing care, and that the value of this care increased as the care recipient's cognitive abilities declined.[253] A study based on the same data source found that the estimated economic value of daily family caregiving costs were lower in situations in which caregivers felt closer in their relationship with the person with dementia.[254] Additional research is needed to estimate the future value of family care for people with Alzheimer's as the U.S. population continues to age.

Caregivers of people with dementia report providing 27 hours more care per month on average (92 hours versus 65 hours) than caregivers of people without dementia, with 26 percent providing 41 or more hours of care per week.[239,248] Considering all sources of unpaid care (for example, help from multiple family members), individuals with dementia receive an average of 171 hours of care per month, which is over 100 hours more care per month than those without dementia (66 hours per month, on average).[233]

Impact of Alzheimer's Caregiving

Caring for a person with Alzheimer's or another dementia poses special challenges. For example, people in the middle to later stages of Alzheimer's experience losses in judgment, orientation, and the ability to understand and communicate effectively. Family caregivers must often help people with Alzheimer's manage these issues. The personality and behavior of a person with Alzheimer's are affected as well, and these changes are often among the most challenging for family caregivers.[255-257] Individuals with Alzheimer's also require increasing levels of supervision and personal care as the disease progresses. As symptoms worsen, the care required of family members can result in increased emotional stress and depression; new or exacerbated health problems; and depleted income and finances due in part to disruptions in employment and paying for health care or other services for themselves and their care recipients.[A17,258-265] Data from the 2016 Alzheimer's Association Family Impact of Alzheimer's Survey reported in *2016 Alzheimer's Disease Facts and Figures* indicated that among care contributors (a friend or relative who paid for dementia expenses and/or provided care for someone with dementia at least once a month in the prior year), 48 percent cut back on spending and 43 percent cut back on saving due to the out-of-pocket cost of providing help to someone with dementia.[265] Due to care responsibilities in the year prior to the survey, close to four in 10 care contributors indicated that the "food they bought just didn't last, and they didn't have money to get more" and three in 10 ate less because of care-related costs.[265]

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TABLE 8

Number of Alzheimer's and Dementia (A/D) Caregivers, Hours of Unpaid Care, Economic Value of Unpaid Care and Higher Health Care Costs of Caregivers by State, 2016*

State	A/D Caregivers (in thousands)	Hours of Unpaid Care (in millions)	Value of Unpaid Care (in millions of dollars)	Higher Health Care Costs of Caregivers (in millions of dollars)†
Alabama	303	345	$4,359	$188
Alaska	33	38	480	30
Arizona	325	370	4,685	176
Arkansas	176	200	2,531	108
California	1,600	1,822	23,043	999
Colorado	244	277	3,510	146
Connecticut	177	201	2,548	153
Delaware	53	61	770	45
District of Columbia	28	32	405	29
Florida	1,100	1,253	15,850	785
Georgia	519	591	7,478	283
Hawaii	66	75	944	45
Idaho	81	92	1,167	46
Illinois	588	670	8,470	397
Indiana	335	382	4,831	223
Iowa	135	154	1,945	93
Kansas	150	171	2,168	102
Kentucky	271	308	3,901	177
Louisiana	232	264	3,341	157
Maine	69	78	988	58
Maryland	291	332	4,196	218
Massachusetts	333	380	4,803	309
Michigan	511	582	7,361	337
Minnesota	251	286	3,614	186
Mississippi	206	234	2,964	134
Missouri	314	358	4,530	218

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TABLE 8 (cont.)

Number of Alzheimer's and Dementia (A/D) Caregivers, Hours of Unpaid Care, Economic Value of Unpaid Care and Higher Health Care Costs of Caregivers by State, 2016*

State	A/D Caregivers (in thousands)	Hours of Unpaid Care (in millions)	Value of Unpaid Care (in millions of dollars)	Higher Health Care Costs of Caregivers (in millions of dollars)†
Montana	49	56	$708	$33
Nebraska	82	93	1,176	58
Nevada	145	165	2,093	83
New Hampshire	66	75	954	52
New Jersey	449	511	6,465	340
New Mexico	106	121	1,531	70
New York	1,020	1,161	14,691	848
North Carolina	459	523	6,614	296
North Dakota	30	35	438	24
Ohio	597	680	8,598	421
Oklahoma	223	253	3,206	145
Oregon	181	206	2,609	119
Pennsylvania	673	766	9,693	519
Rhode Island	53	61	766	44
South Carolina	304	347	4,385	191
South Dakota	38	43	542	27
Tennessee	430	489	6,191	273
Texas	1,380	1,571	19,876	815
Utah	148	169	2,138	74
Vermont	30	34	430	23
Virginia	458	521	6,591	286
Washington	335	382	4,832	227
West Virginia	107	122	1,543	82
Wisconsin	193	219	2,775	140
Wyoming	28	32	400	20
U.S. Total	15,975	18,192	$230,127	$10,852

*State totals may not add up to the U.S. total due to rounding.

†Higher health care costs are the dollar amount difference between the weighted per capita personal health care spending of caregivers and non-caregivers in each state.[A20]

Created from data from the 2009 BRFSS, U.S. Census Bureau, Centers for Medicare & Medicaid Services, National Alliance for Caregiving, AARP and U.S. Department of Labor.[A16, A18, A19, A20]

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Caregiver Emotional and Social Well-Being

The intimacy, shared experiences and memories that are often part of the relationship between a caregiver and care recipient may also be threatened due to the memory loss, functional impairment and psychiatric/behavioral disturbances that can accompany the progression of Alzheimer's. Although caregivers report positive feelings about caregiving, such as family togetherness and the satisfaction of helping others,[A17,266-269] they also report high levels of stress when providing care:

- Based on the Level of Care Index that combined the number of hours of care and the number of ADL tasks performed by the caregiver, more dementia caregivers in the 2015 NAC/AARP survey were classified as having a high level of burden than caregivers of people without dementia (46 percent versus 38 percent).[243]
- Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.[239]
- Fifty-nine percent of family caregivers of people with Alzheimer's or other dementias rated the emotional stress of caregiving as high to very high (Figure 9).[A17] Nearly half of dementia caregivers indicate that providing help is highly stressful (49 percent) compared with 35 percent of caregivers of people without dementia.[243]
- Many caregivers of people with Alzheimer's or other dementias provide help alone. Forty-one percent of dementia caregivers in the 2014 Alzheimer's Association poll reported that no one else provided unpaid assistance.[A17]

<u>Depression and Mental Health</u>

- Approximately 30 percent to 40 percent of family caregivers of people with dementia suffer from depression, compared with 5 percent to 17 percent of non-caregivers of similar ages.[270-274]
- The prevalence of depression is higher among dementia caregivers than other caregivers such as those who provide help to individuals with schizophrenia (20 percent) or stroke (19 percent).[274-276]
- Depression risk increases alongside the worsening cognitive symptoms of the person with dementia.[274,277-278]
- In a recent meta-analysis, kin relationship was the strongest predictor of caregiver depression; caregivers of spouses had two and a half times higher odds of having depression as caregivers of people who were not spouses.[274]
- The prevalence of anxiety among dementia caregivers is 44 percent, which is higher than among caregivers of people with stroke (31 percent).[274,276]
- Caregivers of individuals with Alzheimer's report more subjective cognitive problems (e.g., memory complaints) and experience greater declines in cognition over time than non-caregivers matched for age and other characteristics.[279-280]

<u>Strain</u>

- Twice as many caregivers of people with Alzheimer's or other dementias have difficulty with medical/nursing-related tasks (e.g., injections, tube feedings, catheter/colostomy care) as caregivers of individuals without dementia (22 percent compared with 11 percent).[248]
- Half of caregivers (51 percent) of people with Alzheimer's or other dementias indicate having no experience performing medical/nursing-related tasks,[248] and they often lack the information or resources necessary to manage complex medication regimens.[281-282]
- According to the 2014 Alzheimer's Association poll of caregivers, respondents often believed they had no choice in taking on the role of caregiver.[A17]
- The poll also found that women with children under age 18 felt that caregiving for someone with Alzheimer's was more challenging than caring for children (53 percent).[A37]
- Sandwich generation caregivers indicate lower quality of life and diminished health and health behaviors (for example, less likely to choose healthful foods and less likely to exercise) compared with non-sandwich generation caregivers or non-caregivers.[264,283-285]

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Stress of Care Transitions

- Admitting a relative to a residential care facility has mixed effects on the emotional and psychological well-being of family caregivers. Some studies suggest that distress remains unchanged or even increases after a relative is admitted to a residential care facility, but other studies have found that distress declines following admission.[252,286-287]
- The demands of caregiving may intensify as people with dementia approach the end of life.[288] In the year before a care recipient's death, 59 percent of caregivers felt they were "on duty" 24 hours a day, and many felt that caregiving during this time was extremely stressful.[289] One study of end-of-life care found that 72 percent of family caregivers experienced relief when the person with Alzheimer's or another dementia died.[289]

Caregiver Physical Health

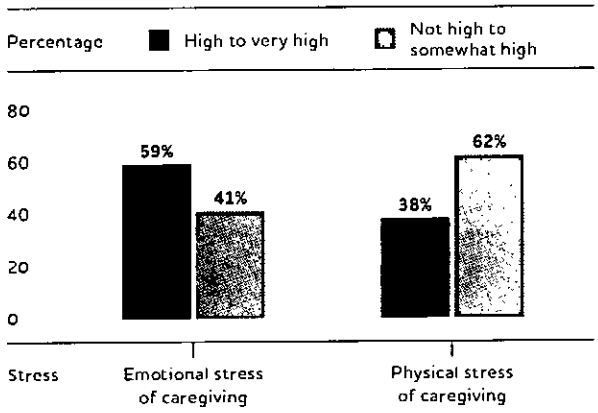
For some caregivers, the demands of caregiving may cause declines in their own health. Evidence suggests that the stress of providing dementia care increases caregivers' susceptibility to disease and health complications.[290] As shown in Figure 9, 38 percent of Alzheimer's and dementia caregivers indicate that the physical stress of caregiving is high to very high.[A17] Nearly three in 10 caregivers of people with Alzheimer's or other dementias report that providing care results in high physical strain (29 percent) compared with 17 percent of caregivers of people without dementia.[243] Sleep disturbances, which can occur frequently when caring for a relative with Alzheimer's or another dementia, have also been shown to negatively influence family caregivers' health.[291-292]

General Health

Seventy-four percent of caregivers of people with Alzheimer's or other dementias reported that they were "somewhat concerned" to "very concerned" about maintaining their own health since becoming a caregiver.[A17] Forty-two percent of caregivers of people with Alzheimer's or another dementia report that their health is excellent or very good, which is lower than caregivers of people without dementia (50 percent).[243]

FIGURE 9

Proportion of Alzheimer's and Dementia Caregivers Who Report High to Very High Emotional and Physical Stress Due to Caregiving



Created from data from the Alzheimer's Association.[A17]

In addition, over 1 in 3 caregivers of people with Alzheimer's or another dementia report that their health has gotten worse due to care responsibilities (35 percent) compared with 19 percent of caregivers of people without dementia.[243] Dementia caregivers indicated lower health-related quality of life than non-caregivers and were more likely than non-caregivers to report that their health was fair or poor.[260,264,293-294] Dementia caregivers were also more likely than caregivers of other older people to say that caregiving made their health worse.[295] Data from the Health and Retirement Study showed that dementia caregivers who provided care to spouses were much more likely (41 percent increased odds) than other spousal caregivers to become increasingly frail during the time between becoming a caregiver and their spouse's death, accounting for differences in age and additional factors.[296] Other studies, however, suggest that caregiving tasks have the positive effect of keeping older caregivers more physically active than non-caregivers.[297]

Physiological Changes

The chronic stress of caregiving is associated with physiological changes that could increase the risk of developing chronic conditions. For example, several studies found that under certain circumstances some Alzheimer's caregivers were more likely to have

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elevated biomarkers of cardiovascular disease risk and impaired kidney function risk than those who were not caregivers.[298-303]

Caregivers of a spouse with Alzheimer's or another dementia are more likely than married non-caregivers to have physiological changes that may reflect declining physical health, including high levels of stress hormones,[304] reduced immune function,[258,305] slow wound healing,[306] coronary heart disease,[307] impaired function of the endothelium (the inner lining of blood vessels) and increased incidence of hypertension.[308] Some of these changes may be associated with an increased risk of cardiovascular disease.[309]

Health Care

The physical and emotional impact of dementia caregiving is estimated to have resulted in $10.9 billion in health care costs in the United States in 2016.[A20] Table 8 (see pages 38-39) shows the estimated higher health care costs for caregivers of people with Alzheimer's or other dementias in each state. In separate studies, hospitalization and emergency department visits were more likely for dementia caregivers who helped care recipients who were depressed, had low functional status or had behavioral disturbances.[264,310-311] Increased depressive symptoms among caregivers over time are also linked to more frequent doctor visits, a higher number of outpatient tests and procedures, and greater use of over-the-counter and prescription medications.[311]

Mortality

The health of a person with dementia may also affect the caregiver's risk of dying, although studies have reported mixed findings. In one study, caregivers of spouses who were hospitalized and had dementia in their medical records were more likely to die in the following year than caregivers whose spouses were hospitalized but did not have dementia, even after accounting for the age of caregivers.[312] One study found that caregivers who perceive higher strain due to care responsibilities are at higher risk for death than caregivers who perceive little or no strain.[313]

Caregiver Employment

Six in 10 caregivers of people with Alzheimer's or another dementia were employed in the past year while providing help.[243] These individuals worked an average of 35 hours per week while caregiving.[243] Among people who were employed in the past year while providing care to someone with Alzheimer's or another dementia, 15 percent quit their jobs or retired early due to their care responsibilities. Fifty-seven percent reported sometimes needing to go in late or leave early, and 16 percent had to take a leave of absence. Other work-related challenges for dementia and non-dementia caregivers who had been employed in the past year are summarized in Figure 10.[243]

Interventions Designed to Assist Caregivers

For more than 30 years, strategies to support family caregivers of people with Alzheimer's have been developed and evaluated. The types and focus of these strategies (often called "interventions") are summarized in Table 9 (see page 44).[262-263]

In general, the goal of interventions is to improve the health and well-being of dementia caregivers by relieving the negative aspects of caregiving. Some also aim to delay nursing home admission of the person with dementia by providing caregivers with skills and resources (emotional, social and psychological) to continue helping their relatives or friends at home. Specific approaches used in various interventions include providing education to caregivers, helping caregivers manage dementia-related symptoms, improving social support for caregivers and providing caregivers with respite from caregiving duties.

According to a recent publication on dementia caregiver interventions that reviewed seven meta-analyses and 17 systematic reviews of randomized controlled trials, the following characteristics distinguish interventions that are effective: family caregivers are actively involved in the intervention, in contrast to passively receiving information; the intervention is tailored and flexible to meet the changing needs of family caregivers during the course of a relative's dementia; and the intervention

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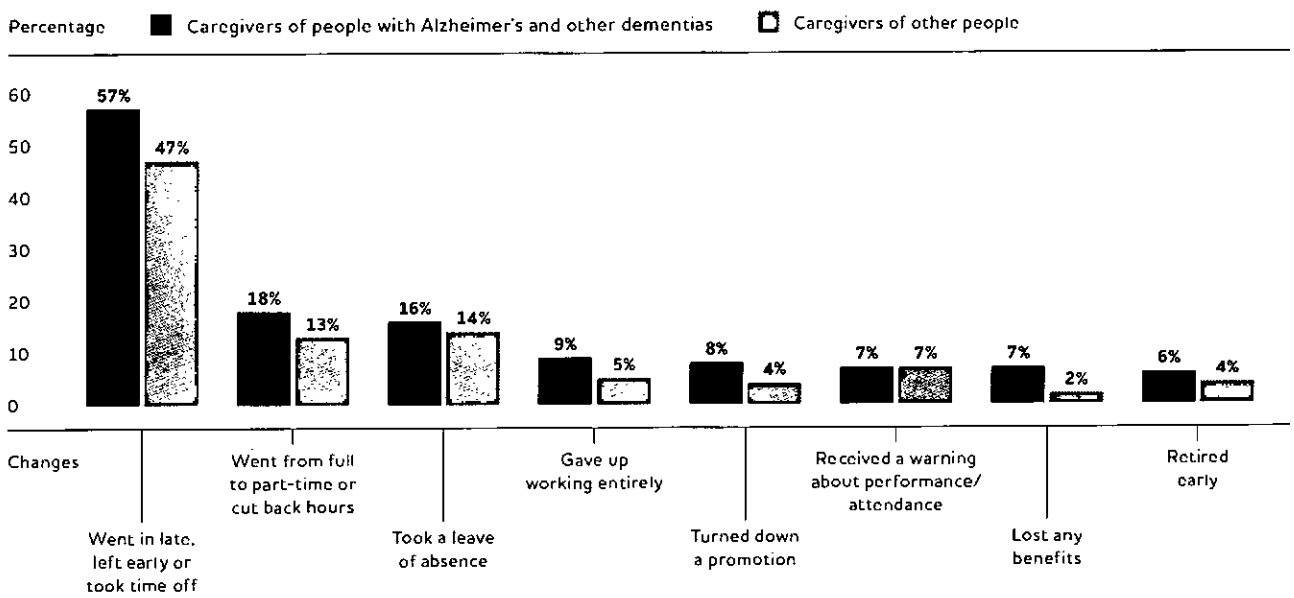
FIGURE 10

Work-Related Changes Among Caregivers of People with Alzheimer's and Other Dementias Who Had Been Employed at Any Time Since They Began Caregiving



Created from data from the National Alliance for Caregiving and AARP.[243]

meets the needs not only of caregivers, but of care recipients as well.[314] A 2012 report identified 44 interventions that have been shown by randomized controlled trials conducted in the United States to have benefits for individuals with Alzheimer's or other dementias as well as their family caregivers, and more evaluations are emerging each year.[315-316]

Interventions for dementia caregivers that have demonstrated efficacy in scientific evaluations have been gradually implemented in the community.[317-328] These implementation efforts are generally successful at improving how caregiver services are delivered, and they have the potential to reach a large number of families while also helping caregivers cope with their responsibilities. Similar efforts have attempted to broaden the reach and accessibility of interventions for dementia caregivers through the use of technologies (for instance, video-phone delivery and online training) and have shown some success.[329-333] However, more work is needed to ensure that interventions for dementia caregivers are available and accessible to those who need them. Because caregivers and the settings in which they provide care are diverse, more studies are required to define which interventions are most effective for specific situations.[332-334] Improved tools to "personalize" services for caregivers to maximize their benefits represent an emerging area of research.[335-338] More studies are also needed to explore the effectiveness of interventions in different racial, ethnic and socioeconomic groups and in various geographic settings.[330,339-345]

Paid Caregivers

Direct Care Workers for People with Alzheimer's or Other Dementias

Direct-care workers, such as nurse aides, home health aides and personal and home care aides, provide most of the paid long-term care to older adults living at home or in residential settings.[346] In nursing homes, nursing assistants make up the majority of staff who work with cognitively impaired residents.[347-349] Nursing assistants help with bathing,

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The costs of health care and long-term care for individuals with Alzheimer's or other dementias are substantial, and dementia is one of the costliest conditions to society.[237] Total payments in 2017 (in 2017 dollars) for all individuals with Alzheimer's or other dementias are estimated at $259 billion (Figure 11). Medicare and Medicaid are expected to cover $175 billion, or 67 percent, of the total health care and long-term care payments for people with Alzheimer's or other dementias. Out-of-pocket spending is expected to be $56 billion, or 22 percent of total payments.[A21] Throughout the rest of this section, all costs are reported in 2016 dollars unless otherwise indicated.[A22]

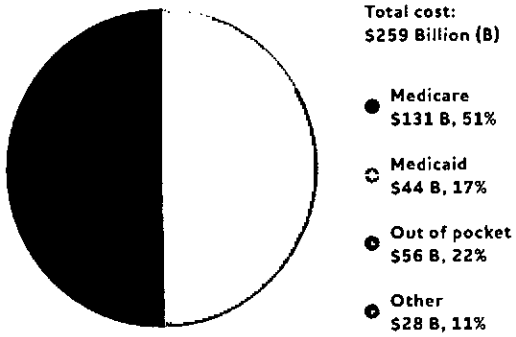
Total Cost of Health Care and Long-Term Care

Table 10 (see page 48) reports the average annual per-person payments for health care and long-term care services for Medicare beneficiaries age 65 and older with and without Alzheimer's or other dementias. Total per-person health care and long-term care payments in 2016 from all sources for Medicare beneficiaries with Alzheimer's or other dementias were over three times as great as payments for other Medicare beneficiaries in the same age group ($46,786 per person for those with dementia compared with $13,351 per person for those without dementia).[A23,380]

Twenty-seven percent of older individuals with Alzheimer's or other dementias who have Medicare also have Medicaid coverage, compared with 11 percent of individuals without dementia.[380] Medicaid pays for nursing home and other long-term care services for some people with very low income and low assets, and the high use of these services by people with dementia translates into high costs for the Medicaid program. Average annual Medicaid payments per person for Medicare beneficiaries with Alzheimer's or other dementias ($8,182) were 23 times as great as average Medicaid payments for Medicare beneficiaries without Alzheimer's or other dementias ($349) (Table 10).[380]

FIGURE 11

Aggregate Cost of Care by Payment Source for Americans Age 65 and Older with Alzheimer's and Other Dementias, 2017*



*Data are in 2017 dollars.

Created from data from the Lewin Model.[A21] "Other" payment sources include private insurance, health maintenance organizations, other managed care organizations and uncompensated care.

Despite these and other sources of financial assistance, individuals with Alzheimer's or other dementias still incur high out-of-pocket costs. These costs are for Medicare and other health insurance premiums and for deductibles, copayments and services not covered by Medicare, Medicaid or additional sources of support. On average, Medicare beneficiaries age 65 and older with Alzheimer's or other dementias paid $10,315 out of pocket annually for health care and long-term care services not covered by other sources (Table 10).[380]

Researchers have evaluated the additional or "incremental" health care, long-term care and caregiving costs of dementia (that is, the costs specifically attributed to dementia when comparing people with and without dementia who have the same coexisting medical conditions and demographic characteristics).[237,381] One group of researchers found that the incremental health care and nursing home costs for those with dementia were $28,501 per person per year in 2010 dollars ($32,924 in 2016 dollars).[A22,A24,237] Another group of researchers found that the incremental lifetime cost of

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The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Our vision is a world without Alzheimer's disease.®

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alzheimer's association®

THE BRAINS BEHIND SAVING YOURS:

ATTACHMENT-10E

Attachment 6: Scan/US, Inc. Demographic Study

2000 Demographics in brief

Rochelle 20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Population	127,717	%
in households	121,845	*95.4*
in families	96,162	*75.3*
in non-families	25,683	*20.1*
in group quarters	5,872	*4.6*
noninstitutional GQ	4,688	*3.7*
under age 18	31,088	*24.3*
male	63,642	*49.8*
female	64,091	*50.2*

Age		%
under 5 years	8,218	*6.4*
5 to 9 years	8,689	*6.8*
10 to 14 years	8,950	*7.0*
15 to 19 years	11,027	*8.6*
20 to 24 years	14,801	*11.6*
25 to 34 years	17,243	*13.5*
35 to 44 years	18,921	*14.8*
45 to 54 years	15,524	*12.2*
55 to 64 years	10,206	*8.0*
65 to 74 years	7,266	*5.7*
75 years and over	6,775	*5.3*

Median age 34.7 male 33.7 female 35.6

Race		%
white	114,161	*89.4*
black	4,895	*3.8*
American Indian	292	*0.2*
Asian, Pacific Islander	2,655	*2.1*
other, multi-racial	5,646	*4.4*
Hispanic	8454	*6.6*

Education (pers. 25+)	76,024	%
no high school diploma	11,854	*15.6*
high school graduate	24,592	*32.3*
some college	22,752	*29.9*
college degree	10,290	*13.5*
graduate/professional	6,536	*8.6*

Employment (pers. 16+)	100,178	%
in civilian labor force	68,283	*68.2*
employed	64,802	*94.9*
unemployed	3,481	*5.1*
in Armed Forces	50	*0.0*
not in labor force	31,845	*31.8*

Households	47,999	%
families	31,461	*65.5*
non-families	16,538	*34.5*
with persons under 18	16,440	*34.3*
1 person households	12,159	*25.3*
2 person households	16,566	*34.5*
3-4 person households	14,676	*30.6*
5+ person households	4,601	*9.6*

Household size 2.54 **Family size** 3.06

Household income		%	cum %
under $15,000	7,300	*15.2*	*15.2*
$15,000 - 24,999	5,562	*11.6*	*26.8*
$25,000 - 34,999	5,997	*12.5*	*39.3*
$35,000 - 49,999	8,429	*17.6*	*56.9*
$50,000 - 74,999	10,616	*22.1*	*79.0*
$75,000 - 99,999	5,350	*11.1*	*90.1*
$100,000 - 124,999	2,403	*5.0*	*95.1*
$125,000 - 149,999	1,037	*2.2*	*97.3*
$150,000 - 199,999	546	*1.1*	*98.4*
$200,000 and over	452	*0.9*	*99.4*

	Median	Average
Household income	$44,108	$52,093
Family income	$54,081	$62,149
Non-family income	$27,219	$32,963

Vehicles available		%
without vehicle	2,656	*5.5*
1 vehicle available	15,659	*32.6*
2 vehicles available	19,991	*41.6*
3+ vehicles available	9,713	*20.2*
vehicles/household	1.86	

Density	
households per sq.mile	43.92
household population per sq.mile	111.48

Housing units	50,525	%
owner occupied	30,788	*60.9*
renter occupied	17,211	*34.1*
vacant units	2,526	*5.0*

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2000 Demographics in brief

Rochelle, Illinois

Rochelle, IL
(Place 17-64746)

Site located at
41.94219, 89.08496

Population	9,670	%
in households	9,544	*98.7*
in families	7,765	*80.3*
in non-families	1,779	*18.4*
in group quarters	126	*1.3*
noninstitutional GQ	11	*0.1*
under age 18	2,620	*27.1*
male	4,756	*49.2*
female	4,914	*50.8*

Age		%
under 5 years	735	*7.6*
5 to 9 years	746	*7.7*
10 to 14 years	687	*7.1*
15 to 19 years	746	*7.7*
20 to 24 years	665	*6.9*
25 to 34 years	1,379	*14.3*
35 to 44 years	1,412	*14.6*
45 to 54 years	1,111	*11.5*
55 to 64 years	794	*8.2*
65 to 74 years	688	*7.1*
75 years and over	706	*7.3*

Median age 34.0 male 32.2 female 36.0

Race		%
white	8,423	*87.1*
black	108	*1.1*
American Indian	46	*0.5*
Asian, Pacific Islander	89	*0.9*
other, multi-racial	1,004	*10.4*
Hispanic	1818	*18.8*

Education (pers. 25+)	6,091	%
no high school diploma	1,634	*26.8*
high school graduate	1,913	*31.4*
some college	1,596	*26.2*
college degree	626	*10.3*
graduate/professional	322	*5.3*

Employment (pers. 16+)	7,364	%
in civilian labor force	4,697	*63.8*
employed	4,419	*94.1*
unemployed	278	*5.9*
in Armed Forces	0	*0.0*
not in labor force	2,667	*36.2*

Households	3,784	%
families	2,488	*65.8*
non-families	1,296	*34.2*
with persons under 18	1,357	*35.9*
1 person households	1,099	*29.0*
2 person households	1,201	*31.7*
3-4 person households	1,069	*28.3*
5+ person households	415	*11.0*

Household size 2.52 **Family size** 3.12

Household income		%	cum %
under $15,000	623	*16.5*	*16.5*
$15,000 - 24,999	431	*11.4*	*27.9*
$25,000 - 34,999	550	*14.5*	*42.4*
$35,000 - 49,999	738	*19.5*	*61.9*
$50,000 - 74,999	849	*22.4*	*84.3*
$75,000 - 99,999	392	*10.4*	*94.7*
$100,000 - 124,999	117	*3.1*	*97.8*
$125,000 - 149,999	39	*1.0*	*98.8*
$150,000 - 199,999	28	*0.7*	*99.6*
$200,000 and over	17	*0.4*	*100.0*

	Median	Average
Household income	$40,019	$46,786
Family income	$47,849	$54,189
Non-family income	$28,035	$32,574

Vehicles available		%
without vehicle	304	*8.0*
1 vehicle available	1,616	*42.7*
2 vehicles available	1,416	*37.4*
3+ vehicles available	449	*11.9*
vehicles/household	1.58	

Density	
households per sq.mile	291.08
household population per sq.mile	734.15

Housing units	3,994	%
owner occupied	2,219	*55.6*
renter occupied	1,565	*39.2*
vacant units	210	*5.3*

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2000 Demographics in brief

Ogle County, Illinois

Ogle, IL
(County 17141)

Site located at
41.94219, 89.08496

Population	51,032	%
in households	50,418	*98.8*
in families	43,527	*85.3*
in non-families	6,891	*13.5*
in group quarters	614	*1.2*
noninstitutional GQ	49	*0.1*
under age 18	14,023	*27.5*
male	25,310	*49.6*
female	25,722	*50.4*

Age		%
under 5 years	3,233	*6.3*
5 to 9 years	3,977	*7.8*
10 to 14 years	4,259	*8.3*
15 to 19 years	3,836	*7.5*
20 to 24 years	2,396	*4.7*
25 to 34 years	6,103	*12.0*
35 to 44 years	8,572	*16.8*
45 to 54 years	6,965	*13.6*
55 to 64 years	4,836	*9.5*
65 to 74 years	3,532	*6.9*
75 years and over	3,323	*6.5*

Median age 36.9 male 36.2 female 37.7

Race		%
white	48,659	*95.3*
black	224	*0.4*
American Indian	123	*0.2*
Asian, Pacific Islander	233	*0.5*
other, multi-racial	1,793	*3.5*
Hispanic	3066	*6.0*

Education (pers. 25+)	33,331	%
no high school diploma	5,645	*16.9*
high school graduate	12,117	*36.4*
some college	9,902	*29.7*
college degree	3,737	*11.2*
graduate/professional	1,930	*5.8*

Employment (pers. 16+)	38,687	%
in civilian labor force	25,999	*67.2*
employed	24,799	*95.4*
unemployed	1,200	*4.6*
in Armed Forces	11	*0.0*
not in labor force	12,677	*32.8*

Households	19,278	%
families	14,168	*73.5*
non-families	5,110	*26.5*
with persons under 18	7,281	*37.8*
1 person households	4,341	*22.5*
2 person households	6,838	*35.5*
3-4 person households	6,078	*31.5*
5+ person households	2,021	*10.5*

Household size 2.62 Family size 3.07

Household income		%	cum %
under $15,000	2,516	*13.1*	*13.1*
$15,000 - 24,999	1,949	*10.1*	*23.2*
$25,000 - 34,999	2,586	*13.4*	*36.6*
$35,000 - 49,999	3,616	*18.8*	*55.3*
$50,000 - 74,999	4,437	*23.0*	*78.3*
$75,000 - 99,999	2,252	*11.7*	*90.0*
$100,000 - 124,999	1,049	*5.4*	*95.5*
$125,000 - 149,999	407	*2.1*	*97.6*
$150,000 - 199,999	250	*1.3*	*98.9*
$200,000 and over	216	*1.1*	*100.0*

	Median	Average
Household income	$45,413	$54,157
Family income	$52,692	$60,850
Non-family income	$28,275	$35,600

Vehicles available		%
without vehicle	885	*4.6*
1 vehicle available	5,513	*28.6*
2 vehicles available	8,582	*44.5*
3+ vehicles available	4,298	*22.3*
vehicles/household	1.95	

Density	
households per sq.mile	25.41
household population per sq.mile	66.46

Housing units	20,420	%
owner occupied	14,369	*70.4*
renter occupied	4,909	*24.0*
vacant units	1,142	*5.6*

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2000 Demographics in brief

Dekalb County, Illinois

DeKalb, IL
(County 17037)

Site located at
41.94219, 89.08496

Population	88,969	%
in households	81,184	*91.2*
in families	62,135	*69.8*
in non-families	19,049	*21.4*
in group quarters	7,785	*8.8*
noninstitutional GQ	7,085	*8.0*
under age 18	20,569	*23.1*
male	44,086	*49.6*
female	44,883	*50.4*

Age		%
under 5 years	5,551	*6.2*
5 to 9 years	5,774	*6.5*
10 to 14 years	5,878	*6.6*
15 to 19 years	9,237	*10.4*
20 to 24 years	13,743	*15.4*
25 to 34 years	12,008	*13.5*
35 to 44 years	12,558	*14.1*
45 to 54 years	9,643	*10.8*
55 to 64 years	5,866	*6.6*
65 to 74 years	4,285	*4.8*
75 years and over	4,426	*5.0*

Median age 28.5 male 27.8 female 29.3

Race		%
white	78,704	*88.5*
black	4,084	*4.6*
American Indian	197	*0.2*
Asian, Pacific Islander	2,145	*2.4*
other, multi-racial	3,839	*4.3*
Hispanic	5830	*6.6*

Education (pers. 25+)	48,786	%
no high school diploma	6,095	*12.5*
high school graduate	14,598	*29.9*
some college	15,020	*30.8*
college degree	7,818	*16.0*
graduate/professional	5,255	*10.8*

Employment (pers. 16+)	70,684	%
in civilian labor force	48,990	*69.3*
employed	46,014	*93.9*
unemployed	2,976	*6.1*
in Armed Forces	26	*0.0*
not in labor force	21,668	*30.7*

Households	31,674	%
families	19,964	*63.0*
non-families	11,710	*37.0*
with persons under 18	10,899	*34.4*
1 person households	8,090	*25.5*
2 person households	10,484	*33.1*
3-4 person households	9,953	*31.4*
5+ person households	3,147	*9.9*

Household size 2.56 **Family size** 3.11

Household income		%	cum %
under $15,000	4,834	*15.3*	*15.3*
$15,000 - 24,999	3,580	*11.3*	*26.6*
$25,000 - 34,999	3,483	*11.0*	*37.6*
$35,000 - 49,999	5,188	*16.4*	*53.9*
$50,000 - 74,999	7,447	*23.5*	*77.5*
$75,000 - 99,999	3,930	*12.4*	*89.9*
$100,000 - 124,999	1,799	*5.7*	*95.5*
$125,000 - 149,999	724	*2.3*	*97.8*
$150,000 - 199,999	447	*1.4*	*99.2*
$200,000 and over	242	*0.8*	*100.0*

	Median	Average
Household income	$45,881	$53,212
Family income	$58,819	$65,283
Non-family income	$25,587	$32,633

Vehicles available		%
without vehicle	1,834	*5.8*
1 vehicle available	10,266	*32.4*
2 vehicles available	13,252	*41.8*
3+ vehicles available	6,322	*20.0*
vehicles/household	1.86	

Density	
households per sq.mile	50.17
household population per sq.mile	128.60

Housing units	32,988	%
owner occupied	18,861	*57.2*
renter occupied	12,813	*38.8*
vacant units	1,314	*4.0*

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2000 Demographics in brief

Lee County, Illinois

Lee, IL
(County 17103)

Site located at
41.94219, 89.08496

Population	36,062	%
in households	33,056	*91.7*
in families	27,509	*76.3*
in non-families	5,547	*15.4*
in group quarters	3,006	*8.3*
noninstitutional GQ	262	*0.7*
under age 18	8,727	*24.2*
male	18,484	*51.3*
female	17,578	*48.7*

Age		%
under 5 years	1,992	*5.5*
5 to 9 years	2,416	*6.7*
10 to 14 years	2,746	*7.6*
15 to 19 years	2,507	*7.0*
20 to 24 years	1,884	*5.2*
25 to 34 years	4,637	*12.9*
35 to 44 years	6,277	*17.4*
45 to 54 years	5,056	*14.0*
55 to 64 years	3,259	*9.0*
65 to 74 years	2,699	*7.5*
75 years and over	2,589	*7.2*

Median age 37.9 male 37.0 female 38.9

Race		%
white	33,422	*92.7*
black	1,772	*4.9*
American Indian	41	*0.1*
Asian, Pacific Islander	210	*0.6*
other, multi-racial	617	*1.7*
Hispanic	1147	*3.2*

Education (pers. 25+)	24,517	%
no high school diploma	4,859	*19.8*
high school graduate	8,988	*36.7*
some college	7,442	*30.4*
college degree	2,100	*8.6*
graduate/professional	1,128	*4.6*

Employment (pers. 16+)	28,407	%
in civilian labor force	17,242	*60.7*
employed	16,327	*94.7*
unemployed	915	*5.3*
in Armed Forces	3	*0.0*
not in labor force	11,162	*39.3*

Households	13,253	%
families	9,138	*69.0*
non-families	4,115	*31.0*
with persons under 18	4,569	*34.5*
1 person households	3,506	*26.5*
2 person households	4,642	*35.0*
3-4 person households	3,847	*29.0*
5+ person households	1,258	*9.5*

Household size 2.49 **Family size** 3.01

Household income		%	cum %
under $15,000	1,701	*12.8*	*12.8*
$15,000 - 24,999	1,882	*14.2*	*27.0*
$25,000 - 34,999	1,914	*14.4*	*41.5*
$35,000 - 49,999	2,636	*19.9*	*61.4*
$50,000 - 74,999	2,966	*22.4*	*83.7*
$75,000 - 99,999	1,248	*9.4*	*93.2*
$100,000 - 124,999	458	*3.5*	*96.6*
$125,000 - 149,999	175	*1.3*	*97.9*
$150,000 - 199,999	149	*1.1*	*99.1*
$200,000 and over	124	*0.9*	*100.0*

	Median	Average
Household income	$40,825	$49,194
Family income	$48,294	$55,929
Non-family income	$25,532	$34,238

Vehicles available		%
without vehicle	858	*6.5*
1 vehicle available	4,098	*30.9*
2 vehicles available	5,385	*40.6*
3+ vehicles available	2,912	*22.0*
vehicles/household	1.87	

Density	
households per sq.mile	18.28
household population per sq.mile	45.60

Housing units	14,310	%
owner occupied	9,791	*68.4*
renter occupied	3,462	*24.2*
vacant units	1,057	*7.4*

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2010 Demographics in brief

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Population	142,476	%
in households	135,437	*95.1*
in families	107,231	*75.3*
in non-families	28,206	*19.8*
in group quarters	7,039	*4.9*
noninstitutional GQ	6,018	*4.2*
under age 18	31,842	*22.3*
male	71,180	*50.0*
female	71,313	*50.1*

Age		%
under 5 years	8,700	*6.1*
5 to 9 years	8,605	*6.0*
10 to 14 years	8,783	*6.2*
15 to 19 years	12,549	*8.8*
20 to 24 years	17,981	*12.6*
25 to 34 years	17,875	*12.5*
35 to 44 years	16,332	*11.5*
45 to 54 years	19,408	*13.6*
55 to 64 years	15,232	*10.7*
65 to 74 years	9,161	*6.4*
75 years and over	7,669	*5.4*

Median age 36.7 male 35.8 female 37.4

Race		%
white	120,553	*84.6*
black	8,912	*6.3*
American Indian	384	*0.3*
Asian, Pacific Islander	3,169	*2.2*
other, multi-racial	9,436	*6.6*
Hispanic	15,273	*10.7*

Education (pers. 25+)	85,846	%
no high school diploma	10,099	*11.8*
high school graduate	28,469	*33.2*
some college	27,824	*32.4*
college degree	12,540	*14.6*
graduate/professional	6,914	*8.1*

Employment (pers. 16+)	114,530	%
in civilian labor force	77,980	*68.1*
employed	68,260	*87.5*
unemployed	9,720	*12.5*
in Armed Forces	14	*0.0*
not in labor force	36,536	*31.9*

Households	53,868	%
families	34,089	*63.3*
non-families	19,779	*36.7*
with persons under 18	16,674	*31.0*
1 person households	14,269	*26.5*
2 person households	18,815	*34.9*
3-4 person households	15,499	*28.8*
5+ person households	5,332	*9.9*

Household size 2.51 **Family size** 3.15

Household income		%	cum %
under $15,000	7,703	*14.3*	*14.3*
$15,000 - 24,999	6,428	*11.9*	*26.2*
$25,000 - 34,999	5,711	*10.6*	*36.8*
$35,000 - 49,999	7,902	*14.7*	*51.5*
$50,000 - 74,999	10,620	*19.7*	*71.2*
$75,000 - 99,999	7,024	*13.0*	*84.3*
$100,000 - 124,999	3,967	*7.4*	*91.6*
$125,000 - 149,999	1,943	*3.6*	*95.2*
$150,000 - 199,999	1,335	*2.5*	*97.7*
$200,000 and over	1,025	*1.9*	*99.6*

	Median	Average
Household income	$50,314	$58,597
Family income	$64,000	$72,042
Non-family income	$30,026	$35,425

Vehicles available		%
without vehicle	3,320	*6.2*
1 vehicle available	16,895	*31.4*
2 vehicles available	20,801	*38.6*
3+ vehicles available	12,874	*23.9*
vehicles/household	1.92	

Density	
households per sq.mile	49.17
household population per sq.mile	123.62

Housing units	57,933	%
owner occupied	34,767	*60.0*
renter occupied	19,101	*33.0*
vacant units	4,065	*7.0*

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2010 Demographics in brief

Rochelle, IL
(Place 17-64746)

Site located at
41.94219, 89.08496

Population	9,596	%
in households	9,513	*99.1*
in families	7,768	*81.0*
in non-families	1,745	*18.2*
in group quarters	83	*0.9*
noninstitutional GQ	10	*0.1*
under age 18	2,508	*26.1*
male	4,694	*48.9*
female	4,902	*51.1*

Age		%
under 5 years	723	*7.5*
5 to 9 years	685	*7.1*
10 to 14 years	649	*6.8*
15 to 19 years	699	*7.3*
20 to 24 years	683	*7.1*
25 to 34 years	1,228	*12.8*
35 to 44 years	1,246	*13.0*
45 to 54 years	1,315	*13.7*
55 to 64 years	973	*10.1*
65 to 74 years	677	*7.1*
75 years and over	718	*7.5*

Median age 36.0 male 34.5 female 37.5

Race		%
white	8,156	*85.0*
black	217	*2.3*
American Indian	30	*0.3*
Asian, Pacific Islander	77	*0.8*
other, multi-racial	1,116	*11.6*
Hispanic	2,255	*23.5*

Education (pers. 25+)	6,157	%
no high school diploma	1,135	*18.4*
high school graduate	2,159	*35.1*
some college	1,875	*30.5*
college degree	690	*11.2*
graduate/professional	298	*4.8*

Employment (pers. 16+)	7,396	%
in civilian labor force	5,036	*68.1*
employed	4,416	*87.7*
unemployed	620	*12.3*
in Armed Forces	0	*0.0*
not in labor force	2,360	*31.9*

Households	3,845	%
families	2,403	*62.5*
non-families	1,442	*37.5*
with persons under 18	1,285	*33.4*
1 person households	1,197	*31.1*
2 person households	1,203	*31.3*
3-4 person households	1,046	*27.2*
5+ person households	399	*10.4*

Household size 2.47 Family size 3.23

Household income		%	cum %
under $15,000	421	*10.9*	*10.9*
$15,000 - 24,999	395	*10.3*	*21.2*
$25,000 - 34,999	551	*14.3*	*35.6*
$35,000 - 49,999	755	*19.6*	*55.2*
$50,000 - 74,999	830	*21.6*	*76.8*
$75,000 - 99,999	448	*11.7*	*88.4*
$100,000 - 124,999	232	*6.0*	*94.5*
$125,000 - 149,999	115	*3.0*	*97.5*
$150,000 - 199,999	70	*1.8*	*99.3*
$200,000 and over	28	*0.7*	*100.0*

	Median	Average
Household income	$46,333	$51,943
Family income	$57,713	$62,184
Non-family income	$31,363	$34,877

Vehicles available		%
without vehicle	342	*8.9*
1 vehicle available	1,539	*40.0*
2 vehicles available	1,257	*32.7*
3+ vehicles available	707	*18.4*
vehicles/household	1.68	

Density	
households per sq.mile	295.77
household population per sq.mile	731.77

Housing units	4,154	%
owner occupied	2,238	*53.9*
renter occupied	1,607	*38.7*
vacant units	309	*7.4*

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2010 Demographics in brief

Ogle, IL
(County 17141)

Site located at
41.94219, 89.08496

Population	53,497	%
in households	52,972	99.0
in families	45,542	85.1
in non-families	7,430	13.9
in group quarters	525	1.0
noninstitutional GQ	47	0.1
under age 18	13,244	24.8
male	26,523	49.6
female	26,974	50.4

Age		%
under 5 years	3,179	5.9
5 to 9 years	3,591	6.7
10 to 14 years	3,909	7.3
15 to 19 years	3,955	7.4
20 to 24 years	2,728	5.1
25 to 34 years	5,603	10.5
35 to 44 years	7,019	13.1
45 to 54 years	8,696	16.3
55 to 64 years	6,695	12.5
65 to 74 years	4,466	8.3
75 years and over	3,656	6.8

Median age 40.3 male 39.6 female 41.1

Race		%
white	49,867	93.2
black	483	0.9
American Indian	111	0.2
Asian, Pacific Islander	264	0.5
other, multi-racial	2,772	5.2
Hispanic	4,741	8.9

Education (pers. 25+)	36,135	%
no high school diploma	4,202	11.6
high school graduate	13,092	36.2
some college	11,957	33.1
college degree	4,464	12.4
graduate/professional	2,420	6.7

Employment (pers. 16+)	42,013	%
in civilian labor force	28,329	67.4
employed	24,865	87.8
unemployed	3,464	12.2
in Armed Forces	8	0.0
not in labor force	13,676	32.6

Households	20,856	%
families	14,711	70.5
non-families	6,145	29.5
with persons under 18	6,905	33.1
1 person households	5,113	24.5
2 person households	7,573	36.3
3-4 person households	6,098	29.2
5+ person households	2,072	9.9

Household size 2.54 Family size 3.10

Household income		%	cum %
under $15,000	2,049	9.8	9.8
$15,000 - 24,999	2,109	10.1	19.9
$25,000 - 34,999	2,285	11.0	30.9
$35,000 - 49,999	3,107	14.9	45.8
$50,000 - 74,999	4,782	22.9	68.7
$75,000 - 99,999	2,993	14.4	83.1
$100,000 - 124,999	1,646	7.9	91.0
$125,000 - 149,999	885	4.2	95.2
$150,000 - 199,999	694	3.3	98.5
$200,000 and over	306	1.5	100.0

	Median	Average
Household income	$53,870	$62,436
Family income	$64,832	$71,588
Non-family income	$30,570	$40,526

Vehicles available		%
without vehicle	882	4.2
1 vehicle available	5,810	27.9
2 vehicles available	8,423	40.4
3+ vehicles available	5,741	27.5
vehicles/household	2.02	

Density	
households per sq.mile	27.49
household population per sq.mile	69.83

Housing units	22,561	%
owner occupied	15,922	70.6
renter occupied	4,934	21.9
vacant units	1,705	7.6

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ATTACHMENT-10E

2010 Demographics in brief

DeKalb, IL
(County 17037)

Site located at
41.94219, 89.08496

Population	105,160	%
in households	98,487	*93.7*
in families	76,349	*72.6*
in non-families	22,138	*21.1*
in group quarters	6,673	*6.3*
noninstitutional GQ	5,985	*5.7*
under age 18	23,490	*22.3*
male	52,530	*50.0*
female	52,630	*50.0*

Age		%
under 5 years	6,645	*6.3*
5 to 9 years	6,655	*6.3*
10 to 14 years	6,351	*6.0*
15 to 19 years	9,755	*9.3*
20 to 24 years	15,901	*15.1*
25 to 34 years	14,767	*14.0*
35 to 44 years	11,956	*11.4*
45 to 54 years	13,051	*12.4*
55 to 64 years	9,742	*9.3*
65 to 74 years	5,395	*5.1*
75 years and over	4,942	*4.7*

Median age 29.9 male 29.1 female 30.7

Race		%
white	89,453	*85.1*
black	6,732	*6.4*
American Indian	267	*0.3*
Asian, Pacific Islander	2,461	*2.3*
other, multi-racial	6,247	*5.9*
Hispanic	10,647	*10.1*

Education (pers. 25+)	59,853	%
no high school diploma	5,109	*8.5*
high school graduate	17,498	*29.2*
some college	20,359	*34.0*
college degree	10,877	*18.2*
graduate/professional	6,010	*10.0*

Employment (pers. 16+)	84,187	%
in civilian labor force	58,867	*69.9*
employed	51,790	*88.0*
unemployed	7,077	*12.0*
in Armed Forces	1	*0.0*
not in labor force	25,319	*30.1*

Households	38,484	%
families	23,781	*61.8*
non-families	14,703	*38.2*
with persons under 18	12,285	*31.9*
1 person households	9,934	*25.8*
2 person households	12,914	*33.6*
3-4 person households	11,625	*30.2*
5+ person households	4,011	*10.4*

Household size 2.56 **Family size** 3.21

Household income		%	cum %
under $15,000	5,407	*14.0*	*14.0*
$15,000 - 24,999	4,297	*11.2*	*25.2*
$25,000 - 34,999	3,681	*9.6*	*34.8*
$35,000 - 49,999	5,146	*13.4*	*48.2*
$50,000 - 74,999	7,720	*20.1*	*68.2*
$75,000 - 99,999	4,934	*12.8*	*81.0*
$100,000 - 124,999	3,485	*9.1*	*90.1*
$125,000 - 149,999	1,680	*4.4*	*94.5*
$150,000 - 199,999	1,235	*3.2*	*97.7*
$200,000 and over	899	*2.3*	*100.0*

	Median	Average
Household income	$51,657	$62,985
Family income	$68,457	$79,848
Non-family income	$28,781	$35,710

Vehicles available		%
without vehicle	2,418	*6.3*
1 vehicle available	11,705	*30.4*
2 vehicles available	15,328	*39.8*
3+ vehicles available	9,033	*23.5*
vehicles/household	1.90	

Density	
households per sq.mile	60.96
household population per sq.mile	156.00

Housing units	41,079	%
owner occupied	23,547	*57.3*
renter occupied	14,937	*36.4*
vacant units	2,595	*6.3*

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2010 Demographics in brief

Lee, IL
(County 17103)

Site located at
41.94219, 89.08496

Population	36,031	%
in households	33,159	92.0
in families	27,533	76.4
in non-families	5,626	15.6
in group quarters	2,872	8.0
noninstitutional GQ	208	0.6
under age 18	7,734	21.5
male	18,910	52.5
female	17,121	47.5

Age		%
under 5 years	2,048	5.7
5 to 9 years	2,062	5.7
10 to 14 years	2,126	5.9
15 to 19 years	2,414	6.7
20 to 24 years	2,000	5.6
25 to 34 years	4,232	11.7
35 to 44 years	4,696	13.0
45 to 54 years	5,985	16.6
55 to 64 years	4,824	13.4
65 to 74 years	2,932	8.1
75 years and over	2,712	7.5

Median age 41.6 male 40.7 female 42.8

Race		%
white	32,745	90.9
black	1,735	4.8
American Indian	74	0.2
Asian, Pacific Islander	256	0.7
other, multi-racial	1,221	3.4
Hispanic	1,802	5.0

Education (pers. 25+)	25,381	%
no high school diploma	3,478	13.7
high school graduate	9,340	36.8
some college	8,647	34.1
college degree	2,858	11.3
graduate/professional	1,058	4.2

Employment (pers. 16+)	29,272	%
in civilian labor force	18,343	62.7
employed	16,380	89.3
unemployed	1,963	10.7
in Armed Forces	3	0.0
not in labor force	10,926	37.3

Households	13,758	%
families	9,064	65.9
non-families	4,694	34.1
with persons under 18	4,132	30.0
1 person households	3,962	28.8
2 person households	4,964	36.1
3-4 person households	3,626	26.4
5+ person households	1,206	8.8

Household size 2.41 Family size 3.04

Household income		%	cum %
under $15,000	1,693	12.3	12.3
$15,000 - 24,999	1,580	11.5	23.8
$25,000 - 34,999	1,766	12.8	36.6
$35,000 - 49,999	2,221	16.1	52.8
$50,000 - 74,999	2,696	19.6	72.4
$75,000 - 99,999	1,885	13.7	86.1
$100,000 - 124,999	973	7.1	93.1
$125,000 - 149,999	287	2.1	95.2
$150,000 - 199,999	322	2.3	97.6
$200,000 and over	335	2.4	100.0

	Median	Average
Household income	$46,913	$60,122
Family income	$61,179	$73,569
Non-family income	$30,728	$34,156

Vehicles available		%
without vehicle	925	6.7
1 vehicle available	4,267	31.0
2 vehicles available	5,340	38.8
3+ vehicles available	3,226	23.4
vehicles/household	1.90	

Density	
households per sq.mile	18.98
household population per sq.mile	45.74

Housing units	15,049	%
owner occupied	10,213	67.9
renter occupied	3,545	23.6
vacant units	1,291	8.6

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2017 Demographics in brief

Rochelle 20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Population	137,501	%
in households	131,044	*95.3*
in families	102,154	*74.3*
in non-families	28,890	*21.0*
in group quarters	6,457	*4.7*
noninstitutional GQ	5,469	*4.0*
under age 18	28,539	*20.8*
male	68,377	*49.7*
female	69,124	*50.3*

Age		%
under 5 years	7,600	*5.5*
5 to 9 years	7,916	*5.8*
10 to 14 years	8,454	*6.1*
15 to 19 years	11,606	*8.4*
20 to 24 years	16,166	*11.8*
25 to 34 years	18,418	*13.4*
35 to 44 years	14,671	*10.7*
45 to 54 years	16,455	*12.0*
55 to 64 years	16,575	*12.1*
65 to 74 years	11,209	*8.2*
75 years and over	8,431	*6.1*

Median age 42.6 male 42.3 female 43.2

Race		%
white	113,398	*82.5*
black	10,249	*7.5*
American Indian	330	*0.2*
Asian, Pacific Islander	3,770	*2.7*
other, multi-racial	9,753	*7.1*
Hispanic	16,124	*11.7*

Education (pers. 25+)	86,343	%
no high school diploma	8,604	*10.0*
high school graduate	26,705	*30.9*
some college	29,169	*33.8*
college degree	13,680	*15.8*
graduate/professional	8,185	*9.5*

Employment (pers. 16+)	112,489	%
in civilian labor force	73,592	*65.4*
employed	69,461	*94.4*
unemployed	4,131	*5.6*
in Armed Forces	40	*0.0*
not in labor force	38,857	*34.5*

Households	54,216	%
families	33,532	*61.8*
non-families	20,684	*38.2*
with persons under 18	15,603	*28.8*
1 person households	15,393	*28.4*
2 person households	19,409	*35.8*
3-4 person households	14,548	*26.8*
5+ person households	4,866	*9.0*

Household size 2.42 **Family size** 3.05

Household income		%	cum %
under $15,000	6,996	*12.9*	*12.9*
$15,000 - 24,999	5,695	*10.5*	*23.4*
$25,000 - 34,999	5,617	*10.4*	*33.8*
$35,000 - 49,999	7,725	*14.2*	*48.0*
$50,000 - 74,999	10,116	*18.7*	*66.7*
$75,000 - 99,999	6,924	*12.8*	*79.4*
$100,000 - 124,999	4,394	*8.1*	*87.6*
$125,000 - 149,999	2,965	*5.5*	*93.0*
$150,000 - 199,999	2,517	*4.6*	*97.7*
$200,000 and over	1,266	*2.3*	*100.0*

	Median	Average
Household income	$54,233	$69,133
Family income	$69,688	$85,703
Non-family income	$29,453	$42,270

Vehicles available		%
without vehicle	3,363	*6.2*
1 vehicle available	18,266	*33.7*
2 vehicles available	20,753	*38.3*
3+ vehicles available	11,835	*21.8*
vehicles/household	1.87	

Density	
households per sq.mile	49
household population per sq.mile	120

Housing units	57,672	%
owner occupied	34,893	*60.5*
renter occupied	19,323	*33.5*
vacant units	3,456	*6.0*

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2017 Demographics in brief

Rochelle, Illinois

Rochelle, IL
(Place 17-64746)

Site located at
41.94219, 89.08496

Population	9,156	%
in households	9,073	*99.1*
in families	7,268	*79.4*
in non-families	1,805	*19.7*
in group quarters	83	*0.9*
noninstitutional GQ	10	*0.1*
under age 18	2,119	*23.1*
male	4,435	*48.4*
female	4,721	*51.6*

Age		%
under 5 years	558	*6.1*
5 to 9 years	571	*6.2*
10 to 14 years	602	*6.6*
15 to 19 years	624	*6.8*
20 to 24 years	758	*8.3*
25 to 34 years	1,184	*12.9*
35 to 44 years	1,071	*11.7*
45 to 54 years	1,102	*12.0*
55 to 64 years	1,049	*11.5*
65 to 74 years	803	*8.8*
75 years and over	834	*9.1*

Median age 37.4 male 36.0 female 38.7

Race		%
white	7,549	*82.4*
black	265	*2.9*
American Indian	26	*0.3*
Asian, Pacific Islander	95	*1.0*
other, multi-racial	1,221	*13.3*
Hispanic	2,455	*26.8*

Education (pers. 25+)	6,043	%
no high school diploma	1,030	*17.0*
high school graduate	1,888	*31.2*
some college	2,037	*33.7*
college degree	669	*11.1*
graduate/professional	419	*6.9*

Employment (pers. 16+)	7,302	%
in civilian labor force	4,705	*64.4*
employed	4,428	*94.1*
unemployed	277	*5.9*
in Armed Forces	0	*0.0*
not in labor force	2,597	*35.6*

Households	3,835	%
families	2,326	*60.7*
non-families	1,509	*39.3*
with persons under 18	1,201	*31.3*
1 person households	1,273	*33.2*
2 person households	1,219	*31.8*
3-4 person households	970	*25.3*
5+ person households	373	*9.7*

Household size 2.37 **Family size** 3.12

Household income		%	cum %
under $15,000	366	*9.5*	*9.5*
$15,000 - 24,999	474	*12.4*	*21.9*
$25,000 - 34,999	498	*13.0*	*34.9*
$35,000 - 49,999	670	*17.5*	*52.4*
$50,000 - 74,999	620	*16.2*	*68.5*
$75,000 - 99,999	576	*15.0*	*83.5*
$100,000 - 124,999	371	*9.7*	*93.2*
$125,000 - 149,999	167	*4.4*	*97.6*
$150,000 - 199,999	65	*1.7*	*99.3*
$200,000 and over	28	*0.7*	*100.0*

	Median	Average
Household income	$47,752	$59,532
Family income	$63,120	$69,632
Non-family income	$31,012	$43,964

Vehicles available		%
without vehicle	213	*5.6*
1 vehicle available	1,537	*40.1*
2 vehicles available	1,579	*41.2*
3+ vehicles available	506	*13.2*
vehicles/household	1.67	

Density	
households per sq.mile	295
household population per sq.mile	698

Housing units	4,135	%
owner occupied	2,213	*53.5*
renter occupied	1,622	*39.2*
vacant units	300	*7.3*

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2017 Demographics in brief

Ogle County, Illinois

Ogle, IL
(County 17141)

Site located at
41.94219, 89.08496

Population	51,057	%
in households	50,532	*99.0*
in families	42,863	*84.0*
in non-families	7,669	*15.0*
in group quarters	525	*1.0*
noninstitutional GQ	47	*0.1*
under age 18	11,282	*22.1*
male	25,317	*49.6*
female	25,740	*50.4*

Age		%
under 5 years	2,576	*5.0*
5 to 9 years	3,019	*5.9*
10 to 14 years	3,445	*6.7*
15 to 19 years	3,485	*6.8*
20 to 24 years	3,124	*6.1*
25 to 34 years	5,521	*10.8*
35 to 44 years	5,883	*11.5*
45 to 54 years	7,199	*14.1*
55 to 64 years	7,350	*14.4*
65 to 74 years	5,207	*10.2*
75 years and over	4,248	*8.3*

Median age 42.4 male 41.4 female 43.3

Race		%
white	47,053	*92.2*
black	580	*1.1*
American Indian	114	*0.2*
Asian, Pacific Islander	332	*0.7*
other, multi-racial	2,978	*5.8*
Hispanic	5,053	*9.9*

Education (pers. 25+)	35,408	%
no high school diploma	3,926	*11.1*
high school graduate	11,932	*33.7*
some college	12,298	*34.7*
college degree	4,667	*13.2*
graduate/professional	2,585	*7.3*

Employment (pers. 16+)	41,308	%
in civilian labor force	26,616	*64.4*
employed	25,189	*94.6*
unemployed	1,427	*5.4*
in Armed Forces	15	*0.0*
not in labor force	14,677	*35.5*

Households	20,786	%
families	14,349	*69.0*
non-families	6,437	*31.0*
with persons under 18	6,315	*30.4*
1 person households	5,438	*26.2*
2 person households	7,797	*37.5*
3-4 person households	5,642	*27.1*
5+ person households	1,909	*9.2*

Household size 2.43 Family size 2.99

Household income		%	cum %
under $15,000	1,797	*8.6*	*8.6*
$15,000 - 24,999	1,922	*9.2*	*17.9*
$25,000 - 34,999	2,031	*9.8*	*27.7*
$35,000 - 49,999	2,893	*13.9*	*41.6*
$50,000 - 74,999	4,027	*19.4*	*61.0*
$75,000 - 99,999	2,826	*13.6*	*74.6*
$100,000 - 124,999	1,971	*9.5*	*84.0*
$125,000 - 149,999	1,484	*7.1*	*91.2*
$150,000 - 199,999	1,189	*5.7*	*96.9*
$200,000 and over	646	*3.1*	*100.0*

	Median	Average
Household income	$59,108	$79,296
Family income	$73,992	$90,149
Non-family income	$33,172	$55,103

Vehicles available		%
without vehicle	945	*4.5*
1 vehicle available	5,926	*28.5*
2 vehicles available	8,629	*41.5*
3+ vehicles available	5,286	*25.4*
vehicles/household	1.98	

Density	
households per sq.mile	27
household population per sq.mile	67

Housing units	22,501	%
owner occupied	15,837	*70.4*
renter occupied	4,949	*22.0*
vacant units	1,715	*7.6*

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Source: Scan/US 2017 Estimates (Jan 1) 05/10/2017

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ATTACHMENT-10E

2017 Demographics in brief

Dekalb County, Illinois

DeKalb, IL
(County 17037)

Site located at
41.94219, 89.08496

Population	103,886	%
in households	97,824	*94.2*
in families	74,990	*72.2*
in non-families	22,834	*22.0*
in group quarters	6,062	*5.8*
noninstitutional GQ	5,426	*5.2*
under age 18	20,867	*20.1*
male	51,426	*49.5*
female	52,460	*50.5*

Age		%
under 5 years	5,928	*5.7*
5 to 9 years	6,109	*5.9*
10 to 14 years	6,349	*6.1*
15 to 19 years	9,260	*8.9*
20 to 24 years	13,381	*12.9*
25 to 34 years	15,846	*15.3*
35 to 44 years	11,627	*11.2*
45 to 54 years	11,559	*11.1*
55 to 64 years	11,115	*10.7*
65 to 74 years	7,226	*7.0*
75 years and over	5,486	*5.3*

Median age 31.3 male 30.4 female 32.1

Race		%
white	85,963	*82.7*
black	8,034	*7.7*
American Indian	271	*0.3*
Asian, Pacific Islander	3,001	*2.9*
other, multi-racial	6,617	*6.4*
Hispanic	11,308	*10.9*

Education (pers. 25+)	62,859	%
no high school diploma	4,681	*7.4*
high school graduate	16,502	*26.3*
some college	22,460	*35.7*
college degree	11,833	*18.8*
graduate/professional	7,383	*11.7*

Employment (pers. 16+)	84,642	%
in civilian labor force	57,559	*68.0*
employed	54,688	*95.0*
unemployed	2,871	*5.0*
in Armed Forces	17	*0.0*
not in labor force	27,066	*32.0*

Households	39,635	%
families	24,075	*60.7*
non-families	15,560	*39.3*
with persons under 18	11,903	*30.0*
1 person households	10,883	*27.5*
2 person households	13,682	*34.5*
3-4 person households	11,203	*28.3*
5+ person households	3,867	*9.8*

Household size 2.47 **Family size** 3.11

Household income		%	cum %
under $15,000	5,152	*13.0*	*13.0*
$15,000 - 24,999	3,562	*9.0*	*22.0*
$25,000 - 34,999	3,566	*9.0*	*31.0*
$35,000 - 49,999	4,905	*12.4*	*43.4*
$50,000 - 74,999	7,706	*19.4*	*62.8*
$75,000 - 99,999	5,395	*13.6*	*76.4*
$100,000 - 124,999	3,691	*9.3*	*85.7*
$125,000 - 149,999	2,399	*6.1*	*91.8*
$150,000 - 199,999	2,104	*5.3*	*97.1*
$200,000 and over	1,155	*2.9*	*100.0*

	Median	Average
Household income	$58,008	$70,284
Family income	$77,269	$88,728
Non-family income	$32,723	$41,747

Vehicles available		%
without vehicle	2,630	*6.6*
1 vehicle available	12,780	*32.2*
2 vehicles available	15,593	*39.3*
3+ vehicles available	8,632	*21.8*
vehicles/household	1.84	

Density	
households per sq.mile	63
household population per sq.mile	155

Housing units	40,942	%
owner occupied	24,252	*59.2*
renter occupied	15,383	*37.6*
vacant units	1,307	*3.2*

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Source: Scan/US 2017 Estimates (Jan 1) 05/10/2017

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ATTACHMENT-10E

2017 Demographics in brief

Lee County, Illinois

Lee, IL
(County 17103)

Site located at
41.94219, 89.08496

Population	34,150	%
in households	31,098	*91.1*
in families	25,393	*74.4*
in non-families	5,705	*16.7*
in group quarters	3,052	*8.9*
noninstitutional GQ	200	*0.6*
under age 18	6,730	*19.7*
male	18,142	*53.1*
female	16,008	*46.9*

Age		%
under 5 years	1,759	*5.2*
5 to 9 years	1,882	*5.5*
10 to 14 years	1,940	*5.7*
15 to 19 years	1,962	*5.7*
20 to 24 years	2,080	*6.1*
25 to 34 years	4,216	*12.3*
35 to 44 years	4,093	*12.0*
45 to 54 years	4,749	*13.9*
55 to 64 years	5,112	*15.0*
65 to 74 years	3,537	*10.4*
75 years and over	2,820	*8.3*

Median age 42.9 male 41.5 female 44.6

Race		%
white	30,459	*89.2*
black	1,937	*5.7*
American Indian	77	*0.2*
Asian, Pacific Islander	320	*0.9*
other, multi-racial	1,357	*4.0*
Hispanic	2,049	*6.0*

Education (pers. 25+)	24,527	%
no high school diploma	2,823	*11.5*
high school graduate	9,213	*37.6*
some college	8,107	*33.1*
college degree	2,733	*11.1*
graduate/professional	1,651	*6.7*

Employment (pers. 16+)	28,164	%
in civilian labor force	16,247	*57.7*
employed	15,498	*95.4*
unemployed	749	*4.6*
in Armed Forces	10	*0.0*
not in labor force	11,907	*42.3*

Households	13,379	%
families	8,631	*64.5*
non-families	4,748	*35.5*
with persons under 18	3,707	*27.7*
1 person households	4,060	*30.3*
2 person households	4,897	*36.6*
3-4 person households	3,322	*24.8*
5+ person households	1,100	*8.2*

Household size 2.32 **Family size** 2.94

Household income		%	cum %
under $15,000	1,241	*9.3*	*9.3*
$15,000 - 24,999	1,350	*10.1*	*19.4*
$25,000 - 34,999	1,363	*10.2*	*29.6*
$35,000 - 49,999	1,866	*13.9*	*43.5*
$50,000 - 74,999	2,901	*21.7*	*65.2*
$75,000 - 99,999	1,930	*14.4*	*79.6*
$100,000 - 124,999	1,137	*8.5*	*88.1*
$125,000 - 149,999	559	*4.2*	*92.3*
$150,000 - 199,999	596	*4.5*	*96.7*
$200,000 and over	436	*3.3*	*100.0*

	Median	Average
Household income	$56,819	$75,638
Family income	$71,666	$92,674
Non-family income	$32,494	$44,670

Vehicles available		%
without vehicle	713	*5.3*
1 vehicle available	4,123	*30.8*
2 vehicles available	5,371	*40.1*
3+ vehicles available	3,172	*23.7*
vehicles/household	1.90	

Density	
households per sq.mile	18
household population per sq.mile	43

Housing units	14,947	%
owner occupied	9,917	*66.3*
renter occupied	3,462	*23.2*
vacant units	1,568	*10.5*

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2022 Demographics in brief

Rochelle 20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Population	134,053	%
in households	127,592	*95.2*
in families	97,798	*73.0*
in non-families	29,794	*22.2*
in group quarters	6,461	*4.8*
noninstitutional GQ	5,469	*4.1*
under age 18	26,698	*19.9*
male	66,532	*49.6*
female	67,522	*50.4*

Age		%
under 5 years	7,452	*5.6*
5 to 9 years	7,282	*5.4*
10 to 14 years	7,661	*5.7*
15 to 19 years	11,220	*8.4*
20 to 24 years	13,341	*10.0*
25 to 34 years	19,449	*14.5*
35 to 44 years	15,006	*11.2*
45 to 54 years	14,715	*11.0*
55 to 64 years	15,599	*11.6*
65 to 74 years	12,300	*9.2*
75 years and over	10,027	*7.5*

Median age 43.2 male 42.6 female 44.1

Race		%
white	109,090	*81.4*
black	10,504	*7.8*
American Indian	346	*0.3*
Asian, Pacific Islander	4,030	*3.0*
other, multi-racial	10,083	*7.5*
Hispanic	16,903	*12.6*

Education (pers. 25+)	87,641	%
no high school diploma	8,757	*10.0*
high school graduate	26,794	*30.6*
some college	29,542	*33.7*
college degree	14,190	*16.2*
graduate/professional	8,358	*9.5*

Employment (pers. 16+)	86,304	%
in civilian labor force	57,344	*66.4*
employed	53,844	*93.9*
unemployed	3,500	*6.1*
in Armed Forces	35	*0.0*
not in labor force	28,925	*33.5*

Households	55,421	%
families	32,852	*59.3*
non-families	22,569	*40.7*
with persons under 18	14,913	*26.9*
1 person households	18,146	*32.7*
2 person households	20,455	*36.9*
3-4 person households	12,653	*22.8*
5+ person households	4,168	*7.5*

Household size 2.30 **Family size** 2.98

Household income		%	cum %
under $15,000	5,951	*10.7*	*10.7*
$15,000 - 24,999	4,636	*8.4*	*19.1*
$25,000 - 34,999	5,100	*9.2*	*28.3*
$35,000 - 49,999	7,133	*12.9*	*41.2*
$50,000 - 74,999	9,866	*17.8*	*59.0*
$75,000 - 99,999	7,284	*13.1*	*72.1*
$100,000 - 124,999	5,383	*9.7*	*81.8*
$125,000 - 149,999	3,457	*6.2*	*88.1*
$150,000 - 199,999	4,188	*7.6*	*95.6*
$200,000 and over	2,424	*4.4*	*100.0*

	Median	Average
Household income	$62,675	$76,285
Family income	$82,125	$100,883
Non-family income	$31,919	$40,480

Vehicles available		%
without vehicle	3,405	*6.1*
1 vehicle available	18,639	*33.6*
2 vehicles available	21,403	*38.6*
3+ vehicles available	11,970	*21.6*
vehicles/household	1.85	

Density	
households per sq.mile	51
household population per sq.mile	116

Housing units	59,012	%
owner occupied	36,150	*61.3*
renter occupied	19,271	*32.7*
vacant units	3,590	*6.1*

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ATTACHMENT-10E

2022 Demographics in brief

Rochelle, Illinois

Rochelle, IL
(Place 17-64746)

Site located at
41.94219, 89.08496

Population	8,858	%
in households	8,775	*99.1*
in families	6,803	*76.8*
in non-families	1,972	*22.3*
in group quarters	83	*0.9*
noninstitutional GQ	10	*0.1*
under age 18	1,917	*21.6*
male	4,281	*48.3*
female	4,577	*51.7*

Age		%
under 5 years	552	*6.2*
5 to 9 years	496	*5.6*
10 to 14 years	512	*5.8*
15 to 19 years	579	*6.5*
20 to 24 years	767	*8.7*
25 to 34 years	1,233	*13.9*
35 to 44 years	994	*11.2*
45 to 54 years	965	*10.9*
55 to 64 years	998	*11.3*
65 to 74 years	848	*9.6*
75 years and over	914	*10.3*

Median age 37.7 male 36.1 female 39.2

Race		%
white	7,187	*81.1*
black	270	*3.0*
American Indian	26	*0.3*
Asian, Pacific Islander	96	*1.1*
other, multi-racial	1,279	*14.4*
Hispanic	2,563	*28.9*

Education (pers. 25+)	5,952	%
no high school diploma	1,028	*17.3*
high school graduate	1,882	*31.6*
some college	1,991	*33.5*
college degree	639	*10.7*
graduate/professional	412	*6.9*

Employment (pers. 16+)	5,601	%
in civilian labor force	3,635	*64.9*
employed	3,385	*93.1*
unemployed	250	*6.9*
in Armed Forces	0	*0.0*
not in labor force	1,966	*35.1*

Households	3,934	%
families	2,239	*56.9*
non-families	1,695	*43.1*
with persons under 18	1,138	*28.9*
1 person households	1,489	*37.8*
2 person households	1,301	*33.1*
3-4 person households	818	*20.8*
5+ person households	326	*8.3*

Household size 2.23 Family size 3.04

Household income		%	cum %
under $15,000	280	*7.1*	*7.1*
$15,000 - 24,999	387	*9.8*	*17.0*
$25,000 - 34,999	424	*10.8*	*27.7*
$35,000 - 49,999	630	*16.0*	*43.7*
$50,000 - 74,999	706	*17.9*	*61.7*
$75,000 - 99,999	519	*13.2*	*74.9*
$100,000 - 124,999	434	*11.0*	*85.9*
$125,000 - 149,999	296	*7.5*	*93.4*
$150,000 - 199,999	196	*5.0*	*98.4*
$200,000 and over	62	*1.6*	*100.0*

	Median	Average
Household income	$56,372	$63,245
Family income	$76,240	$81,077
Non-family income	$38,329	$39,690

Vehicles available		%
without vehicle	213	*5.4*
1 vehicle available	1,576	*40.1*
2 vehicles available	1,634	*41.5*
3+ vehicles available	507	*12.9*
vehicles/household	1.67	

Density	
households per sq.mile	303
household population per sq.mile	675

Housing units	4,238	%
owner occupied	2,272	*53.6*
renter occupied	1,662	*39.2*
vacant units	304	*7.2*

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ATTACHMENT-10E

2022 Demographics in brief

Ogle County, Illinois

Ogle, IL
(County 17141)

Site located at
41.94219, 89.08496

Population	49,253	%
in households	48,728	*98.9*
in families	39,877	*81.0*
in non-families	8,851	*18.0*
in group quarters	525	*1.1*
noninstitutional GQ	47	*0.1*
under age 18	10,101	*20.5*
male	24,351	*49.4*
female	24,902	*50.6*

Age		%
under 5 years	2,508	*5.1*
5 to 9 years	2,615	*5.3*
10 to 14 years	2,927	*5.9*
15 to 19 years	3,201	*6.5*
20 to 24 years	3,207	*6.5*
25 to 34 years	5,733	*11.6*
35 to 44 years	5,468	*11.1*
45 to 54 years	6,133	*12.5*
55 to 64 years	6,884	*14.0*
65 to 74 years	5,598	*11.4*
75 years and over	4,979	*10.1*

Median age 43.1 male 41.8 female 44.3

Race		%
white	45,119	*91.6*
black	596	*1.2*
American Indian	118	*0.2*
Asian, Pacific Islander	341	*0.7*
other, multi-racial	3,079	*6.3*
Hispanic	5,260	*10.7*

Education (pers. 25+)	34,795	%
no high school diploma	3,859	*11.1*
high school graduate	11,721	*33.7*
some college	12,087	*34.7*
college degree	4,588	*13.2*
graduate/professional	2,540	*7.3*

Employment (pers. 16+)	40,534	%
in civilian labor force	26,109	*64.4*
employed	24,710	*94.6*
unemployed	1,399	*5.4*
in Armed Forces	15	*0.0*
not in labor force	14,410	*35.6*

Households	21,256	%
families	13,706	*64.5*
non-families	7,550	*35.5*
with persons under 18	5,868	*27.6*
1 person households	6,707	*31.6*
2 person households	8,269	*38.9*
3-4 person households	4,712	*22.2*
5+ person households	1,568	*7.4*

Household size 2.29 **Family size** 2.91

Household income		%	cum %
under $15,000	1,448	*6.8*	*6.8*
$15,000 - 24,999	1,560	*7.3*	*14.2*
$25,000 - 34,999	1,801	*8.5*	*22.6*
$35,000 - 49,999	2,525	*11.9*	*34.5*
$50,000 - 74,999	4,007	*18.9*	*53.4*
$75,000 - 99,999	2,885	*13.6*	*66.9*
$100,000 - 124,999	2,176	*10.2*	*77.2*
$125,000 - 149,999	1,610	*7.6*	*84.7*
$150,000 - 199,999	2,047	*9.6*	*94.4*
$200,000 and over	1,197	*5.6*	*100.0*

	Median	Average
Household income	$69,364	$89,468
Family income	$88,681	$111,295
Non-family income	$41,889	$49,844

Vehicles available		%
without vehicle	969	*4.6*
1 vehicle available	6,068	*28.5*
2 vehicles available	8,820	*41.5*
3+ vehicles available	5,399	*25.4*
vehicles/household	1.98	

Density	
households per sq.mile	28
household population per sq.mile	64

Housing units	23,050	%
owner occupied	16,166	*70.1*
renter occupied	5,090	*22.1*
vacant units	1,794	*7.8*

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ATTACHMENT-10E

2022 Demographics in brief

Dekalb County, Illinois

DeKalb, IL
(County 17037)

Site located at
41.94219, 89.08496

Population	102,099	%
in households	96,037	*94.1*
in families	73,365	*71.9*
in non-families	22,672	*22.2*
in group quarters	6,062	*5.9*
noninstitutional GQ	5,426	*5.3*
under age 18	19,700	*19.3*
male	50,484	*49.4*
female	51,615	*50.6*

Age		%
under 5 years	5,746	*5.6*
5 to 9 years	5,739	*5.6*
10 to 14 years	5,859	*5.7*
15 to 19 years	8,934	*8.8*
20 to 24 years	9,927	*9.7*
25 to 34 years	17,089	*16.7*
35 to 44 years	12,775	*12.5*
45 to 54 years	10,799	*10.6*
55 to 64 years	10,572	*10.4*
65 to 74 years	8,126	*8.0*
75 years and over	6,533	*6.4*

Median age 33.6 male 32.8 female 34.3

Race		%
white	83,145	*81.4*
black	8,386	*8.2*
American Indian	285	*0.3*
Asian, Pacific Islander	3,307	*3.2*
other, multi-racial	6,976	*6.8*
Hispanic	12,005	*11.8*

Education (pers. 25+)	65,894	%
no high school diploma	4,907	*7.4*
high school graduate	17,298	*26.3*
some college	23,545	*35.7*
college degree	12,405	*18.8*
graduate/professional	7,739	*11.7*

Employment (pers. 16+)	81,112	%
in civilian labor force	55,157	*68.0*
employed	52,406	*95.0*
unemployed	2,751	*5.0*
in Armed Forces	16	*0.0*
not in labor force	25,939	*32.0*

Households	40,563	%
families	24,041	*59.3*
non-families	16,522	*40.7*
with persons under 18	11,667	*28.8*
1 person households	12,570	*31.0*
2 person households	14,572	*35.9*
3-4 person households	9,999	*24.7*
5+ person households	3,422	*8.4*

Household size 2.37 **Family size** 3.05

Household income		%	cum %
under $15,000	4,550	*11.2*	*11.2*
$15,000 - 24,999	2,969	*7.3*	*18.5*
$25,000 - 34,999	3,123	*7.7*	*26.2*
$35,000 - 49,999	4,798	*11.8*	*38.1*
$50,000 - 74,999	6,652	*16.4*	*54.5*
$75,000 - 99,999	5,871	*14.5*	*68.9*
$100,000 - 124,999	4,067	*10.0*	*79.0*
$125,000 - 149,999	3,016	*7.4*	*86.4*
$150,000 - 199,999	3,356	*8.3*	*94.7*
$200,000 and over	2,161	*5.3*	*100.0*

	Median	Average
Household income	$68,067	$76,492
Family income	$90,882	$100,567
Non-family income	$40,082	$41,461

Vehicles available		%
without vehicle	2,601	*6.4*
1 vehicle available	12,888	*31.8*
2 vehicles available	16,090	*39.7*
3+ vehicles available	8,984	*22.1*
vehicles/household	1.86	

Density	
households per sq.mile	64
household population per sq.mile	152

Housing units	41,895	%
owner occupied	25,603	*61.1*
renter occupied	14,960	*35.7*
vacant units	1,332	*3.2*

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ATTACHMENT-10E

2022 Demographics in brief

Lee County, Illinois

Lee, IL
(County 17103)

Site located at
41.94219, 89.08496

Population	32,702	%
in households	29,650	*90.7*
in families	23,099	*70.6*
in non-families	6,551	*20.0*
in group quarters	3,052	*9.3*
noninstitutional GQ	200	*0.6*
under age 18	6,369	*19.5*
male	17,376	*53.1*
female	15,326	*46.9*

Age		%
under 5 years	1,737	*5.3*
5 to 9 years	1,732	*5.3*
10 to 14 years	1,787	*5.5*
15 to 19 years	1,904	*5.8*
20 to 24 years	2,002	*6.1*
25 to 34 years	4,150	*12.7*
35 to 44 years	3,950	*12.1*
45 to 54 years	4,056	*12.4*
55 to 64 years	4,547	*13.9*
65 to 74 years	3,718	*11.4*
75 years and over	3,119	*9.5*

Median age 42.6 male 41.2 female 44.5

Race		%
white	28,973	*88.6*
black	1,934	*5.9*
American Indian	79	*0.2*
Asian, Pacific Islander	317	*1.0*
other, multi-racial	1,399	*4.3*
Hispanic	2,129	*6.5*

Education (pers. 25+)	23,540	%
no high school diploma	2,708	*11.5*
high school graduate	8,842	*37.6*
some college	7,782	*33.1*
college degree	2,623	*11.1*
graduate/professional	1,585	*6.7*

Employment (pers. 16+)	26,950	%
in civilian labor force	15,547	*57.7*
employed	14,831	*95.4*
unemployed	716	*4.6*
in Armed Forces	10	*0.0*
not in labor force	11,393	*42.3*

Households	13,607	%
families	8,104	*59.6*
non-families	5,503	*40.4*
with persons under 18	3,427	*25.2*
1 person households	4,931	*36.2*
2 person households	5,061	*37.2*
3-4 person households	2,742	*20.2*
5+ person households	873	*6.4*

Household size 2.18 **Family size** 2.85

Household income		%	cum %
under $15,000	983	*7.2*	*7.2*
$15,000 - 24,999	1,104	*8.1*	*15.3*
$25,000 - 34,999	1,164	*8.6*	*23.9*
$35,000 - 49,999	1,723	*12.7*	*36.6*
$50,000 - 74,999	2,629	*19.3*	*55.9*
$75,000 - 99,999	2,170	*15.9*	*71.8*
$100,000 - 124,999	1,406	*10.3*	*82.2*
$125,000 - 149,999	896	*6.6*	*88.7*
$150,000 - 199,999	792	*5.8*	*94.6*
$200,000 and over	740	*5.4*	*100.0*

	Median	Average
Household income	$66,706	$87,062
Family income	$85,867	$119,382
Non-family income	$37,233	$39,466

Vehicles available		%
without vehicle	727	*5.3*
1 vehicle available	4,197	*30.8*
2 vehicles available	5,460	*40.1*
3+ vehicles available	3,223	*23.7*
vehicles/household	1.90	

Density	
households per sq.mile	19
household population per sq.mile	41

Housing units	15,344	%
owner occupied	10,066	*65.6*
renter occupied	3,541	*23.1*
vacant units	1,737	*11.3*

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2017 Income by age of householder

households 1

20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Households	54,001	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	4,860	*9.0*	$34,145	*26.1*	*15.7*	*8.5*	*4.9*	*2.6*
25 to 34 years	8,957	*16.6*	$51,976	*48.6*	*27.7*	*15.6*	*8.4*	*4.3*
35 to 44 years	8,115	*15.0*	$76,070	*62.8*	*48.1*	*34.8*	*23.0*	*13.3*
45 to 54 years	9,414	*17.4*	$73,068	*65.8*	*44.8*	*29.3*	*18.0*	*10.0*
55 to 64 years	9,820	*18.2*	$50,439	*45.0*	*27.8*	*14.7*	*8.2*	*4.7*
65 to 74 years	7,016	*13.0*	$70,955	*67.5*	*41.2*	*23.8*	*14.7*	*8.5*
75 years and over	5,819	*10.8*	$46,602	*41.2*	*21.9*	*10.2*	*6.3*	*3.9*

Income by age of householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	54,001	%	4,860	%	8,957	%	8,115	%
under $10,000	4,468	*8.3*	1,047	*21.5*	1,046	*11.7*	718	*8.8*
$10,000 - 19,999	5,171	*9.6*	782	*16.1*	776	*8.7*	711	*8.8*
$20,000 - 29,999	5,707	*10.6*	701	*14.4*	944	*10.5*	619	*7.6*
$30,000 - 39,999	5,439	*10.1*	594	*12.2*	959	*10.7*	533	*6.6*
$40,000 - 49,999	4,757	*8.8*	468	*9.6*	883	*9.9*	437	*5.4*
$50,000 - 59,999	4,673	*8.7*	256	*5.3*	935	*10.4*	496	*6.1*
$60,000 - 74,999	5,524	*10.2*	251	*5.2*	938	*10.5*	695	*8.6*
$75,000 - 99,999	7,157	*13.3*	350	*7.2*	1,082	*12.1*	1,080	*13.3*
$100,000 - 124,999	4,344	*8.0*	173	*3.6*	645	*7.2*	959	*11.8*
$125,000 - 150,000	2,943	*5.4*	111	*2.3*	363	*4.1*	787	*9.7*
$150,000 - 199,999	2,486	*4.6*	78	*1.6*	272	*3.0*	767	*9.5*
$200,000 and over	1,330	*2.5*	49	*1.0*	115	*1.3*	314	*3.9*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	9,414	%	9,820	%	7,016	%	5,819	%
under $10,000	409	*4.3*	596	*6.1*	305	*4.3*	347	*6.0*
$10,000 - 19,999	512	*5.4*	1,223	*12.5*	322	*4.6*	847	*14.6*
$20,000 - 29,999	618	*6.6*	1,174	*12.0*	570	*8.1*	1,082	*18.6*
$30,000 - 39,999	889	*9.4*	1,492	*15.2*	406	*5.8*	566	*9.7*
$40,000 - 49,999	795	*8.4*	919	*9.4*	676	*9.6*	580	*10.0*
$50,000 - 59,999	869	*9.2*	798	*8.1*	752	*10.7*	567	*9.7*
$60,000 - 74,999	1,104	*11.7*	889	*9.1*	1,092	*15.6*	555	*9.5*
$75,000 - 99,999	1,458	*15.5*	1,282	*13.1*	1,223	*17.4*	682	*11.7*
$100,000 - 124,999	1,066	*11.3*	637	*6.5*	638	*9.1*	226	*3.9*
$125,000 - 150,000	758	*8.1*	346	*3.5*	435	*6.2*	144	*2.5*
$150,000 - 199,999	627	*6.7*	234	*2.4*	415	*5.9*	94	*1.6*
$200,000 and over	310	*3.3*	230	*2.3*	181	*2.6*	131	*2.3*

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2017 Income by age of householder

owners **2**

20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Owner households	34,850	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	706	*2.0*	$67,727	*48.7*	*35.6*	*21.5*	*14.2*	*7.5*
25 to 34 years	3,985	*11.4*	$71,096	*67.8*	*42.5*	*23.9*	*12.6*	*6.1*
35 to 44 years	5,268	*15.1*	$95,022	*75.2*	*61.8*	*46.1*	*31.1*	*18.3*
45 to 54 years	6,952	*19.9*	$86,813	*77.1*	*55.2*	*37.1*	*23.0*	*12.8*
55 to 64 years	7,757	*22.3*	$56,745	*50.6*	*32.3*	*17.4*	*9.7*	*5.5*
65 to 74 years	5,752	*16.5*	$78,122	*74.4*	*46.7*	*27.5*	*17.2*	*10.0*
75 years and over	4,430	*12.7*	$50,807	*44.9*	*23.9*	*11.0*	*6.7*	*4.2*

Income by age of owner householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	34,850	%	706	%	3,985	%	5,268	%
under $10,000	1,265	*3.6*	50	*7.1*	161	*4.0*	265	*5.0*
$10,000 - 19,999	2,280	*6.5*	67	*9.5*	138	*3.5*	312	*5.9*
$20,000 - 29,999	2,870	*8.2*	74	*10.5*	250	*6.3*	284	*5.4*
$30,000 - 39,999	2,966	*8.5*	88	*12.5*	321	*8.1*	260	*4.9*
$40,000 - 49,999	2,911	*8.4*	84	*11.9*	410	*10.3*	188	*3.6*
$50,000 - 59,999	3,108	*8.9*	42	*5.9*	461	*11.6*	246	*4.7*
$60,000 - 74,999	4,162	*11.9*	51	*7.2*	547	*13.7*	460	*8.7*
$75,000 - 99,999	5,756	*16.5*	99	*14.0*	744	*18.7*	824	*15.6*
$100,000 - 124,999	3,647	*10.5*	52	*7.4*	448	*11.2*	790	*15.0*
$125,000 - 150,000	2,549	*7.3*	47	*6.7*	258	*6.5*	677	*12.9*
$150,000 - 199,999	2,197	*6.3*	34	*4.8*	174	*4.4*	685	*13.0*
$200,000 and over	1,142	*3.3*	19	*2.7*	71	*1.8*	278	*5.3*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	6,952	%	7,757	%	5,752	%	4,430	%
under $10,000	142	*2.0*	306	*3.9*	137	*2.4*	204	*4.6*
$10,000 - 19,999	215	*3.1*	790	*10.2*	170	*3.0*	588	*13.3*
$20,000 - 29,999	274	*3.9*	808	*10.4*	392	*6.8*	788	*17.8*
$30,000 - 39,999	478	*6.9*	1,158	*14.9*	260	*4.5*	401	*9.1*
$40,000 - 49,999	484	*7.0*	770	*9.9*	512	*8.9*	463	*10.5*
$50,000 - 59,999	619	*8.9*	648	*8.4*	621	*10.8*	471	*10.6*
$60,000 - 74,999	903	*13.0*	772	*10.0*	973	*16.9*	456	*10.3*
$75,000 - 99,999	1,258	*18.1*	1,155	*14.9*	1,104	*19.2*	572	*12.9*
$100,000 - 124,999	978	*14.1*	597	*7.7*	592	*10.3*	190	*4.3*
$125,000 - 150,000	713	*10.3*	325	*4.2*	418	*7.3*	111	*2.5*
$150,000 - 199,999	606	*8.7*	218	*2.8*	400	*7.0*	80	*1.8*
$200,000 and over	283	*4.1*	210	*2.7*	174	*3.0*	107	*2.4*

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2017 Income by age of householder

renters **3**

20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Renter households	19,151	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	4,154	*21.7*	$29,751	*22.2*	*12.3*	*6.2*	*3.3*	*1.8*
25 to 34 years	4,972	*26.0*	$38,546	*33.1*	*15.7*	*8.9*	*5.0*	*2.9*
35 to 44 years	2,847	*14.9*	$44,856	*40.0*	*22.9*	*13.9*	*8.0*	*4.1*
45 to 54 years	2,462	*12.9*	$40,786	*33.8*	*15.4*	*7.3*	*3.7*	*1.9*
55 to 64 years	2,063	*10.8*	$33,940	*23.8*	*10.9*	*4.8*	*2.8*	*1.7*
65 to 74 years	1,263	*6.6*	$42,616	*36.0*	*16.1*	*6.7*	*3.0*	*1.7*
75 years and over	1,389	*7.3*	$37,992	*29.7*	*15.7*	*7.8*	*5.2*	*2.8*

Income by age of renter householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	19,151	%	4,154	%	4,972	%	2,847	%
under $10,000	3,203	*16.7*	996	*24.0*	885	*17.8*	453	*15.9*
$10,000 - 19,999	2,892	*15.1*	715	*17.2*	638	*12.8*	399	*14.0*
$20,000 - 29,999	2,838	*14.8*	627	*15.1*	693	*13.9*	335	*11.8*
$30,000 - 39,999	2,473	*12.9*	507	*12.2*	638	*12.8*	273	*9.6*
$40,000 - 49,999	1,845	*9.6*	384	*9.2*	472	*9.5*	249	*8.7*
$50,000 - 59,999	1,566	*8.2*	214	*5.2*	474	*9.5*	249	*8.7*
$60,000 - 74,999	1,363	*7.1*	200	*4.8*	391	*7.9*	236	*8.3*
$75,000 - 99,999	1,401	*7.3*	251	*6.0*	338	*6.8*	256	*9.0*
$100,000 - 124,999	698	*3.6*	121	*2.9*	197	*4.0*	169	*5.9*
$125,000 - 150,000	395	*2.1*	64	*1.5*	105	*2.1*	110	*3.9*
$150,000 - 199,999	290	*1.5*	44	*1.1*	98	*2.0*	82	*2.9*
$200,000 and over	187	*1.0*	30	*0.7*	44	*0.9*	36	*1.3*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	2,462	%	2,063	%	1,263	%	1,389	%
under $10,000	268	*10.9*	290	*14.1*	168	*13.3*	143	*10.3*
$10,000 - 19,999	297	*12.1*	433	*21.0*	151	*12.0*	259	*18.6*
$20,000 - 29,999	345	*14.0*	366	*17.7*	178	*14.1*	294	*21.2*
$30,000 - 39,999	411	*16.7*	334	*16.2*	146	*11.6*	164	*11.8*
$40,000 - 49,999	310	*12.6*	149	*7.2*	164	*13.0*	117	*8.4*
$50,000 - 59,999	251	*10.2*	150	*7.3*	132	*10.5*	96	*6.9*
$60,000 - 74,999	201	*8.2*	117	*5.7*	120	*9.5*	98	*7.1*
$75,000 - 99,999	200	*8.1*	127	*6.2*	119	*9.4*	110	*7.9*
$100,000 - 124,999	88	*3.6*	41	*2.0*	46	*3.6*	36	*2.6*
$125,000 - 150,000	45	*1.8*	21	*1.0*	17	*1.3*	33	*2.4*
$150,000 - 199,999	21	*0.9*	16	*0.8*	15	*1.2*	14	*1.0*
$200,000 and over	26	*1.1*	20	*1.0*	6	*0.5*	25	*1.8*

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2022 Income by age of householder

households **1**

20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Households	55,202	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	3,824	*6.9*	$42,869	*35.2*	*21.8*	*13.3*	*8.7*	*4.7*
25 to 34 years	9,770	*17.7*	$59,152	*53.1*	*34.2*	*22.2*	*13.1*	*8.4*
35 to 44 years	8,515	*15.4*	$91,122	*69.7*	*56.8*	*44.9*	*31.7*	*21.7*
45 to 54 years	8,659	*15.7*	$81,969	*69.3*	*50.9*	*36.2*	*23.8*	*14.8*
55 to 64 years	9,459	*17.1*	$58,645	*51.2*	*34.2*	*21.1*	*13.4*	*9.3*
65 to 74 years	7,890	*14.3*	$82,519	*74.1*	*52.4*	*34.0*	*21.9*	*13.9*
75 years and over	7,085	*12.8*	$54,630	*50.9*	*30.0*	*15.7*	*10.0*	*7.1*

Income by age of householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	55,202	%	3,824	%	9,770	%	8,515	%
under $10,000	3,955	*7.2*	677	*17.7*	1,049	*10.7*	639	*7.5*
$10,000 - 19,999	4,202	*7.6*	475	*12.4*	743	*7.6*	572	*6.7*
$20,000 - 29,999	4,955	*9.0*	499	*13.0*	925	*9.5*	495	*5.8*
$30,000 - 39,999	4,721	*8.6*	450	*11.8*	911	*9.3*	420	*4.9*
$40,000 - 49,999	4,602	*8.3*	376	*9.8*	950	*9.7*	454	*5.3*
$50,000 - 59,999	4,080	*7.4*	264	*6.9*	794	*8.1*	440	*5.2*
$60,000 - 74,999	5,776	*10.5*	250	*6.5*	1,052	*10.8*	659	*7.7*
$75,000 - 99,999	7,481	*13.6*	325	*8.5*	1,177	*12.0*	1,015	*11.9*
$100,000 - 124,999	5,365	*9.7*	177	*4.6*	890	*9.1*	1,121	*13.2*
$125,000 - 150,000	3,455	*6.3*	153	*4.0*	457	*4.7*	855	*10.0*
$150,000 - 199,999	4,106	*7.4*	100	*2.6*	543	*5.6*	1,191	*14.0*
$200,000 and over	2,503	*4.5*	78	*2.0*	279	*2.9*	654	*7.7*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	8,659	%	9,459	%	7,890	%	7,085	%
under $10,000	352	*4.1*	530	*5.6*	306	*3.9*	402	*5.7*
$10,000 - 19,999	411	*4.7*	1,006	*10.6*	269	*3.4*	726	*10.2*
$20,000 - 29,999	487	*5.6*	934	*9.9*	487	*6.2*	1,128	*15.9*
$30,000 - 39,999	687	*7.9*	1,242	*13.1*	377	*4.8*	633	*8.9*
$40,000 - 49,999	721	*8.3*	907	*9.6*	602	*7.6*	592	*8.4*
$50,000 - 59,999	609	*7.0*	678	*7.2*	644	*8.2*	651	*9.2*
$60,000 - 74,999	985	*11.4*	930	*9.8*	1,072	*13.6*	828	*11.7*
$75,000 - 99,999	1,270	*14.7*	1,231	*13.0*	1,453	*18.4*	1,010	*14.3*
$100,000 - 124,999	1,079	*12.5*	736	*7.8*	956	*12.1*	406	*5.7*
$125,000 - 150,000	779	*9.0*	381	*4.0*	627	*7.9*	204	*2.9*
$150,000 - 199,999	817	*9.4*	455	*4.8*	738	*9.4*	263	*3.7*
$200,000 and over	462	*5.3*	428	*4.5*	359	*4.6*	242	*3.4*

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2022 Income by age of householder

owners **2**

20 Mile Market Area

Site located at
41.94219, 89.08496

Liberty Village:
20 mi ring

Owner households	36,099	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	701	*1.9*	$75,616	*54.9*	*41.7*	*24.8*	*18.1*	*11.1*
25 to 34 years	4,420	*12.2*	$82,340	*71.9*	*52.8*	*34.8*	*20.1*	*13.0*
35 to 44 years	5,419	*15.0*	$114,852	*83.7*	*73.2*	*59.5*	*43.3*	*29.9*
45 to 54 years	6,347	*17.6*	$97,937	*80.2*	*63.3*	*46.0*	*30.7*	*19.3*
55 to 64 years	7,424	*20.6*	$66,907	*57.4*	*40.2*	*25.3*	*16.0*	*11.3*
65 to 74 years	6,395	*17.7*	$92,321	*81.9*	*60.3*	*39.7*	*26.0*	*16.7*
75 years and over	5,394	*14.9*	$60,399	*55.8*	*33.5*	*17.7*	*11.2*	*8.0*

Income by age of owner householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	36,099	%	701	%	4,420	%	5,419	%
under $10,000	1,088	*3.0*	42	*6.0*	166	*3.8*	190	*3.5*
$10,000 - 19,999	1,808	*5.0*	51	*7.3*	163	*3.7*	191	*3.5*
$20,000 - 29,999	2,424	*6.7*	68	*9.7*	241	*5.5*	170	*3.1*
$30,000 - 39,999	2,400	*6.6*	82	*11.7*	256	*5.8*	156	*2.9*
$40,000 - 49,999	2,675	*7.4*	72	*10.3*	415	*9.4*	177	*3.3*
$50,000 - 59,999	2,531	*7.0*	52	*7.4*	319	*7.2*	214	*3.9*
$60,000 - 74,999	3,911	*10.8*	41	*5.8*	528	*11.9*	353	*6.5*
$75,000 - 99,999	6,036	*16.7*	118	*16.8*	796	*18.0*	742	*13.7*
$100,000 - 124,999	4,462	*12.4*	47	*6.7*	648	*14.7*	880	*16.2*
$125,000 - 150,000	2,926	*8.1*	49	*7.0*	313	*7.1*	724	*13.4*
$150,000 - 199,999	3,636	*10.1*	39	*5.6*	388	*8.8*	1,050	*19.4*
$200,000 and over	2,199	*6.1*	39	*5.6*	187	*4.2*	570	*10.5*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	6,347	%	7,424	%	6,395	%	5,394	%
under $10,000	98	*1.5*	255	*3.4*	118	*1.8*	219	*4.1*
$10,000 - 19,999	170	*2.7*	635	*8.6*	120	*1.9*	478	*8.9*
$20,000 - 29,999	203	*3.2*	630	*8.5*	297	*4.6*	815	*15.1*
$30,000 - 39,999	344	*5.4*	913	*12.3*	218	*3.4*	431	*8.0*
$40,000 - 49,999	438	*6.9*	726	*9.8*	404	*6.3*	443	*8.2*
$50,000 - 59,999	388	*6.1*	535	*7.2*	501	*7.8*	522	*9.7*
$60,000 - 74,999	689	*10.9*	741	*10.0*	881	*13.8*	678	*12.6*
$75,000 - 99,999	1,097	*17.3*	1,113	*15.0*	1,316	*20.6*	854	*15.8*
$100,000 - 124,999	968	*15.3*	688	*9.3*	880	*13.8*	351	*6.5*
$125,000 - 150,000	729	*11.5*	349	*4.7*	592	*9.3*	170	*3.2*
$150,000 - 199,999	786	*12.4*	429	*5.8*	720	*11.3*	224	*4.2*
$200,000 and over	436	*6.9*	409	*5.5*	349	*5.5*	209	*3.9*

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2022 Income by age of householder

renters **3**

20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Renter households	19,103	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	3,124	*16.4*	$37,309	*30.7*	*17.3*	*10.6*	*6.5*	*3.2*
25 to 34 years	5,350	*28.0*	$42,824	*37.6*	*18.9*	*11.8*	*7.3*	*4.6*
35 to 44 years	3,096	*16.2*	$52,559	*45.2*	*28.0*	*19.2*	*11.4*	*7.2*
45 to 54 years	2,312	*12.1*	$44,790	*39.2*	*16.9*	*9.4*	*4.6*	*2.5*
55 to 64 years	2,036	*10.7*	$36,827	*28.3*	*12.0*	*6.2*	*3.8*	*2.3*
65 to 74 years	1,495	*7.8*	$46,055	*40.9*	*18.6*	*9.4*	*4.3*	*1.9*
75 years and over	1,691	*8.9*	$40,592	*35.2*	*18.7*	*9.5*	*6.2*	*4.2*

Income by age of renter householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	19,103	%	3,124	%	5,350	%	3,096	%
under $10,000	2,865	*15.0*	635	*20.3*	883	*16.5*	449	*14.5*
$10,000 - 19,999	2,395	*12.5*	424	*13.6*	580	*10.8*	381	*12.3*
$20,000 - 29,999	2,531	*13.2*	432	*13.8*	684	*12.8*	325	*10.5*
$30,000 - 39,999	2,322	*12.2*	368	*11.8*	655	*12.2*	264	*8.5*
$40,000 - 49,999	1,927	*10.1*	304	*9.7*	536	*10.0*	277	*8.9*
$50,000 - 59,999	1,548	*8.1*	212	*6.8*	475	*8.9*	225	*7.3*
$60,000 - 74,999	1,864	*9.8*	209	*6.7*	524	*9.8*	306	*9.9*
$75,000 - 99,999	1,446	*7.6*	207	*6.6*	381	*7.1*	273	*8.8*
$100,000 - 124,999	902	*4.7*	130	*4.2*	241	*4.5*	241	*7.8*
$125,000 - 150,000	527	*2.8*	103	*3.3*	143	*2.7*	130	*4.2*
$150,000 - 199,999	469	*2.5*	60	*1.9*	155	*2.9*	140	*4.5*
$200,000 and over	304	*1.6*	39	*1.2*	92	*1.7*	84	*2.7*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	2,312	%	2,036	%	1,495	%	1,691	%
under $10,000	254	*11.0*	274	*13.5*	188	*12.6*	182	*10.8*
$10,000 - 19,999	241	*10.4*	372	*18.3*	148	*9.9*	249	*14.7*
$20,000 - 29,999	284	*12.3*	304	*14.9*	190	*12.7*	312	*18.5*
$30,000 - 39,999	343	*14.8*	329	*16.2*	160	*10.7*	203	*12.0*
$40,000 - 49,999	283	*12.2*	180	*8.8*	198	*13.2*	149	*8.8*
$50,000 - 59,999	221	*9.6*	143	*7.0*	143	*9.6*	129	*7.6*
$60,000 - 74,999	295	*12.8*	189	*9.3*	191	*12.8*	150	*8.9*
$75,000 - 99,999	173	*7.5*	118	*5.8*	138	*9.2*	156	*9.2*
$100,000 - 124,999	111	*4.8*	48	*2.4*	76	*5.1*	55	*3.3*
$125,000 - 150,000	50	*2.2*	32	*1.6*	35	*2.3*	34	*2.0*
$150,000 - 199,999	31	*1.3*	26	*1.3*	18	*1.2*	39	*2.3*
$200,000 and over	26	*1.1*	20	*1.0*	11	*0.7*	32	*1.9*

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Demographics Trends 2010-2017-2022

population households **1**

Rochelle 20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

	2010 Census		2017 Estimate		2022 Projection	
Population	**142,476**	%	**137,501**	%	**134,053**	%
in households	135,437	*95.1*	131,044	*95.3*	127,592	*95.2*
in families	107,231	*79.2*	102,154	*78.0*	97,798	*76.6*
in non-families	28,206	*20.8*	28,890	*22.0*	29,794	*23.4*
in group quarters	7,039	*4.9*	6,457	*4.7*	6,461	*4.8*
in noninstitutional group quarters	6,018	*85.5*	5,469	*84.7*	5,469	*84.6*
under age 18	31,842	*22.3*	28,539	*20.8*	26,698	*19.9*
age 55 and over	32,062	*22.5*	36,215	*26.3*	37,926	*28.3*
age 65 and over	16,830	*11.8*	19,640	*14.3*	22,327	*16.7*
age 75 and over	7,669	*5.4*	8,431	*6.1*	10,027	*7.5*
Per capita income	**22,365**		**27,334**		**31,616**	
Median age	**36.7**		**42.6**		**43.2**	
male	35.8		42.3		42.6	
female	37.4		43.2		44.1	
Race white	120,553.0	*84.6*	113,398.0	*82.5*	109,090.0	*81.4*
black	8,912.0	*6.3*	10,249.0	*7.5*	10,504.0	*7.8*
American Indian	384.0	*0.3*	330.0	*0.2*	346.0	*0.3*
Asian, Pacific Islander	3,169.0	*2.2*	3,770.0	*2.7*	4,030.0	*3.0*
other, multi-racial	9,436.0	*6.6*	9,753.0	*7.1*	10,083.0	*7.5*
Hispanic	15,273.0	*10.7*	16,124.0	*11.7*	16,903.0	*12.6*
Diversity index	35		42		44	
Households	**53,868**	%	**54,216**	%	**55,421**	%
families	34,089	*63.3*	33,532	*61.8*	32,852	*59.3*
with person under 18	16,478	*48.3*	15,425	*46.0*	14,737	*44.9*
non-families	19,779	*36.7*	20,684	*38.2*	22,569	*40.7*
with person under 18	196	*1.0*	178	*0.9*	176	*0.8*
Median household income	**50,314**		**54,233**		**62,675**	
median family income	64,000		69,688		82,125	
median non-family income	30,026		29,453		31,919	
Household size	**2.51**		**2.42**		**2.30**	
family size	3.15		3.05		2.98	
non-family size	1.43		1.40		1.32	
Housing Units	**57,933**	%	**57,672**	%	**59,012**	%
owner-occupied	34,767	*60.0*	34,893	*60.5*	36,150	*61.3*
renter-occupied	19,101	*33.0*	19,323	*33.5*	19,271	*32.7*
vacant units	4,065	*7.0*	3,456	*6.0*	3,590	*6.1*

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Source: 2000 Census, Scan/US 2017 Estimates (Jan 1)

05/10/2017

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ATTACHMENT-10E

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

Household income	2010 Census (households)	%	2017 Estimate (households)	%	2022 Projection (households)	%
under $10,000	4,176	*7.8*	4,492	*8.3*	3,978	*7.2*
$10,000 - 14,999	3,527	*6.5*	2,504	*4.6*	1,973	*3.6*
$15,000 - 19,999	2,973	*5.5*	2,722	*5.0*	2,282	*4.1*
$20,000 - 24,999	3,455	*6.4*	2,973	*5.5*	2,354	*4.2*
$25,000 - 29,999	2,745	*5.1*	2,809	*5.2*	2,683	*4.8*
$30,000 - 34,999	2,966	*5.5*	2,808	*5.2*	2,417	*4.4*
$35,000 - 39,999	2,791	*5.2*	2,759	*5.1*	2,408	*4.3*
$40,000 - 44,999	2,464	*4.6*	2,650	*4.9*	2,422	*4.4*
$45,000 - 49,999	2,647	*4.9*	2,316	*4.3*	2,303	*4.2*
$50,000 - 59,999	4,747	*8.8*	4,677	*8.6*	4,129	*7.5*
$60,000 - 74,999	5,873	*10.9*	5,439	*10.0*	5,737	*10.4*
$75,000 - 99,999	7,024	*13.0*	6,924	*12.8*	7,284	*13.1*
$100,000 - 124,999	3,967	*7.4*	4,394	*8.1*	5,383	*9.7*
$125,000 - 149,999	1,943	*3.6*	2,965	*5.5*	3,457	*6.2*
$150,000 - 199,999	1,335	*2.5*	2,517	*4.6*	4,188	*7.6*
$200,000 and over	1,025	*1.9*	1,266	*2.3*	2,424	*4.4*
Aggregate income ($M)	**3,157**		**3,748**		**4,228**	
Average income	**$58,597**		**$69,133**		**$76,285**	
Median income	**$50,314**		**$54,233**		**$62,675**	

Household size		%		%		%
All households	**53,868**		**54,216**		**55,421**	
1 person	14,269	*26.5*	15,393	*28.4*	18,146	*32.7*
2 persons	18,815	*34.9*	19,409	*35.8*	20,455	*36.9*
3 to 4 persons	15,499	*28.8*	14,548	*26.8*	12,653	*22.8*
5+ persons	5,332	*9.9*	4,866	*9.0*	4,168	*7.5*
Owner households	**34,767**	***64.5***	**34,893**	***64.4***	**36,150**	***65.2***
1 person	7,044	*20.3*	7,617	*21.8*	8,951	*24.8*
2 persons	13,372	*38.5*	13,948	*40.0*	15,273	*42.2*
3 to 4 persons	10,561	*30.4*	9,862	*28.3*	8,855	*24.5*
5+ persons	3,818	*11.0*	3,467	*9.9*	3,070	*8.5*
Renter households	**19,101**	***35.5***	**19,323**	***35.6***	**19,271**	***34.8***
1 person	7,225	*37.8*	7,776	*40.2*	9,195	*47.7*
2 persons	5,443	*28.5*	5,461	*28.3*	5,182	*26.9*
3 to 4 persons	4,938	*25.9*	4,686	*24.3*	3,798	*19.7*
5+ persons	1,514	*7.9*	1,399	*7.2*	1,098	*5.7*

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Rochelle 20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

	2010 Census		2017 Estimate		2022 Projection	
Age, total population	**142,476**	%	**137,501**	%	**134,053**	%
under 5 years	8,700	*6.1*	7,600	*5.5*	7,452	*5.6*
5 to 9 years	8,605	*6.0*	7,916	*5.8*	7,282	*5.4*
10 to 14 years	8,783	*6.2*	8,454	*6.1*	7,661	*5.7*
15 to 19 years	12,549	*8.8*	11,606	*8.4*	11,220	*8.4*
20 to 24 years	17,981	*12.6*	16,166	*11.8*	13,341	*10.0*
25 to 34 years	17,875	*12.5*	18,418	*13.4*	19,449	*14.5*
35 to 44 years	16,332	*11.5*	14,671	*10.7*	15,006	*11.2*
45 to 54 years	19,408	*13.6*	16,455	*12.0*	14,715	*11.0*
55 to 64 years	15,232	*10.7*	16,575	*12.1*	15,599	*11.6*
65 to 74 years	9,161	*6.4*	11,209	*8.2*	12,300	*9.2*
75 to 84 years	5,390	*3.8*	5,780	*4.2*	6,802	*5.1*
85 years and over	2,279	*1.6*	2,651	*1.9*	3,225	*2.4*
Median age	**36.7**		**42.6**		**43.2**	
Age, male population	**71,180**	%	**68,377**	%	**66,532**	%
under 5 years	4,501	*6.3*	3,934	*5.8*	3,841	*5.8*
5 to 9 years	4,330	*6.1*	3,998	*5.8*	3,693	*5.6*
10 to 14 years	4,473	*6.3*	4,301	*6.3*	3,914	*5.9*
15 to 19 years	6,264	*8.8*	5,780	*8.5*	5,582	*8.4*
20 to 24 years	9,188	*12.9*	8,135	*11.9*	6,711	*10.1*
25 to 34 years	9,263	*13.0*	9,447	*13.8*	9,955	*15.0*
35 to 44 years	8,249	*11.6*	7,437	*10.9*	7,582	*11.4*
45 to 54 years	9,735	*13.7*	8,283	*12.1*	7,439	*11.2*
55 to 64 years	7,580	*10.6*	8,231	*12.0*	7,747	*11.6*
65 to 74 years	4,438	*6.2*	5,435	*7.9*	5,961	*9.0*
75 to 84 years	2,350	*3.3*	2,547	*3.7*	3,033	*4.6*
85 years and over	721	*1.0*	848	*1.2*	1,073	*1.6*
Median age	**35.8**		**42.3**		**42.6**	
Age, female population	**71,313**	%	**69,124**	%	**67,522**	%
under 5 years	4,199	*5.9*	3,666	*5.3*	3,611	*5.3*
5 to 9 years	4,275	*6.0*	3,918	*5.7*	3,589	*5.3*
10 to 14 years	4,310	*6.0*	4,153	*6.0*	3,747	*5.5*
15 to 19 years	6,285	*8.8*	5,826	*8.4*	5,638	*8.3*
20 to 24 years	8,793	*12.3*	8,031	*11.6*	6,630	*9.8*
25 to 34 years	8,612	*12.1*	8,971	*13.0*	9,494	*14.1*
35 to 44 years	8,083	*11.3*	7,234	*10.5*	7,424	*11.0*
45 to 54 years	9,673	*13.6*	8,172	*11.8*	7,276	*10.8*
55 to 64 years	7,652	*10.7*	8,344	*12.1*	7,852	*11.6*
65 to 74 years	4,723	*6.6*	5,774	*8.4*	6,339	*9.4*
75 to 84 years	3,040	*4.3*	3,233	*4.7*	3,769	*5.6*
85 years and over	1,558	*2.2*	1,803	*2.6*	2,152	*3.2*
Median age	**37.4**		**43.2**		**44.1**	

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Demographics Trends 2010-2017-2022

education, labor force vehicles available, density **4**

Rochelle 20 Mile Market Area

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

	2010 Census		2017 Estimate		2022 Projection	
Education persons age 25+	85,846	%	86,343	%	87,641	%
no high school diploma	10,099	*11.8*	8,604	*10.0*	8,757	*10.0*
high school graduate	28,469	*33.2*	26,705	*30.9*	26,794	*30.6*
some college	20,674	*24.1*	20,560	*23.8*	20,693	*23.6*
associate degree	7,150	*8.3*	8,609	*10.0*	8,849	*10.1*
college degree	12,540	*14.6*	13,680	*15.8*	14,190	*16.2*
graduate/professional degree	6,914	*8.1*	8,185	*9.5*	8,358	*9.5*
Labor Force persons age 16+	114,530	%	112,489	%	86,304	%
in labor force	77,980	*68.1*	73,592	*65.4*	57,344	*66.4*
employed	68,260	*87.5*	69,461	*94.4*	53,844	*93.9*
unemployed	9,720	*12.5*	4,131	*5.6*	3,500	*6.1*
in Armed Forces	14	*0.0*	40	*0.0*	35	*0.0*
not in labor force	36,536	*31.9*	38,857	*34.5*	28,925	*33.5*
Vehicles available households	53,868	%	54,216	%	55,421	%
without vehicles	3,320	*6.2*	3,363	*6.2*	3,405	*6.1*
1 vehicle available	16,895	*31.4*	18,266	*33.7*	18,639	*33.6*
2 vehicles available	20,801	*38.6*	20,753	*38.3*	21,403	*38.6*
3 or more vehicles available	12,874	*23.9*	11,835	*21.8*	11,970	*21.6*
Average vehicles per household	1.92		1.87		1.85	
Total vehicles available	103,381		101,365		102,377	
Density						
Area (sq.miles)	1,095.56		1,095.56		1,095.56	
Population/sq mile	130.05		125.51		122.36	
Households/sq mile	49.17		49.49		50.59	
Household population/sq mile	123.62		119.61		116.46	
Aggregate income (M)/sq mile	2.91		3.43		3.87	
Aggregate houshold income(M)/sq mile	2.88		3.42		3.86	
Vehicles available/sq mile	94.36		92.52		93.45	

Minor category percent shores are based on the next higher category.

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ILLINOIS

Illinois
(State 17, IL)

	2010 Census		2017 Estimate		2022 Projection	
Population	**12,830,632**	%	**12,836,529**	%	**12,768,571**	%
in households	12,528,859	*97.6*	12,536,904	*97.7*	12,468,946	*97.7*
in families	10,477,237	*83.6*	10,356,888	*82.6*	10,129,547	*81.2*
in non-families	2,051,622	*16.4*	2,180,016	*17.4*	2,339,399	*18.8*
in group quarters	301,773	*2.4*	299,625	*2.3*	299,625	*2.3*
in noninstitutional group quarters	141,784	*47.0*	138,475	*46.2*	138,475	*46.2*
under age 18	3,129,179	*24.4*	2,886,229	*22.5*	2,774,853	*21.7*
age 55 and over	3,082,420	*24.0*	3,573,755	*27.8*	3,802,323	*29.8*
age 65 and over	1,609,213	*12.5*	1,926,148	*15.0*	2,225,098	*17.4*
age 75 and over	759,678	*5.9*	828,987	*6.5*	992,124	*7.8*
Per capita income	**27,361**		**35,095**		**40,193**	
Median age	**36.5**		**38.0**		**39.0**	
male	35.2		36.7		37.6	
female	37.8		39.3		40.3	
Race white	9,177,877.0	*71.5*	8,963,606.0	*69.8*	8,772,430.0	*68.7*
black	1,866,414.0	*14.5*	1,890,043.0	*14.7*	1,887,199.0	*14.8*
American indian	43,963.0	*0.3*	44,614.0	*0.3*	47,423.0	*0.4*
Asian, Pacific islander	590,984.0	*4.6*	721,579.0	*5.6*	768,233.0	*6.0*
other, multi-racial	1,151,394.0	*9.0*	1,216,687.0	*9.5*	1,293,286.0	*10.1*
Hispanic	2,027,578.0	*15.8*	2,167,446.0	*16.9*	2,311,144.0	*18.1*
Diversity index	60		71		73	
Households	**4,836,972**	%	**4,984,909**	%	**5,132,112**	%
families	3,182,984	*65.8*	3,209,249	*64.4*	3,181,194	*62.0*
with person under 18	1,606,046	*50.5*	1,559,047	*48.6*	1,511,280	*47.5*
non-families	1,653,988	*34.2*	1,775,660	*35.6*	1,950,918	*38.0*
with person under 18	13,816	*0.8*	13,824	*0.8*	13,402	*0.7*
Median household income	**53,337**		**62,867**		**73,993**	
median family income	65,928		79,538		94,389	
median non-family income	33,596		38,752		46,342	
Household size	**2.59**		**2.51**		**2.43**	
family size	3.29		3.23		3.18	
non-family size	1.24		1.23		1.20	
Housing Units	**5,296,715**	%	**5,331,675**	%	**5,496,859**	%
owner-occupied	3,263,639	*61.6*	3,322,310	*62.3*	3,472,690	*63.2*
renter-occupied	1,573,333	*29.7*	1,662,599	*31.2*	1,659,422	*30.2*
vacant units	459,743	*8.7*	346,766	*6.5*	364,747	*6.6*

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ILLINOIS

Illinois
(State 17, IL)

Household income	2010 Census (households)	%	2017 Estimate (households)	%	2022 Projection (households)	%
under $10,000	344,934	7.1	327,072	6.6	291,303	5.7
$10,000 - 14,999	238,026	4.9	194,812	3.9	153,805	3.0
$15,000 - 19,999	259,692	5.4	220,802	4.4	182,977	3.6
$20,000 - 24,999	270,630	5.6	232,644	4.7	198,978	3.9
$25,000 - 29,999	241,735	5.0	217,179	4.4	204,928	4.0
$30,000 - 34,999	249,962	5.2	216,964	4.4	188,331	3.7
$35,000 - 39,999	231,918	4.8	212,425	4.3	188,901	3.7
$40,000 - 44,999	232,370	4.8	207,174	4.2	189,848	3.7
$45,000 - 49,999	204,075	4.2	193,261	3.9	180,816	3.5
$50,000 - 59,999	388,765	8.0	371,995	7.5	342,557	6.7
$60,000 - 74,999	499,745	10.3	478,554	9.6	470,781	9.2
$75,000 - 99,999	612,225	12.7	640,359	12.8	653,591	12.7
$100,000 - 124,999	400,801	8.3	452,449	9.1	499,177	9.7
$125,000 - 149,999	226,514	4.7	306,012	6.1	373,955	7.3
$150,000 - 199,999	223,499	4.6	332,011	6.7	451,902	8.8
$200,000 and over	212,081	4.4	381,196	7.6	560,262	10.9
Aggregate income ($M)	**348,630**		**448,118**		**510,825**	
Average income	**$72,076**		**$89,895**		**$99,535**	
Median income	**$53,337**		**$62,867**		**$73,993**	

Household size		%		%		%
All households	**4,836,972**		**4,984,909**		**5,132,112**	
1 person	1,346,312	27.8	1,464,784	29.4	1,672,818	32.6
2 persons	1,509,908	31.2	1,568,871	31.5	1,642,520	32.0
3 to 4 persons	1,416,198	29.3	1,393,224	27.9	1,303,735	25.4
5+ persons	564,554	11.7	558,030	11.2	513,039	10.0
Owner households	**3,263,639**	**67.5**	**3,322,310**	**66.6**	**3,472,690**	**67.7**
1 person	732,688	22.5	780,006	23.5	896,921	25.8
2 persons	1,111,442	34.1	1,153,967	34.7	1,248,184	35.9
3 to 4 persons	1,023,063	31.3	999,486	30.1	956,909	27.6
5+ persons	396,446	12.1	388,851	11.7	370,676	10.7
Renter households	**1,573,333**	**32.5**	**1,662,599**	**33.4**	**1,659,422**	**32.3**
1 person	613,624	39.0	684,778	41.2	775,897	46.8
2 persons	398,466	25.3	414,904	25.0	394,336	23.8
3 to 4 persons	393,135	25.0	393,738	23.7	346,826	20.9
5+ persons	168,108	10.7	169,179	10.2	142,363	8.6

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ILLINOIS

Illinois
(State 17, IL)

	2010 Census		2017 Estimate		2022 Projection	
Age, total population	**12,830,632**	%	**12,836,529**	%	**12,768,571**	%
under 5 years	835,577	*6.5*	775,907	*6.0*	756,120	*5.9*
5 to 9 years	859,405	*6.7*	799,301	*6.2*	760,963	*6.0*
10 to 14 years	879,448	*6.9*	826,385	*6.4*	778,914	*6.1*
15 to 19 years	922,092	*7.2*	860,868	*6.7*	851,883	*6.7*
20 to 24 years	878,964	*6.9*	882,269	*6.9*	868,227	*6.8*
25 to 34 years	1,775,957	*13.8*	1,752,015	*13.6*	1,693,620	*13.3*
35 to 44 years	1,725,890	*13.5*	1,669,081	*13.0*	1,659,503	*13.0*
45 to 54 years	1,870,879	*14.6*	1,696,948	*13.2*	1,597,018	*12.5*
55 to 64 years	1,473,207	*11.5*	1,647,607	*12.8*	1,577,225	*12.4*
65 to 74 years	849,535	*6.6*	1,097,161	*8.5*	1,232,974	*9.7*
75 to 84 years	524,766	*4.1*	556,503	*4.3*	671,717	*5.3*
85 years and over	234,912	*1.8*	272,484	*2.1*	320,407	*2.5*
Median age	**36.5**		**38.0**		**39.0**	
Age, male population	**6,292,276**	%	**6,303,327**	%	**6,272,150**	%
under 5 years	425,893	*6.8*	395,429	*6.3*	385,469	*6.1*
5 to 9 years	438,556	*7.0*	409,245	*6.5*	390,718	*6.2*
10 to 14 years	449,160	*7.1*	423,363	*6.7*	399,887	*6.4*
15 to 19 years	473,736	*7.5*	442,966	*7.0*	438,569	*7.0*
20 to 24 years	447,513	*7.1*	449,577	*7.1*	444,299	*7.1*
25 to 34 years	890,669	*14.2*	878,929	*13.9*	850,997	*13.6*
35 to 44 years	859,232	*13.7*	835,908	*13.3*	832,737	*13.3*
45 to 54 years	919,376	*14.6*	841,412	*13.3*	795,887	*12.7*
55 to 64 years	711,225	*11.3*	799,116	*12.7*	769,215	*12.3*
65 to 74 years	389,299	*6.2*	507,494	*8.1*	573,342	*9.1*
75 to 84 years	214,725	*3.4*	231,997	*3.7*	284,180	*4.5*
85 years and over	72,892	*1.2*	87,891	*1.4*	106,850	*1.7*
Median age	**35.2**		**36.7**		**37.6**	
Age, female population	**6,538,356**	%	**6,533,202**	%	**6,496,421**	%
under 5 years	409,684	*6.3*	380,478	*5.8*	370,651	*5.7*
5 to 9 years	420,849	*6.4*	390,056	*6.0*	370,245	*5.7*
10 to 14 years	430,288	*6.6*	403,022	*6.2*	379,027	*5.8*
15 to 19 years	448,356	*6.9*	417,902	*6.4*	413,314	*6.4*
20 to 24 years	431,451	*6.6*	432,692	*6.6*	423,928	*6.5*
25 to 34 years	885,288	*13.5*	873,086	*13.4*	842,623	*13.0*
35 to 44 years	866,658	*13.3*	833,173	*12.8*	826,766	*12.7*
45 to 54 years	951,503	*14.6*	855,536	*13.1*	801,131	*12.3*
55 to 64 years	761,982	*11.7*	848,491	*13.0*	808,010	*12.4*
65 to 74 years	460,236	*7.0*	589,667	*9.0*	659,632	*10.2*
75 to 84 years	310,041	*4.7*	324,506	*5.0*	387,537	*6.0*
85 years and over	162,020	*2.5*	184,593	*2.8*	213,557	*3.3*
Median age	**37.8**		**39.3**		**40.3**	

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ILLINOIS

Illinois
(State 17, IL)

	2010 Census		2017 Estimate		2022 Projection	
Education persons age 25+	8,455,146	%	8,691,799	%	8,752,464	%
no high school diploma	1,107,460	*13.1*	992,934	*11.4*	999,880	*11.4*
high school graduate	2,334,205	*27.6*	2,321,923	*26.7*	2,338,146	*26.7*
some college	1,803,976	*21.3*	1,809,333	*20.8*	1,821,959	*20.8*
associate degree	608,420	*7.2*	700,371	*8.1*	705,238	*8.1*
college degree	1,628,422	*19.3*	1,765,290	*20.3*	1,777,608	*20.3*
graduate/professional degree	972,663	*11.5*	1,101,948	*12.7*	1,109,633	*12.7*
Labor Force persons age 16+	10,072,849	%	10,273,350	%	10,253,551	%
in labor force	6,666,901	*66.2*	6,677,649	*65.0*	6,664,875	*65.0*
employed	5,904,688	*88.6*	6,322,801	*94.7*	6,310,703	*94.7*
unemployed	762,213	*11.4*	354,848	*5.3*	354,172	*5.3*
in Armed Forces	8,951	*0.1*	17,896	*0.2*	17,864	*0.2*
not in labor force	3,396,997	*33.7*	3,577,805	*34.8*	3,570,812	*34.8*
Vehicles available households	4,836,972	%	4,984,909	%	5,132,112	%
without vehicles	510,531	*10.6*	523,591	*10.5*	528,572	*10.3*
1 vehicle available	1,705,372	*35.3*	1,752,284	*35.2*	1,794,627	*35.0*
2 vehicles available	1,778,553	*36.8*	1,812,339	*36.4*	1,876,462	*36.6*
3 or more vehicles available	841,533	*17.4*	896,695	*18.0*	932,451	*18.2*
Average vehicles per household	1.65		1.69		1.69	
Total vehicles available	7,997,224		8,403,833		8,695,524	
Density						
Area (sq.miles)	55,518.94		55,518.94		55,518.94	
Population/sq mile	231.10		231.21		229.99	
Households/sq mile	87.12		89.79		92.44	
Household population/sq mile	225.67		225.81		224.59	
Aggregate income (M)/sq mile	6.32		8.11		9.24	
Aggregate houshold income(M)/sq mile	6.28		8.07		9.20	
Vehicles available/sq mile	144.04		151.37		156.62	

Minor category percent shares are based on the next higher category.

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ILLINOIS

Illinois
(State 17, IL)

Households	4,984,909	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	191,172	*3.8*	$33,723	*34.0*	*18.6*	*10.7*	*6.7*	*4.4*
25 to 34 years	779,902	*15.6*	$59,010	*57.8*	*37.6*	*23.3*	*14.2*	*8.9*
35 to 44 years	869,362	*17.4*	$73,513	*66.3*	*49.2*	*35.2*	*24.5*	*17.1*
45 to 54 years	934,827	*18.8*	$79,358	*68.5*	*53.0*	*39.4*	*28.3*	*20.3*
55 to 64 years	965,685	*19.4*	$70,934	*63.9*	*47.9*	*34.7*	*24.8*	*17.9*
65 to 74 years	687,630	*13.8*	$56,328	*55.7*	*37.3*	*24.8*	*17.1*	*11.8*
75 years and over	556,331	*11.2*	$40,597	*41.5*	*25.4*	*16.2*	*11.0*	*7.6*

Income by age of householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	4,984,909	%	191,172	%	779,902	%	869,362	%
under $10,000	327,072	*6.6*	38,558	*20.2*	53,871	*6.9*	44,878	*5.2*
$10,000 - 19,999	415,614	*8.3*	23,540	*12.3*	56,619	*7.3*	53,138	*6.1*
$20,000 - 29,999	449,823	*9.0*	24,832	*13.0*	71,571	*9.2*	63,927	*7.4*
$30,000 - 39,999	429,389	*8.6*	21,332	*11.2*	74,623	*9.6*	66,299	*7.6*
$40,000 - 49,999	400,435	*8.0*	17,894	*9.4*	72,345	*9.3*	65,015	*7.5*
$50,000 - 59,999	371,995	*7.5*	14,829	*7.8*	66,560	*8.5*	62,015	*7.1*
$60,000 - 74,999	478,554	*9.6*	14,693	*7.7*	90,826	*11.6*	86,538	*10.0*
$75,000 - 99,999	640,359	*12.8*	15,134	*7.9*	111,876	*14.3*	121,516	*14.0*
$100,000 - 124,999	452,449	*9.1*	7,590	*4.0*	70,958	*9.1*	93,133	*10.7*
$125,000 - 150,000	306,012	*6.1*	4,309	*2.3*	41,229	*5.3*	63,950	*7.4*
$150,000 - 199,999	332,011	*6.7*	4,079	*2.1*	36,954	*4.7*	70,745	*8.1*
$200,000 and over	381,196	*7.6*	4,382	*2.3*	32,470	*4.2*	78,208	*9.0*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	934,827	%	965,685	%	687,630	%	556,331	%
under $10,000	50,697	*5.4*	61,119	*6.3*	39,296	*5.7*	38,653	*6.9*
$10,000 - 19,999	56,380	*6.0*	73,598	*7.6*	66,084	*9.6*	86,255	*15.5*
$20,000 - 29,999	62,151	*6.6*	73,385	*7.6*	70,274	*10.2*	83,683	*15.0*
$30,000 - 39,999	62,705	*6.7*	71,399	*7.4*	67,095	*9.8*	65,936	*11.9*
$40,000 - 49,999	62,939	*6.7*	69,350	*7.2*	61,796	*9.0*	51,096	*9.2*
$50,000 - 59,999	60,613	*6.5*	66,072	*6.8*	58,417	*8.5*	43,489	*7.8*
$60,000 - 74,999	83,929	*9.0*	88,618	*9.2*	68,189	*9.9*	45,761	*8.2*
$75,000 - 99,999	127,026	*13.6*	127,468	*13.2*	85,815	*12.5*	51,524	*9.3*
$100,000 - 124,999	103,450	*11.1*	95,175	*9.9*	53,278	*7.7*	28,865	*5.2*
$125,000 - 150,000	75,161	*8.0*	66,267	*6.9*	36,328	*5.3*	18,768	*3.4*
$150,000 - 199,999	87,415	*9.4*	76,697	*7.9*	37,648	*5.5*	18,473	*3.3*
$200,000 and over	102,361	*10.9*	96,537	*10.0*	43,410	*6.3*	23,828	*4.3*

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2017 Income by age of householder

ILLINOIS

Illinois
(State 17, IL)

Owner households	3,322,310	%	Median Income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	52,358	*1.6*	$55,647	*56.2*	*34.1*	*20.0*	*12.5*	*8.4*
25 to 34 years	359,547	*10.8*	$77,105	*73.7*	*52.2*	*33.2*	*20.2*	*12.6*
35 to 44 years	558,696	*16.8*	$93,680	*79.2*	*62.8*	*46.8*	*33.3*	*23.6*
45 to 54 years	671,050	*20.2*	$98,859	*79.4*	*64.5*	*49.5*	*36.2*	*26.3*
55 to 64 years	731,756	*22.0*	$84,385	*73.1*	*56.6*	*41.8*	*30.3*	*22.1*
65 to 74 years	538,145	*16.2*	$64,935	*63.1*	*43.3*	*29.2*	*20.2*	*14.1*
75 years and over	410,758	*12.4*	$46,689	*47.1*	*29.3*	*18.7*	*12.8*	*8.9*

Income by age of owner householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	3,322,310	%	52,358	%	359,547	%	558,696	%
under $10,000	99,425	*3.0*	4,298	*8.2*	8,920	*2.5*	11,751	*2.1*
$10,000 - 19,999	174,109	*5.2*	3,320	*6.3*	12,278	*3.4*	16,658	*3.0*
$20,000 - 29,999	225,247	*6.8*	4,687	*9.0*	19,488	*5.4*	24,387	*4.4*
$30,000 - 39,999	242,165	*7.3*	5,276	*10.1*	25,063	*7.0*	30,292	*5.4*
$40,000 - 49,999	242,992	*7.3*	5,359	*10.2*	28,651	*8.0*	33,088	*5.9*
$50,000 - 59,999	247,152	*7.4*	5,302	*10.1*	30,699	*8.5*	36,266	*6.5*
$60,000 - 74,999	333,991	*10.1*	6,244	*11.9*	46,691	*13.0*	55,207	*9.9*
$75,000 - 99,999	494,215	*14.9*	7,424	*14.2*	68,227	*19.0*	89,819	*16.1*
$100,000 - 124,999	372,176	*11.2*	3,929	*7.5*	46,939	*13.1*	75,340	*13.5*
$125,000 - 150,000	258,849	*7.8*	2,096	*4.0*	27,263	*7.6*	53,797	*9.6*
$150,000 - 199,999	294,964	*8.9*	2,219	*4.2*	25,886	*7.2*	62,841	*11.2*
$200,000 and over	337,025	*10.1*	2,204	*4.2*	19,442	*5.4*	69,250	*12.4*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	671,050	%	731,756	%	538,145	%	410,758	%
under $10,000	16,230	*2.4*	23,526	*3.2*	16,249	*3.0*	18,451	*4.5*
$10,000 - 19,999	22,245	*3.3*	34,395	*4.7*	35,008	*6.5*	50,205	*12.2*
$20,000 - 29,999	28,730	*4.3*	42,511	*5.8*	47,133	*8.8*	58,311	*14.2*
$30,000 - 39,999	33,743	*5.0*	47,038	*6.4*	50,716	*9.4*	50,037	*12.2*
$40,000 - 49,999	37,360	*5.6*	49,035	*6.7*	49,201	*9.1*	40,298	*9.8*
$50,000 - 59,999	40,224	*6.0*	50,424	*6.9*	48,673	*9.0*	35,564	*8.7*
$60,000 - 74,999	59,481	*8.9*	70,561	*9.6*	58,143	*10.8*	37,664	*9.2*
$75,000 - 99,999	101,047	*15.1*	108,302	*14.8*	76,013	*14.1*	43,383	*10.6*
$100,000 - 124,999	88,936	*13.3*	84,471	*11.5*	48,127	*8.9*	24,434	*5.9*
$125,000 - 150,000	66,813	*10.0*	59,949	*8.2*	33,138	*6.2*	15,793	*3.8*
$150,000 - 199,999	81,104	*12.1*	71,654	*9.8*	35,150	*6.5*	16,110	*3.9*
$200,000 and over	95,137	*14.2*	89,890	*12.3*	40,594	*7.5*	20,508	*5.0*

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2017 Income by age of householder

ILLINOIS

Illinois
(State 17, IL)

Renter households	1,662,599	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	138,814	*8.3*	$27,047	*25.6*	*12.7*	*7.1*	*4.5*	*2.9*
25 to 34 years	420,355	*25.3*	$44,112	*44.2*	*25.2*	*14.8*	*9.1*	*5.7*
35 to 44 years	310,666	*18.7*	$42,933	*43.0*	*24.6*	*14.4*	*8.7*	*5.4*
45 to 54 years	263,777	*15.9*	$40,300	*40.6*	*23.6*	*13.8*	*8.3*	*5.1*
55 to 64 years	233,929	*14.1*	$33,548	*34.9*	*20.5*	*12.3*	*7.7*	*5.0*
65 to 74 years	149,485	*9.0*	$28,591	*28.9*	*15.7*	*9.1*	*5.7*	*3.6*
75 years and over	145,573	*8.8*	$25,702	*25.6*	*14.6*	*9.0*	*5.9*	*3.9*

Income by age of renter householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	1,662,599	%	138,814	%	420,355	%	310,666	%
under $10,000	227,647	*13.7*	34,260	*24.7*	44,951	*10.7*	33,127	*10.7*
$10,000 - 19,999	241,505	*14.5*	20,220	*14.6*	44,341	*10.5*	36,480	*11.7*
$20,000 - 29,999	224,576	*13.5*	20,145	*14.5*	52,083	*12.4*	39,540	*12.7*
$30,000 - 39,999	187,224	*11.3*	16,056	*11.6*	49,560	*11.8*	36,007	*11.6*
$40,000 - 49,999	157,443	*9.5*	12,535	*9.0*	43,694	*10.4*	31,927	*10.3*
$50,000 - 59,999	124,843	*7.5*	9,527	*6.9*	35,861	*8.5*	25,749	*8.3*
$60,000 - 74,999	144,563	*8.7*	8,449	*6.1*	44,135	*10.5*	31,331	*10.1*
$75,000 - 99,999	146,144	*8.8*	7,710	*5.6*	43,649	*10.4*	31,697	*10.2*
$100,000 - 124,999	80,273	*4.8*	3,661	*2.6*	24,019	*5.7*	17,793	*5.7*
$125,000 - 150,000	47,163	*2.8*	2,213	*1.6*	13,966	*3.3*	10,153	*3.3*
$150,000 - 199,999	37,047	*2.2*	1,860	*1.3*	11,068	*2.6*	7,904	*2.5*
$200,000 and over	44,171	*2.7*	2,178	*1.6*	13,028	*3.1*	8,958	*2.9*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	263,777	%	233,929	%	149,485	%	145,573	%
under $10,000	34,467	*13.1*	37,593	*16.1*	23,047	*15.4*	20,202	*13.9*
$10,000 - 19,999	34,135	*12.9*	39,203	*16.8*	31,076	*20.8*	36,050	*24.8*
$20,000 - 29,999	33,421	*12.7*	30,874	*13.2*	23,141	*15.5*	25,372	*17.4*
$30,000 - 39,999	28,962	*11.0*	24,361	*10.4*	16,379	*11.0*	15,899	*10.9*
$40,000 - 49,999	25,579	*9.7*	20,315	*8.7*	12,595	*8.4*	10,798	*7.4*
$50,000 - 59,999	20,389	*7.7*	15,648	*6.7*	9,744	*6.5*	7,925	*5.4*
$60,000 - 74,999	24,448	*9.3*	18,057	*7.7*	10,046	*6.7*	8,097	*5.6*
$75,000 - 99,999	25,979	*9.8*	19,166	*8.2*	9,802	*6.6*	8,141	*5.6*
$100,000 - 124,999	14,514	*5.5*	10,704	*4.6*	5,151	*3.4*	4,431	*3.0*
$125,000 - 150,000	8,348	*3.2*	6,318	*2.7*	3,190	*2.1*	2,975	*2.0*
$150,000 - 199,999	6,311	*2.4*	5,043	*2.2*	2,498	*1.7*	2,363	*1.6*
$200,000 and over	7,224	*2.7*	6,647	*2.8*	2,816	*1.9*	3,320	*2.3*

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2022 Income by age of householder

ILLINOIS

Illinois
(State 17, IL)

Households	5,132,112	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	191,296	*3.7*	$40,762	*42.0*	*24.9*	*15.2*	*9.7*	*6.6*
25 to 34 years	765,718	*14.9*	$67,516	*63.9*	*45.1*	*30.4*	*20.0*	*13.1*
35 to 44 years	883,387	*17.2*	$88,166	*72.9*	*58.0*	*44.6*	*33.1*	*24.2*
45 to 54 years	892,759	*17.4*	$93,626	*73.8*	*60.0*	*47.4*	*36.5*	*27.3*
55 to 64 years	936,855	*18.3*	$83,690	*69.4*	*55.1*	*42.7*	*32.8*	*24.7*
65 to 74 years	784,809	*15.3*	$67,050	*62.8*	*45.1*	*32.0*	*22.8*	*16.7*
75 years and over	677,288	*13.2*	$49,609	*49.7*	*33.5*	*23.0*	*16.2*	*11.8*

Income by age of householder

Households	Total households 5,132,112	%	Householders <25 yrs 191,296	%	Householders 25 - 34 yrs 765,718	%	Householders 35 - 44 yrs 883,387	%
under $10,000	291,303	*5.7*	35,154	*18.4*	48,149	*6.3*	40,252	*4.6*
$10,000 - 19,999	336,782	*6.6*	18,737	*9.8*	44,369	*5.8*	40,168	*4.5*
$20,000 - 29,999	403,906	*7.9*	20,582	*10.8*	59,409	*7.8*	51,078	*5.8*
$30,000 - 39,999	377,232	*7.4*	19,732	*10.3*	61,464	*8.0*	52,643	*6.0*
$40,000 - 49,999	370,664	*7.2*	16,809	*8.8*	62,999	*8.2*	55,482	*6.3*
$50,000 - 59,999	342,557	*6.7*	15,058	*7.9*	59,807	*7.8*	54,004	*6.1*
$60,000 - 74,999	470,781	*9.2*	17,641	*9.2*	83,938	*11.0*	77,627	*8.8*
$75,000 - 99,999	653,591	*12.7*	18,449	*9.6*	112,550	*14.7*	118,511	*13.4*
$100,000 - 124,999	499,177	*9.7*	10,603	*5.5*	79,746	*10.4*	101,146	*11.4*
$125,000 - 150,000	373,955	*7.3*	5,869	*3.1*	53,200	*6.9*	78,672	*8.9*
$150,000 - 199,999	451,902	*8.8*	5,958	*3.1*	52,441	*6.8*	97,116	*11.0*
$200,000 and over	560,262	*10.9*	6,704	*3.5*	47,646	*6.2*	116,688	*13.2*

Households	Householders 45 - 54 yrs 892,759	%	Householders 55 - 64 yrs 936,855	%	Householders 65 - 74 yrs 784,809	%	Householders 75+ yrs 677,288	%
under $10,000	42,203	*4.7*	52,306	*5.6*	35,243	*4.5*	37,996	*5.6*
$10,000 - 19,999	41,861	*4.7*	57,579	*6.1*	55,046	*7.0*	79,022	*11.7*
$20,000 - 29,999	49,879	*5.6*	61,640	*6.6*	69,972	*8.9*	91,346	*13.5*
$30,000 - 39,999	48,768	*5.5*	57,002	*6.1*	65,816	*8.4*	71,807	*10.6*
$40,000 - 49,999	51,197	*5.7*	57,856	*6.2*	65,775	*8.4*	60,546	*8.9*
$50,000 - 59,999	50,202	*5.6*	55,681	*5.9*	58,747	*7.5*	49,058	*7.2*
$60,000 - 74,999	72,577	*8.1*	78,269	*8.4*	79,889	*10.2*	60,840	*9.0*
$75,000 - 99,999	113,308	*12.7*	116,846	*12.5*	102,996	*13.1*	70,931	*10.5*
$100,000 - 124,999	97,027	*10.9*	92,153	*9.8*	72,566	*9.2*	45,936	*6.8*
$125,000 - 150,000	82,428	*9.2*	75,889	*8.1*	48,026	*6.1*	29,871	*4.4*
$150,000 - 199,999	105,766	*11.8*	96,937	*10.3*	59,019	*7.5*	34,665	*5.1*
$200,000 and over	137,543	*15.4*	134,697	*14.4*	71,714	*9.1*	45,270	*6.7*

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2022 Income by age of householder

ILLINOIS

Illinois
(State 17, IL)

Owner households	3,472,690	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	57,640	*1.7*	$63,734	*62.6*	*41.3*	*25.5*	*16.6*	*12.0*
25 to 34 years	367,486	*10.6*	$87,832	*79.4*	*61.1*	*42.4*	*28.2*	*18.7*
35 to 44 years	572,239	*16.5*	$112,882	*85.6*	*72.7*	*57.9*	*44.2*	*33.0*
45 to 54 years	640,782	*18.5*	$116,295	*84.8*	*72.5*	*58.9*	*46.2*	*35.1*
55 to 64 years	712,913	*20.5*	$101,694	*78.6*	*64.6*	*50.9*	*39.7*	*30.3*
65 to 74 years	616,373	*17.7*	$77,409	*70.2*	*51.9*	*37.2*	*26.8*	*19.8*
75 years and over	505,257	*14.5*	$56,774	*55.5*	*38.2*	*26.4*	*18.8*	*13.9*

Income by age of owner householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	3,472,690	%	57,640	%	367,486	%	572,239	%
under $10,000	86,754	*2.5*	4,790	*8.3*	8,169	*2.2*	9,447	*1.7*
$10,000 - 19,999	130,347	*3.8*	2,604	*4.5*	8,399	*2.3*	9,568	*1.7*
$20,000 - 29,999	197,124	*5.7*	4,042	*7.0*	15,596	*4.2*	16,813	*2.9*
$30,000 - 39,999	204,906	*5.9*	4,979	*8.6*	19,463	*5.3*	20,986	*3.7*
$40,000 - 49,999	218,368	*6.3*	5,115	*8.9*	23,981	*6.5*	25,380	*4.4*
$50,000 - 59,999	216,840	*6.2*	5,168	*9.0*	26,092	*7.1*	28,500	*5.0*
$60,000 - 74,999	315,735	*9.1*	7,145	*12.4*	41,251	*11.2*	45,411	*7.9*
$75,000 - 99,999	497,019	*14.3*	9,072	*15.7*	68,693	*18.7*	84,579	*14.8*
$100,000 - 124,999	400,261	*11.5*	5,152	*8.9*	52,220	*14.2*	78,807	*13.8*
$125,000 - 150,000	307,623	*8.9*	2,641	*4.6*	34,841	*9.5*	64,004	*11.2*
$150,000 - 199,999	400,904	*11.5*	3,413	*5.9*	38,062	*10.4*	85,711	*15.0*
$200,000 and over	496,809	*14.3*	3,519	*6.1*	30,719	*8.4*	103,033	*18.0*

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	640,782	%	712,913	%	616,373	%	505,257	%
under $10,000	12,404	*1.9*	19,782	*2.8*	13,870	*2.3*	18,292	*3.6*
$10,000 - 19,999	13,601	*2.1*	24,556	*3.4*	26,905	*4.4*	44,714	*8.8*
$20,000 - 29,999	20,368	*3.2*	33,776	*4.7*	44,601	*7.2*	61,928	*12.3*
$30,000 - 39,999	23,413	*3.7*	35,308	*5.0*	47,615	*7.7*	53,142	*10.5*
$40,000 - 49,999	27,703	*4.3*	38,881	*5.5*	50,575	*8.2*	46,733	*9.2*
$50,000 - 59,999	30,523	*4.8*	40,256	*5.6*	47,260	*7.7*	39,041	*7.7*
$60,000 - 74,999	47,962	*7.5*	59,550	*8.4*	65,941	*10.7*	48,475	*9.6*
$75,000 - 99,999	87,664	*13.7*	97,603	*13.7*	90,058	*14.6*	59,350	*11.7*
$100,000 - 124,999	80,786	*12.6*	80,019	*11.2*	64,608	*10.5*	38,669	*7.7*
$125,000 - 150,000	71,387	*11.1*	67,188	*9.4*	42,842	*7.0*	24,720	*4.9*
$150,000 - 199,999	97,602	*15.2*	90,487	*12.7*	55,046	*8.9*	30,583	*6.1*
$200,000 and over	127,369	*19.9*	125,507	*17.6*	67,052	*10.9*	39,610	*7.8*

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Illinois
(State 17, IL)

Renter households	1,659,422	%	Median income	Percent of households with income above... $50,000	$75,000	$100,000	$125,000	$150,000
Age of householder								
under 25 years	133,656	8.1	$32,437	33.0	17.8	10.8	6.7	4.3
25 to 34 years	398,232	24.0	$49,503	49.6	30.4	19.4	12.5	7.9
35 to 44 years	311,148	18.8	$49,295	49.4	30.9	19.9	12.8	8.1
45 to 54 years	251,977	15.2	$45,338	45.9	28.3	18.1	11.7	7.3
55 to 64 years	223,942	13.5	$38,397	40.1	24.9	16.3	10.9	7.0
65 to 74 years	168,436	10.2	$34,874	35.7	20.6	12.9	8.2	5.1
75 years and over	172,031	10.4	$31,180	32.6	19.6	12.9	8.7	5.7

Income by age of renter householder

	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
Households	1,659,422	%	133,656	%	398,232	%	311,148	%
under $10,000	204,549	12.3	30,364	22.7	39,980	10.0	30,805	9.9
$10,000 - 19,999	206,435	12.4	16,133	12.1	35,970	9.0	30,600	9.8
$20,000 - 29,999	206,782	12.5	16,540	12.4	43,813	11.0	34,265	11.0
$30,000 - 39,999	172,326	10.4	14,753	11.0	42,001	10.5	31,657	10.2
$40,000 - 49,999	152,296	9.2	11,694	8.7	39,018	9.8	30,102	9.7
$50,000 - 59,999	125,717	7.6	9,890	7.4	33,715	8.5	25,504	8.2
$60,000 - 74,999	155,046	9.3	10,496	7.9	42,687	10.7	32,216	10.4
$75,000 - 99,999	156,572	9.4	9,377	7.0	43,857	11.0	33,932	10.9
$100,000 - 124,999	98,916	6.0	5,451	4.1	27,526	6.9	22,339	7.2
$125,000 - 150,000	66,332	4.0	3,228	2.4	18,359	4.6	14,668	4.7
$150,000 - 199,999	50,998	3.1	2,545	1.9	14,379	3.6	11,405	3.7
$200,000 and over	63,453	3.8	3,185	2.4	16,927	4.3	13,655	4.4

	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
Households	251,977	%	223,942	%	168,436	%	172,031	%
under $10,000	29,799	11.8	32,524	14.5	21,373	12.7	19,704	11.5
$10,000 - 19,999	28,260	11.2	33,023	14.7	28,141	16.7	34,308	19.9
$20,000 - 29,999	29,511	11.7	27,864	12.4	25,371	15.1	29,418	17.1
$30,000 - 39,999	25,355	10.1	21,694	9.7	18,201	10.8	18,665	10.8
$40,000 - 49,999	23,494	9.3	18,975	8.5	15,200	9.0	13,813	8.0
$50,000 - 59,999	19,679	7.8	15,425	6.9	11,487	6.8	10,017	5.8
$60,000 - 74,999	24,615	9.8	18,719	8.4	13,948	8.3	12,365	7.2
$75,000 - 99,999	25,644	10.2	19,243	8.6	12,938	7.7	11,581	6.7
$100,000 - 124,999	16,241	6.4	12,134	5.4	7,958	4.7	7,267	4.2
$125,000 - 150,000	11,041	4.4	8,701	3.9	5,184	3.1	5,151	3.0
$150,000 - 199,999	8,164	3.2	6,450	2.9	3,973	2.4	4,082	2.4
$200,000 and over	10,174	4.0	9,190	4.1	4,662	2.8	5,660	3.3

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DeKALB COUNTY

IDPH Population by Age

FIPS	County	Age Group	Males_2015	Females_2015	Total_2015	Males_2020	Females_2020	Total_2020	Males_2025	Females_2025	Total_2025
37	DeKalb	0-4	3,444	3,307	6,751	4,137	3,973	8,110	4,129	3,965	8,094
37	DeKalb	5-9	3,428	3,277	6,705	3,500	3,380	6,880	4,194	4,043	8,237
37	DeKalb	10-14	3,406	3,186	6,592	3,437	3,292	6,729	3,522	3,406	6,929
37	DeKalb	15-19	5,439	5,702	11,142	5,477	5,695	11,172	5,420	5,668	11,087
37	DeKalb	20-24	6,545	6,260	12,805	6,907	6,766	13,673	6,722	6,563	13,285
37	DeKalb	25-29	6,687	6,450	13,137	4,907	4,621	9,528	5,365	5,230	10,595
37	DeKalb	30-34	4,069	3,791	7,860	6,415	6,335	12,750	4,716	4,564	9,280
37	DeKalb	35-39	3,336	3,073	6,408	4,065	3,729	7,794	6,395	6,271	12,666
37	DeKalb	40-44	2,990	2,969	5,958	3,392	3,108	6,500	4,114	3,762	7,876
37	DeKalb	45-49	3,008	2,877	5,884	2,995	2,909	5,904	3,397	3,066	6,463
37	DeKalb	50-54	3,116	3,240	6,356	2,898	2,794	5,692	2,907	2,847	5,754
37	DeKalb	55-59	2,934	2,969	5,903	2,913	3,097	6,011	2,735	2,690	5,425
37	DeKalb	60-64	2,476	2,527	5,003	2,733	2,778	5,512	2,737	2,930	5,667
37	DeKalb	65-69	1,922	1,998	3,920	2,243	2,358	4,601	2,507	2,613	5,120
37	DeKalb	70-74	1,269	1,511	2,780	1,678	1,823	3,500	1,986	2,161	4,146
37	DeKalb	75-79	848	1,071	1,919	1,038	1,301	2,339	1,384	1,576	2,960
37	DeKalb	80-84	614	828	1,441	645	833	1,478	785	1,019	1,804
37	DeKalb	85+	554	1,010	1,564	583	945	1,529	618	922	1,540
		Total	56,084	56,045	112,129	59,964	59,736	119,701	63,630	63,296	126,927
		0-64	50,877	49,627	100,504	53,777	52,476	106,253	56,351	55,005	111,356
		65-74	3,192	3,509	6,701	3,921	4,181	8,101	4,493	4,774	9,266
		75 Plus	2,015	2,909	4,924	2,267	3,079	5,346	2,787	3,517	6,304
		65 Plus	5,207	6,418	11,625	6,188	7,260	13,448	7,279	8,291	15,570

DeKALB COUNTY

IDPH Population by Age

FIPS	Age Group	Total_2015	Total_2020	Total_2025
37	0-4	6,751	8,110	8,094
37	5-9	6,705	6,880	8,237
37	10-14	6,592	6,729	6,929
37	15-19	11,142	11,172	11,087
37	20-24	12,805	13,673	13,285
37	25-29	13,137	9,528	10,595
37	30-34	7,860	12,750	9,280
37	35-39	6,408	7,794	12,666
37	40-44	5,958	6,500	7,876
37	45-49	5,884	5,904	6,463
37	50-54	6,356	5,692	5,754
37	55-59	5,903	6,011	5,425
37	60-64	5,003	5,512	5,667
37	65-69	3,920	4,601	5,120
37	70-74	2,780	3,500	4,146
37	75-79	1,919	2,339	2,960
37	80-84	1,441	1,478	1,804
37	85+	1,564	1,529	1,540
	Total	112,129	119,701	126,927
	0-64	100,504	106,253	111,356
	65-74	6,701	8,101	9,266
	75 Plus	4,924	5,346	6,304
	65 Plus	11,625	13,448	15,570

LEE COUNTY

IDPH Population by Age

FIPS	County	Age Group	Males_2015	Females_2015	Total_2015	Males_2020	Females_2020	Total_2020	Males_2025	Females_2025	Total_2025
103	Lee	0-4	919	874	1,793	971	923	1,893	953	906	1,859
103	Lee	5-9	1,089	1,055	2,144	937	955	1,892	989	995	1,984
103	Lee	10-14	982	1,033	2,016	1,065	1,052	2,117	921	956	1,877
103	Lee	15-19	981	1,003	1,984	935	976	1,911	1,032	1,006	2,038
103	Lee	20-24	1,254	1,000	2,254	1,000	883	1,883	971	877	1,848
103	Lee	25-29	1,345	879	2,223	1,466	1,000	2,466	1,203	886	2,089
103	Lee	30-34	1,291	924	2,215	1,467	891	2,358	1,583	1,012	2,596
103	Lee	35-39	1,315	941	2,256	1,326	963	2,288	1,488	926	2,414
103	Lee	40-44	1,300	912	2,211	1,378	945	2,323	1,381	968	2,349
103	Lee	45-49	1,373	1,117	2,490	1,281	891	2,173	1,356	929	2,285
103	Lee	50-54	1,587	1,287	2,874	1,317	1,088	2,405	1,227	872	2,099
103	Lee	55-59	1,498	1,358	2,855	1,493	1,265	2,758	1,238	1,075	2,313
103	Lee	60-64	1,314	1,175	2,489	1,453	1,293	2,746	1,451	1,211	2,662
103	Lee	65-69	999	1,001	2,000	1,145	1,087	2,232	1,282	1,204	2,486
103	Lee	70-74	711	676	1,386	861	878	1,739	994	963	1,957
103	Lee	75-79	512	562	1,074	571	559	1,130	699	738	1,437
103	Lee	80-84	389	456	845	394	459	853	441	457	899
103	Lee	85+	293	570	863	341	558	899	370	558	928
		Total	19,151	16,820	35,972	19,400	16,665	36,065	19,578	16,541	36,119
		0-64	16,248	13,556	29,804	16,088	13,124	29,212	15,792	12,620	28,412
		65-74	1,710	1,677	3,386	2,005	1,966	3,971	2,276	2,167	4,443
		75 Plus	1,194	1,588	2,781	1,307	1,575	2,882	1,510	1,754	3,264
		65 Plus	2,903	3,264	6,168	3,312	3,541	6,853	3,786	3,921	7,707

LEE COUNTY

IDPH Population by Age

FIPS	Age Group	Total_2015	Total_2020	Total_2025
103	0-4	1,793	1,893	1,859
103	5-9	2,144	1,892	1,984
103	10-14	2,016	2,117	1,877
103	15-19	1,984	1,911	2,038
103	20-24	2,254	1,883	1,848
103	25-29	2,223	2,466	2,089
103	30-34	2,215	2,358	2,596
103	35-39	2,256	2,288	2,414
103	40-44	2,211	2,323	2,349
103	45-49	2,490	2,173	2,285
103	50-54	2,874	2,405	2,099
103	55-59	2,855	2,758	2,313
103	60-64	2,489	2,746	2,662
103	65-69	2,000	2,232	2,486
103	70-74	1,386	1,739	1,957
103	75-79	1,074	1,130	1,437
103	80-84	845	853	899
103	85+	863	899	928
	Total	35,972	36,065	36,119
	0-64	29,804	29,212	28,412
	65-74	3,386	3,971	4,443
	75 Plus	2,781	2,882	3,264
	65 Plus	6,168	6,853	7,707

OGLE COUNTY

IDPH Population by Age

FIPS	County	Age Group	Males_2015	Females_2015	Total_2015	Males_2020	Females_2020	Total_2020	Males_2025	Females_2025	Total_2025
141	Ogle	0-4	1,405	1,361	2,765	1,545	1,497	3,042	1,590	1,540	3,130
141	Ogle	5-9	1,820	1,680	3,500	1,574	1,490	3,064	1,701	1,616	3,317
141	Ogle	10-14	1,875	1,948	3,823	1,927	1,801	3,728	1,673	1,600	3,273
141	Ogle	15-19	1,858	1,809	3,667	1,758	1,871	3,630	1,834	1,741	3,575
141	Ogle	20-24	1,658	1,510	3,168	1,509	1,494	3,003	1,462	1,605	3,067
141	Ogle	25-29	1,305	1,412	2,717	1,597	1,569	3,165	1,461	1,550	3,012
141	Ogle	30-34	1,401	1,321	2,723	1,332	1,412	2,745	1,627	1,576	3,203
141	Ogle	35-39	1,410	1,433	2,843	1,373	1,292	2,665	1,312	1,394	2,706
141	Ogle	40-44	1,603	1,593	3,195	1,398	1,404	2,802	1,368	1,272	2,639
141	Ogle	45-49	1,843	1,938	3,781	1,627	1,620	3,247	1,424	1,433	2,857
141	Ogle	50-54	2,202	2,234	4,436	1,864	1,974	3,838	1,651	1,657	3,308
141	Ogle	55-59	2,112	2,094	4,206	2,158	2,208	4,366	1,833	1,958	3,791
141	Ogle	60-64	1,796	1,777	3,573	2,034	2,067	4,101	2,086	2,181	4,267
141	Ogle	65-69	1,416	1,525	2,940	1,706	1,723	3,429	1,936	2,005	3,941
141	Ogle	70-74	1,132	1,209	2,341	1,293	1,434	2,727	1,562	1,627	3,189
141	Dgle	75-79	826	909	1,735	981	1,094	2,074	1,122	1,296	2,418
141	Ogle	80-84	510	675	1,185	645	768	1,414	767	922	1,689
141	Ogle	85+	454	733	1,187	506	770	1,276	610	844	1,455
		Total	26,624	27,163	53,787	26,829	27,489	54,317	27,019	27,818	54,837
		0-64	22,287	22,112	44,399	21,697	21,700	43,397	21,023	21,124	42,146
		65-74	2,547	2,734	5,281	2,999	3,157	6,156	3,498	3,632	7,129
		75 Plus	1,790	2,317	4,107	2,132	2,632	4,765	2,499	3,063	5,561
		65 Plus	4,337	5,051	9,388	5,131	5,789	10,920	5,996	6,694	12,691

OGLE COUNTY

IDPH Population by Age

FIPS	Age Group	Total_2015	Total_2020	Total_2025
141	0-4	2,765	3,042	3,130
141	5-9	3,500	3,064	3,317
141	10-14	3,823	3,728	3,273
141	15-19	3,667	3,630	3,575
141	20-24	3,168	3,003	3,067
141	25-29	2,717	3,165	3,012
141	30-34	2,723	2,745	3,203
141	35-39	2,843	2,665	2,706
141	40-44	3,195	2,802	2,639
141	45-49	3,781	3,247	2,857
141	50-54	4,436	3,838	3,308
141	55-59	4,206	4,366	3,791
141	60-64	3,573	4,101	4,267
141	65-69	2,940	3,429	3,941
141	70-74	2,341	2,727	3,189
141	75-79	1,735	2,074	2,418
141	80-84	1,185	1,414	1,689
141	85+	1,187	1,276	1,455
	Total	53,787	54,317	54,837
	0-64	44,399	43,397	42,146
	65-74	5,281	6,156	7,129
	75 Plus	4,107	4,765	5,561
	65 Plus	9,388	10,920	12,691

Manor Court of Rochelle
20-Mile Radius Facilities
Size and Age

FACID	FACNAME	ADDRESS	CITY	2015 PROFILE DATA: # of Licensed Nursing Beds	2015 MEDICARE/MEDICAID COST REPORT DATA: Building GSF	GSF per Bed	Year Constructed	NOTE	BLDG Age
6014872	Bethany Hlth Care & Rehab Ctr.	3298 Resource Parkway	Dekalb	90	37,083	412.0	1997		20
6015630	Dekalb County Rehab & Nursing	2600 N. Annie Glidden Road	Dekalb	190	81,992	431.5	2000		17
6003305	Franklin Grove Nursing Center (1)	502 N. State St	Franklin Grove	121	48,667	402.2	1982	oldest date per Inventory	35
6006514	Neighbors Rehab Ctr (2)	811 W 2nd St	Byron	101	34,195	338.6	1971		46
6006738	Oak Crest/Dekalb (3)	2944 Greenwood Acres Drive	Dekalb	73	no cost report filed		1982	oldest date per Inventory	35
6009989	Oregon Healthcare Center (4)	811 South 10th Street	Oregon	104	19,900	191.3	1982	oldest date on Cost Report	35
6007413	Pine Acres Care Center (5)	1212 South Second Street	Dekalb	119	37,295	313.4	1968		49
6007447	Pinecrest Manor	414 South Wesley Avenue	Mount Morris	125	79,970	639.8	1963		54
6008502	Prairie Crossing Living & Rehabilitation (6)	4 South Sequoya St	Shabbona	91	19,645	215.9	1982	oldest date per Inventory	35
6008098	Rochelle Gardens Care Center (7)	1021 North Caron Road	Rochelle	74	18,863	254.9	1982	oldest date per Inventory	35
6008106	Rochelle Rehab & Health Center (8)	900 North 3rd Street	Rochelle	50	14,800	296.0	1982	oldest date per Inventory	35
				1,138		349.6	1981		36.00
						Aaverage			Avg.
6008098	Rochelle Gardens Care Center (7)	1021 North Caron Road	Rochelle	74	18,863	254.9	1982	oldest date per Inventory	35
6008106	Rochelle Rehab & Health Center (8)	900 North 3rd Street	Rochelle	50	14,800	296.0	1982	oldest date per Inventory	35
				124	33,663	271.5			

(1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
(2) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
(3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
(4) 2015 profile name: Dregon Living & Rehab Center
(5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
(6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
(7) formerly Rochelle Manor (1984 Inventory)
(8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
Microsoft MapPoint 2009

FOR HFS USE

LL1

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.

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

I. IDPH License ID Number: 0048934

Facility Name: Bethany Rehabilitation & Health Care Center

Address: 3298 Resource Parkway (Number) Dekalb (City) 60115 (Zip Code)

County: Dekalb

Telephone Number: (815) 756-5526 Fax # (815) 756-6399

HFS ID Number:

Date of Initial License for Current Owners: 1/28/1998

Type of Ownership:

- [ ] VOLUNTARY,NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [X] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [X] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 282-6300
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 01/01/15 to 12/31/15 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)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) Marcum, LLP
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax # (847) 282-6301

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

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number Bethany Rehabilitation & Health Care Center # 0048934 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	90	Skilled (SNF)	90	32,850	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	90	TOTALS	90	32,850	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	13,571	4,072	9,623	27,266	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,571	4,072	9,623	27,266	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.00%

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)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 01/28/1998

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 01/28/1998 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 90 and days of care provided 6,634

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* All facilities other than governmental must report on the accrual basis.

ATTACHMENT-10F

Facility Name & ID Number Bethany Rehabilitation & Health Care Center # 0048934 Report Period Beginning: 01/01/15 Ending: 12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,053 B. General Construction Type: Exterior Brick Frame Block 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. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (c) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which It Is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1997	$ 303,889	1
2	Allocated from Columbia 7611, LLC			4,670	2
3	TOTALS		[redacted]	$ 308,559	3

Facility Name & ID Number Bethany Rehabilitation & Health Care Center # 0048934 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	90	[redacted]	1997	1997	$ 3,353,760	$ 123,888	40	$ 83,844	$ (40,044)	$ 1,622,624	4
5		[redacted]	1997	1997	41,145						5
6		[redacted]	1997	1997	2,534						6
7		[redacted]									7
8		[redacted]									8
[redacted]	Improvement Type**										
9	Various			2009	6,929		28	246	246	4,000	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

ATTACHMENT-10F

Facility Name & ID Number Bethany Rehabilitation & Health Care Center # 0048934 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,957,178	$ 141,416		$ 110,338	$ (31,078)	$ 1,807,565	1
2	200 Hall Renovations- Part 1	2012	157,384		20	11,206	11,206	54,552	2
3	Settlement Reduction	2012	(9,354)		20				3
4	100 Hall Bathing Rms/Shower - Flooring, Tile Base, Grab Bars, Fa	2013	36,925		20	1,972	1,972	5,915	4
5	Soft Water Conditioner	2014	7,732		20	387	387	773	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,149,865	$ 141,416		$ 123,903	$ (17,514)	$ 1,868,806	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Bethany Rehabilitation & Health Care Center # 0048934 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		$	$		$	$	$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10	Various	1998	3,084		20	154	154	2,777	10
11	Various	1999	16,507		20	825	825	14,031	11
12	Various	2000	6,556		20	328	328	5,245	12
13	Various	2001	14,405		20	720	720	10,804	13
14	Various	2002	4,551		20	228	228	3,186	14
15	Various	2003	15,479		20	774	774	10,061	15
16	Various	2004	13,069		20	653	653	7,841	16
17	Various	2006	2,715		20	136	136	1,358	17
18	Various	2008	9,620		20	481	481	3,848	18
19	Air Conditioner Diplomart	2010	5,058		20	253	253	1,517	19
20	Door Closers	2010	7,700		20	385	385	2,310	20
21	Wireless Infrastructure And Wiring	2010	19,709		20	985	985	2,913	21
22	Call light system	2011	14,439		20	622	622	3,108	22
23	200 Hall Renovations- Part 2	2012	364,493		20	18,225	18,225	72,899	23
24	Roof Top Unit	2014	8,258		20	412	412	824	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 503,616	$		$ 24,681	$ 24,681	$ 142,721	34

**Improvement type must be detailed in order for the cost report to be considered complete.

ATTACHMENT-10F

Facility Name & IB Number Bethany Rehabilitation & Health Care Center # 0848934 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		$	$		$	$	$	1
2	Buildings:								2
3	Allocated from Columbia 7611, LLC	1939	48,382	1,607	35	1,154	(453)	31,152	3
4	Allocated from Columbia 7611, LLC	1948	4,626	184	35	132	(52)	3,432	4
5	Allocated from Columbia 7611, LLC	1991	610	24	35	17	(7)	436	5
6									6
7									7
8	Leasehold Improvement:								8
9	Allocated from Columbia 7611, LLC	1989	22		20			22	9
10	Allocated from Columbia 7611, LLC	1994	115	4	20		(4)	115	10
11	Allocated from Columbia 7611, LLC	1995	178	6	20		(6)	178	11
12	Allocated from Columbia 7611, LLC	1996	331	6	20	17	11	331	12
13	Allocated from Columbia 7611, LLC	2003	128	4	20	6	2	94	13
14	Allocated from Columbia 7611, LLC	2006	625		20	31	31	313	14
15	Allocated from Columbia 7611, LLC	2008	987	32	20	49	17	395	15
16	Allocated from Columbia 7611, LLC	2011	274	9	20	14	5	69	16
17									17
18	Allocated from LTC Services LLC	2001	71		20	4	4	53	18
19	Allocated from LTC Services LLC	2002	66		20	3	3	46	19
20									20
21	Allocated from Walnut Creek Management	2006	1,753		20	88	88	876	21
22	Allocated from Walnut Creek Management	2007	42		20	2	2	19	22
23	Allocated from Walnut Creek Management	2014	990	121	20	50	(71)	99	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 51,194	$ 1,997		$ 1,567	$ (450)	$ 37,628	34

**Improvement type must be detailed in order for the cost report to be considered complete.

ATTACHMENT-10F

FOR DHF USE						

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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: 0044321

Facility Name: DeKalb County Rehab & Nrsing

Address: 2600 N Annie Glidden (Number) DeKalb (City) 60115 (Zip Code)

County: DeKalb

Telephone Number: (815) 758-2477 Fax # (815) 217-0451

HFS ID Number: _

Date of Initial License for Current Owners: 7/15/54

Type of Ownership:

- [ ] VOLUNTARY,NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code _____
- [ ] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other _____
- [X] GOVERNMENTAL
  - [ ] State
  - [X] County
  - [ ] Other _____

In the event there are further questions about this report, please contact:
Name: Amanda Swinehart Telephone Number: (314) 925-3838
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 01/01/2015 to 12/31/2015 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) _____
	(Title) _____
Paid Preparer	(Signed) _____ (Date)
	(Print Name and Title) _____
	(Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
	(Telephone) (847) 517-7070 Fax #(847) 517-7047

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
202 S. Grand Avenue Ext
Springfield, IL 62763-0001 Phone # (217) 782-1630

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number DeKalb County Rehab & Nrsing # 0044321 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	190	Skilled (SNF)	190	69,350	1
3		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
d		Intermediate/DD			d
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	190	TOTALS	190	69,350	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	1,077	276	9,568	10,921	8
9	SNF/PED					9
10	ICF	35,342	15,391		50,733	10
11	ICF/DD					11
12	SC					12
13	OD 16 OR LESS					13
14	TOTALS	36,419	15,667	9,568	61,654	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.90%

D. How many bed-hold days during this year were paid by the Department? N/A (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)
Outpatient Therapy

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 [X] NO [ ] Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 13) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 03/05/2008

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 190 and days of care provided 9,568

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [X]

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

Facility Name & ID Number DeKalb County Rehab & Nrsing # 0044321 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 81,992 B. General Construction Type: Exterior Brick & Vinyl Frame Wood & Metal Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (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 [ ] (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

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	Resident Care	243,845	1998	$ 83,998	1
2					2
3	TOTALS	243,845		$ 83,998	3

Facility Name & ID Number DeKalb County Rehab & Nrsing # 0044321 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life In Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	190	[redacted]	2000	2000	$ 10,887,894	$ 435,516	25	$ 435,516	$	$ 6,895,669	4
5			2000	2000	117,663	4,707	25	4,707		74,527	5
6											6
7											7
8											8
	Improvement Type**										
9	Construction Cap. Kpl cost - new building 39/04		1999		12,393		10 to 20			12,393	9
10	Construction Cap. Kpl cost - new building 39/04		2000		18,553	654	15 to 25	654		8,478	10
11	Cap. Kpl. Costs - new building store 39/00		2000		37,957	2,297	10 to 25	2,297		35,746	11
12	Maint. Building see loc. Letter and OHF rpt 6/16/01		2000		109,759	5,488	20	5,488		86,893	12
13	Electric,Annunciator elect repair,post cool dry wall		2001		21,941	838	5 to 24	838		15,085	13
14	Hall gate,workstation,swing door gaskets, & concrete		2001		63,596	4,238	15 to 20	4,238		67,815	14
15	Dual repair dumpster,sink,kitchen steel kitchen		2002		10,421	485	5 to 25	485		9,854	15
16	Employee entrance & courtyard landscaping		2003		11,355		10			11,355	16
17	Locks on doors, stainless steel walls dietary,lat lights		2004		30,177		4 to 15			30,177	17
18	Maint. Maintains, replace fire system, fire hose, compressor		2005		24,617		5 to 20			24,617	18
19	Architect,construction,painting,programming, demolitio exh		2005		399,323	29,700	20	29,700		299,477	19
20	Mirror,painting,replace concrete CVS,replace 29 sprinklers		2006		10,916	969	5 to 18	969		9,116	20
21	Replace 2 doors, self magnets, install magnets & smoke detectors		2006		15,815	1,002	5	1,002		9,282	21
22	Painting in dining room		2007		7,840		5			7,840	22
23	Replace 440v/NF Switch		2007		4,847	373	13	373		3,394	23
24	New Phone System		2007		22,000	2,200	10	2,200		17,966	24
25	New Phone System (Final)		2007		50,589	5,059	10	5,059		40,893	25
26	Steel Doors		2008		3,250	185	20	185		1,262	26
27	Fencing		2008		21,179	1,412	15	1,412		10,097	27
28	Magnetic Grts		2009		2,887	288	10	288		1,919	28
29	Upgrade controls		2009		7,994	799	10	799		5,600	29
30	Wood wrap on Front Columns		2009		6,948	463	15	463		3,095	30
31	Repair Dietary Floor		2009		7,200	398	18	398		2,608	31
32	New Door by laundry		2009		3,063	353	15	353		2,357	32
33	New Canopy in CVS		2009		3,063	204	15	204		1,344	33
34	New Concrete around building		2009		15,996	1,066	15	1,066		6,840	34
35											35
36											36

*Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

ATTACHMENT-10F

Facility Name & ID Number DeKalb County Rehab & Nrsing # 0044321 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	HD Swing Operator w/ control	2011	$ 2,841	$ 284	10	$ 284	$	$ 1,278	37
38	Replace Fire Rys Controller	2011	3,601	300	12	300		1,350	38
39									39
40	Exit Devices @ CVS Von Duprin	2012	3,651	183	10	183		732	40
41	Exit Devices @ Bldg A Von Duprin	2012	3,651	183	10	183		732	41
42	New Freezer Compressor	2012	5,271	264	10	264		1,056	42
43	Rebuilt series 10 pumps #1,#2,#3	2012	5,062	253	10	253		1,012	43
44	Resurfacing Parking Lot	2012	122,272	7,642	8	7,642		30,568	44
45	Gazebo Improvements - Foundation	2012	7,250	967	3.75	967		3,868	45
46									46
47	14x24 Garage Wood-demolition	2013	5,870	391	15	391		391	47
48	Replace Module in Fireye Boiler	2013	5,844	584	10	584		1,656	48
49	Rebuild Hot Water Pump in Service	2013	3,755	376	10	376		1,054	49
50	Replace HW Valve on Air Handler	2013	3,661	366	10	366		1,037	50
51	Insulation Work On Trane 300 Ton	2013	3,201	213	15	213		535	51
52	Repair Lochinvar Boilers	2013	5,153	429	12	429		1,858	52
53	Replace Parts for 300 Ton Chillers	2013	3,865	258	15	258		601	53
54	Replace Pneumatic motor and Switch	2013	4,328	361	12	361		751	54
55	Remodel Admin office for 2 persons	2013	4,500	450	10	450		938	55
56	Hot water Pump #2 Bearing assembly	2013	4,791	479	10	479		1,038	56
57									57
58	Consolidation of Potentiometer & Switch in Boiler	2014	3,360	336	10	336		600	58
59	Repair to sprinkler system	2014	3,837	320	12	320		639	59
60	Replace Expansion Valves on Chiller	2014	4,486	299	15	299		524	60
61	Replace boiler #1	2014	4,631	463	10	463		810	61
62	Generator control panel & primer pump	2014	15,502	1,292	12	1,292		2,153	62
63	Replace condenser Fan motor on chiller	2014	4,264	284	15	284		474	63
64	Freezer door in kitchen	2014	4,717	629	7.5	629		733	64
65									65
66	New concrete sidewalk	2015	3,500	175	15	175		175	66
67	Replace Fusible Switch in Main	2015	2,585	188	10	188		188	67
68	Rebuild Chilled Water Pump #1	2015	6,336	460	10	460		460	68
69	Replace 3 motors due to short	2015	3,349	239	10	239		239	69
70	TOTAL (lines 4 thru 69)		$ 12,116,158	$ 517,329		$ 517,329	$	$ 7,745,685	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number DeKalb County Rehab & Nrsing # 0044321 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 12,116,158	$ 517,329		$ 517,329	$	$ 7,745,685	1
2	Replaced Belted pressure switch	2015	12,922	574	15	574		574	2
3	Hot water line building A&B	2015	5,437	323	9.8	323		323	3
4	Replace Oil Pressure Switches	2015	3,936	109	15	109		109	4
5									5
6									6
7									7
8	Adjustment to Financial Statements			10,571			(10,571)		8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,138,453	$ 528,906		$ 518,335	$ (10,571)	$ 7,746,691	34

**Improvement type must be detailed in order for the cost report to be considered complete

ATTACHMENT-10F

FOR DHF USE

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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: 0051599

Facility Name: Franklin Grove Living & Rehab

Address: 502 North State St (Number) Franklin Grove (City) 61031 (Zip Code)

County: Lee

Telephone Number: (815) 456-2374 Fax # (815) 456-2250

HFS ID Number:

Date of Initial License for Current Owners: 9/1/11

Type of Ownership:

- [ ] VOLUNTARY,NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [X] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [X] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Amanda Sarinthorn Telephone Number: (314) 925-3930
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 01/01/2015 to 12/31/2015 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) (Title)

Paid Preparer: (Signed) (Date) (Print Name and Title) (Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173 (Telephone) (847) 517-7070 Fax ((847) 517-7067

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

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Franklin Grove Living & Rehab # 0051599 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	70	Skilled (SNF)	70	25,550	1
2		Skilled Pediatric (SNF/PED)			2
3	51	Intermediate (ICF)	51	18,615	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	121	TOTALS	121	44,165	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	245	754	3,714	4,713	8
9	SNF/PED					9
10	ICF	12,594	14,076	2,116	27,786	10
11	ICF/DD					11
12	SC					12
13	OD 16 OR LESS					13
14	TOTALS	13,339	14,830	4,830	32,999	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.72%

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) None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES [X] NO [ ] Note: Non-allowable costs have been eliminated in Schedule Y, Column 7.

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 9/1/11

J. Was the facility purchased or leased after January 1, 1978? YES [X] Date 9/1/11 NO [ ]

K. Was the facility certified for Medicare during the reporting year? YES [X] NO [ ] If YES, enter number of beds certified 70 and days of care provided 2,714

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

Facility Name & ID Number Franklin Grove Lving & Rehab # 0051599 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 48,667 B. General Construction Type: Exterior Brick Frame Concrete & Steel Number of Stories One

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 [ ] (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

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: N/A 2. Number of Years Over Which It is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	Resident Care		1991	$ 36,205	1
2					2
3	TOTALS			$ 36,205	3

Facility Name & ID Number Franklin Grove Lving & Rehab # 0051599 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life In Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	121	[redacted]	1991		$ 1,334,101	$	31.5	$ 42,352	$ 42,352	$ 1,837,631	4
5											5
6	Mgmt. Allo	[redacted]	1995		26,018		39	743	743	15,354	6
7											7
8											8
	Improvement Type**										
9	Various			1991	6,392		20			6,392	9
10	Various			1992	29,415		20			29,415	10
11	Various			1993	47,511		20			47,511	11
12	Various			1994	17,652		20			17,652	12
13	Various			1995	10,869		20	215	215	10,869	13
14	Various			1997	55,791		20	2,790	2,790	53,337	14
15	Various			1998	87,964		20	4,398	4,398	74,125	15
16	Various			1999	24,115		20	1,206	1,206	19,818	16
17	Retrofit Chassis			2000	2,321		20	116	116	1,740	17
18	Water Main Line			2001	3,294		20	165	165	2,431	18
19	Walk In Freezer			2001	8,947		20	447	447	6,447	19
20	Wiring To Kitchen			2001	12,250		20	613	613	9,038	20
21	Kitchen Labor			2001	3,163		20	158	158	2,239	21
22	Kitchen Labor			2001	1,532		20	77	77	1,087	22
23	Carpeting			2002	16,211		5			16,211	23
24	Bathroom and Tub			2002	3,700		10			3,700	24
25	Bath			2002	7,972		10			7,972	25
26	Glass Blocks			2002	1,649		10			1,649	26
27	Voice Alarm			2003	940		20	47	47	563	27
28	Code Alert			2003	3887		20	194	194	2,589	28
29	Magnetic Door Holders			2003	1,653		20	83	83	1,158	29
30	Air Conditioners			2003	4,244		20	212	212	2,969	30
31	Tub & Lift			2003	8,738		20	437	437	6,162	31
32	3 Air Conditioners			2003	478		20	24	24	335	32
33	Boiler Repair			2003	1,683		20	84	84	1,086	33
34	Shower - Glass, Bars			2003	550		20	28	28	358	34
35	Carpet			2003	599		20	30	30	347	35
36	Gutters & Down Spouts			2003	10,755		20	538		6,815	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

ATTACHMENT-10F

STATE OF ILLINOIS

Page 12B

Facility Name & ID Number Franklin Grove Lvlng & Rehab # 0051599 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,091,478	$		$ 72,813	$ 72,813	$ 1,542,437	1
2	South Porch Remodel	2008	4,175		20	209	209	1,566	2
3	Wallpaper & Installation	2008	8,467		20	423	423	3,174	3
4	Steel studs & drywall on outside walls, retrim windows, and	2006	101,179		20	5,059	5,059	37,942	4
5	extend electrical boxes in 36 rooms								5
6	Gas Water heater	2008	4,398		20	220	220	1,650	6
7	Painting	2008	9,395		20	470	470	3,523	7
8	Replace Boiler Sections	2008	12,164		20	608	608	4,562	8
9	Vinyl Flooring	2008	83,058		20	4,153	4,153	31,147	9
10	Landscaping	2008	14,896		15	993	993	7,448	10
11	New Sprinkler System	2009	155,270		20	7,764	7,764	38,446	11
12	New Water Line for Sprinkler System	2009	14,936		20	747	747	4,855	12
13	Fire Alarm Interface-Sprinkler System	2009	3,000		20	150	150	975	13
14	Laminate Flooring	2009	2,946		20	147	147	956	14
15	Remove parking lots	2010	36,093		20	1,805	1,805	9,924	15
16	Replace concrete for front sidewalk	2010	4,653		20	233	233	1,280	16
17	Water heater	2010	8,047		20	402	402	2,211	17
18	Remodel Kitchen: Install Wall Cabinets, Flooring,	2011	25,348		20	1,267	1,267	5,701	18
19	- Countertops, Backsplash & Drywalls								19
20	Remodel Laundry Room: Install Wall Panels, Plumbing,	2011	11,100		20	555	555	2,498	20
21	- Tiles/Flooring, Shelving and Cabinets								21
22	Dining Room Floor	2011	9,658		20	483	483	2,173	22
23	Carpet & Installation	2011	3,705		20	185	185	833	23
24	Front Entrance Soffit	2011	2,100		20	105	105	473	24
25	Parking lot Seal coating	2011	8,400		20	560	560	2,333	25
26									26
27	Drywall Rooms & Ceilings (Rooms: 407, 501, 502, 504, 505 & 515)	2012	6,865	250	20	343	93	1,215	27
28	Drywall Rooms & Ceilings (Rooms: 409, 501, 502, 504, 505 & 515)	2012	3,433	125	20	172	47	545	28
29	Hot Water Tank: Boiler Room off the 100 Hall	2012	7,914	288	20	396	108	1,551	29
30	FGA: Rosers Driveway	2012	10,000		15	667	667	2,333	30
31									31
32	Grab Bars in Bathrooms	2013	2,589	94	10	259	165	647	32
33	2 PTAC Units	2013	2,508		10	251	251	627	33
34	TOTAL (lines 1 thru 33)		$ 2,647,776	$ 757		$ 101,438	$ 100,681	$ 1,745,146	34

**Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Page 12C

Facility Name & ID Number Franklin Grove Lvlng & Rehab # 0051599 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 2,647,776	$ 757		$ 101,438	$ 100,681	$ 1,745,146	1
2	Water Heater - services 400 & 500 Hall	2014	3,250		15	217	217	325	2
3	Telephone System Upgrade - Throughout Entire Facility	2014	15,316		10	1,532	1,532	2,298	3
4									4
5	Storm Drain and Drainage	2015	13,109	6,935	20	330	(6,605)	330	5
6	Installing new cabling for 6 rooms	2015	6,054	6	20	101	95	101	6
7	Installing surveillance camera system throughout the building	2015	27,195	27,195	5	2,719	(24,476)	2,719	7
8	Seal Coating parking lot for the entire parking	2015	4,428		20	111	111	111	8
9	Installing soft water system throughout the building	2015	3,482		5	348	348	348	9
10									10
11									11
12									12
13	Allocated from SW Financial Services Co. - Leasehold Improvemen	1995	2,912					2,912	13
14	Allocated from SW Financial Services Co. - Leasehold Improvemen	1996	485			24	24	474	14
15	Allocated from SW Financial Services Co. - Leasehold Improvemen	1997	562			1	1	562	15
16	Allocated from SW Financial Services Co. - Leasehold Improvemen	1998	481			24	24	427	16
17	Allocated from SW Financial Services Co. - Leasehold Improvemen	1999	1,334			67	67	1,073	17
18	Allocated from SW Financial Services Co. - Leasehold Improvemen	2005	2,761			138	138	1,449	18
19	Allocated from SW Financial Services Co. - Leasehold Improvemen	2007	1,563			78	78	664	19
20	Allocated from SW Financial Services Co. - Leasehold Improvemen	2009	3,263			163	163	1,060	20
21	Allocated from SW Financial Services Co. - Leasehold Improvemen	2013	1,742			87	87	218	21
22	Allocated from SW Financial Services Co. - Leasehold Improvemen	2014	1,757			88	88	132	22
23	Allocated from SW Financial Services Co. - Leasehold Improvemen	2015	341			12	12	12	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,735,923	$ 34,893		$ 107,478	$ 72,585	$ 1,769,341	34

**Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

FOR DHF USE						

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 710 ILCS 15/1 ET SEQ. 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: 0049973

Facility Name: Neighbors Rehabilitation Center

Address: 811 West Second (Number) Byron (City) 61010 (Zip Code)

County: Ogle

Telephone Number: (815) 234-2511 Fax # (815) 234-3116

HFS ID Number:

Date of Initial License for Current Owners: 7/10/2008

Type of Ownership:

- [ ] VOLUNTARY,NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [X] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [X] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 282-6300
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 01/01/15 to 12/31/15 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) (Title)

Paid Preparer: (Signed) (Date) (Print Name and Title) (Firm Name & Address) Mercum, LLP 111 Pfingsten Road, Suite 300 Deerfield, IL 60015 (Telephone) (847) 282-6300 Fax #(847) 282-6391

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

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	101	Skilled (SNF)	101	36,865	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	101	TOTALS	101	36,865	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	2 Private Pay	4 Other	5 Total	
8	SNF	18,940	3,277	4,403	26,620	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,940	3,277	4,403	26,620	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.21%

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) None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES [ ] NO [X]

I. On what date did you start providing long term care at this location? Date started 06/22/2008

J. Was the facility purchased or leased after January 1, 1978? YES [X] Date 06/01/2008 NO [ ]

K. Was the facility certified for Medicare during the reporting year? YES [X] NO [ ] If YES, enter number of beds certified 101 and days of care provided 3,173

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

* All facilities other than governmental must report on the accrual basis.

ATTACHMENT-10F

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/15 Ending: 12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,195 B. General Construction Type: Exterior Brick Frame Concrete 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. [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).
Physical Therapy Room for non-residents. Applicable costs have been adjusted out on Page 5A.

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	Facility		2008	$ 170,000	1
2					2
3	TOTALS	-		$ 170,000	3

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Item*	FOR DHF 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	101	[redacted]	2008	1971	$ 2,175,000	$ 80,171	39	$ 55,769	$ (24,402)	$ 422,915	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2008	30,221		20	1,511	1,511	18,903	9
10	Various			2009	31,966		20	1,771	1,771	11,988	10
11	Various			2010	29,530		20	2,826	2,826	14,674	11
12	Various			2011	266,251		20	14,333	14,333	65,541	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

ATTACHMENT-10F

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,710,833	$ 121,931		$ 83,241	$ (38,690)	$ 569,225	1
2	Generator Transfer Switch	2012	4,728		20	236	236	944	2
3	Wiring For Emergency Receptacles	2012	3,075		20	154	154	560	3
4	Generator	2012	72,600		20	3,630	3,630	12,100	4
5	Condensing Unit	2012	2,625		20	131	131	405	5
6	Anti Freeze Loop Sprinkler	2013	3,397		20	170	170	510	6
7	Hvac Roof-Top Units	2013	9,471		20	474	474	1,184	7
8	Door Holders And Alarm Devices	2013	2,653		20	133	133	321	8
9	Security System	2013	5,796		20	290	290	627	9
10	Seal Coating & Asphalt Repairs	2013	3,778		20	189	189	488	10
11	Plumbing Backflow Device	2013	2,716		20	136	136	407	11
12	10 Air Conditioners	2013	5,525		20	276	276	737	12
13	Drainage Tile Installation & Gutter Repair	2013	2,627		20	131	131	317	13
14	Backflow Device	2014	3,198		20	160	160	320	14
15	Parking Lot Paving.	2014	14,321		20	716	716	1,193	15
16	Doors	2014	2,549		20	127	127	223	16
17	Boiler Repair - New Valve, Pump, And Burner Assembly	2015	3,401		20	170	170	170	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,860,479	$ 121,931		$ 90,363	$ (31,548)	$ 589,671	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		$	$		$	$	$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Drywall / Hallways 100 & 400	2014	44,753		20	2,238	2,238	4,475	9
10	Drywall / Hallways 200 & 300	2015	43,790	1,639	20	2,185	546	2,185	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 88,451	$ 1,639		$ 4,423	$ 2,784	$ 6,660	34

**Improvement type must be detailed in order for the cost report to be considered complete.

ATTACHMENT-10F

STATE OF ILLINOIS

Page 12(1)

Facility Name & ID Number Neighbors Rehabilitation Center # 0045913 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs (including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Rent. Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		$	$		$	$	$	1
2	Buildings:								2
3	Alloc. - S.J.R. Management	2009	16,442	473	20	473		2,957	3
4	Alloc. - S.J.R. Properties - S.J.R. Management	1993	16,696	530	20	477	530	10,733	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Alloc. - S.J.R. Management	1993	4,233	111	20		(118)	4,233	9
10	Alloc. - S.J.R. Management	1994	13		20			13	10
11	Alloc. - S.J.R. Management	1995	97		20	3	3	97	11
12	Alloc. - S.J.R. Management	1997	6,384	146	20	317	171	6,078	12
13	Alloc. - S.J.R. Management	1999	511		20	26	26	415	13
14	Alloc. - S.J.R. Management	2000	664		20	30	30	469	14
15	Alloc. - S.J.R. Management	2002	1,540		20	93	93	795	15
16	Alloc. - S.J.R. Management	2004	5,347	535	20	337	(198)	2,844	16
17	Alloc. - S.J.R. Management	2005	13,246	721	20	544	543	4,148	17
18	Alloc. - S.J.R. Management	2011	329	33	20	33		145	18
19	Alloc. - S.J.R. Management	2012	1,052	53	20	53		180	19
20	Alloc. - S.J.R. Management	2014	148	15	20	7	(8)	12	20
21	Alloc. - S.J.R. Management	2012	1,023	77	20	4	(68)	18	21
22	Alloc. - S.J.R. Properties - S.J.R. Management	2010	1,088		20	50	50	299	22
23	Alloc. - S.J.R. Properties - S.J.R. Management	2009	1,083	45	20	50	5	341	23
24	Alloc. - S.J.R. Properties - S.J.R. Management	2007	297	6	20	15	9	132	24
25	Alloc. - S.J.R. Properties - S.J.R. Management	2002	66		20	3	3	45	25
26	Alloc. - S.J.R. Properties - S.J.R. Management	1999	2,116		20	106	106	1,745	26
27	Alloc. - S.J.R. Properties - S.J.R. Management	1998	1,011		20	51	51	895	27
28	Alloc. - S.J.R. Properties - S.J.R. Management	1997	63		20	3	3	60	28
29	Alloc. - S.J.R. Properties - S.J.R. Management	1994	159	4	20		(4)	159	29
30	Alloc. - S.J.R. Properties - S.J.R. Management	1993	271	1	20		(1)	271	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 76,214	$ 2,152		$ 2,799	$ 647	$ 36,748	34

**Improvement type must be detailed in order for the cost report to be considered complete.

ATTACHMENT-10F

FOR BHF USE

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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: 0051607

Facility Name: Oregon Living & Rehab Center

Address: 811 South 10th St (Number) Oregon (City) 61061 (Zip Code)

County: Ogle

Telephone Number: (815) 732-7994 Fax # (815) 732-3165

HFS ID Number:

Date of Initial License for Current Owners: 9/1/11

Type of Ownership:

- [ ] VOLUNTARY NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [X] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [X] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Amanda Surburburn Telephone Number: (314) 925-3838
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 01/01/2015 to 12/31/2015 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)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

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

HFS 3745 (N-4-99) IL476-2471

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Oregon Living & Rehab Center # 0051607 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	104	Skilled (SNF)	104	37,960	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	104	TOTALS	104	37,960	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	2,708	73	1,515	4,296	8
9	SNF/PED					9
10	ICF	14,166	5,225	1,181	20,572	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,874	5,298	2,696	24,868	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.51%

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)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Note: Non-allowable costs have been eliminated in Schedule V, Column 1.

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 9/1/11

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 9/1/11 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 20 and days of care provided 1,515

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL476-2471

ATTACHMENT-10F

Facility Name & ID Number Oregon Living & Rehab Center # 0051607 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 19,900 B. General Construction Type: Exterior Brick Frame Steel Number of Stories One

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. [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

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: N/A 2. Number of Years Over Which It is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	Resident Care	130,880	1992	$ 50,000	1
2					2
3	TOTALS	130,880		$ 50,000	3

Facility Name & ID Number Oregon Living & Rehab Center # 0051607 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life In Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	164	[redacted]	1992	1992	$ 1,008,280	$	40	$ 25,222	$ 25,222	$ 601,124	4
5											5
6	SW Manage	[redacted]	1995		22,363		39	639	639	13,197	6
7											7
8											8
	Improvement Type**										
9	Various			1997	8,160		20			8,160	9
10	Various			1993	26,517		20			26,517	10
11	Various			1994	5,324		20			5,324	11
12	Various			1995	3,450		20	72	72	3,450	12
13	Various			1996	2,042		20	102	102	1,947	13
14	Various			1997	2,880		20	144	144	2,676	14
15	Various			1998	65,055		20	3,253	3,253	59,079	15
16	Various			1999	36,054		20	1,803	1,803	30,275	16
17											17
18	Model 18Kpa Code AM			2001	1,189		20	59	59	856	18
19	Generator Repair			2001	1,018		20	51	51	733	19
20	Motor			2001	783		20	39	39	573	20
21	Glass Thermo Unit			2001	860		20	43	43	629	21
22	Install Board			2001	816		20	41	41	586	22
23	Gas Controller			2001	739		20	37	37	527	23
24	Clutch & Output Brd			2001	1,134		20	57	57	811	24
25	Vinyl Flooring			2001	917		20	46	46	601	25
26											26
27	Air Conditioners			2002	1,470		20	74	74	1,179	27
28	Air Conditioners			2002	1,366		20	68	68	1,035	28
29	Wall Replaced			2002	5,000		20	250	250	3,396	29
30											30
31	Roof Exhaust Fan			2003	3,128		10			3,128	31
32	Condenser with - In Freezer			2003	3,193		7			3,193	32
33	Radiator			2003	3,473		10			3,473	33
34	Hot Water Repair			2003	1,610		20	81	81	995	34
35											35
36											36

*Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

ATTACHMENT-10F

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Oregon Living & Rehab Center # 0051607 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Nurses Station	2004	$ 15,850	$	20	$ 793	$ 793	$ 9,115	37
38	Counter tops	2004	4,668		20	233	233	2,683	38
39	Nurses Station	2004	1,298		20	65	65	743	39
40	Bath	2004	7,500		20	375	375	4,313	40
41									41
42	Flooring	2005	3,703		20	185	185	1,944	42
43	Fire Alarm System	2005	1,932		10	97	97	1,016	43
44	Wandguard	2005	1,632		10	82	82	1,632	44
45	Air Conditioners	2005	1,008		10	50	50	1,008	45
46									46
47	Vertical Rods with Panic Bars	2006	3,036		20	152	152	1,443	47
48	Smoke Stop-Attic	2006	1,140		20	57	57	542	48
49	Sidewalks	2006	5,104		20	255	255	2,424	49
50	Air Conditioners	2006	5,430		20	272	272	2,581	50
51	Sprinkler System	2006	62,467		20	3,123	3,123	29,671	51
52	Damper Switches - Sprinkler Systems	2006	1,585		20	75	75	715	52
53									53
54	Walk-In Freezer Condensing Unit	2007	4,016		20	301	301	2,556	54
55	Remodel Bathrooms	2009	14,939		20	747	747	4,852	55
56	Glue down carpet	2009	3,287		20	164	164	1,067	56
57									57
58	Rooftop A/C Unit	2010	13,256		20	663	663	3,645	58
59	Patio & Sidewalk	2010	3,575		20	179	179	983	59
60									60
61	Flooring	2011	18,785		20	939	939	4,226	61
62	Kitchen Flooring	2011	4,139		20	207	207	931	62
63	12 Ton Roof Top HVAC unit	2011	16,250		20	813	813	3,657	63
64	Sidewalk & Driveway	2011	5,550		20	278	278	1,250	64
65	Parking lot seal coating	2011	3,850		10	385	385	1,187	65
66									66
67	Dining Room Flooring	2012	12,629	459	10	1,263	804	3,736	67
68	Install Columns and Rails - Front Porch	2012	7,280	262	10	728	458	1,980	68
69	Parking Lot Lights	2012	10,225	393	10	511	118	1,789	69
70	TOTAL (lines 4 thru 69)		$ 1,441,438	$ 1,114		$ 45,862	$ 43,548	$ 863,259	70

**Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Page 12B

Facility Name & ID Number Oregon Living & Rehab Center # 0051607 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 1,441,438	$ 1,114		$ 45,862	$ 43,548	$ 863,259	1
2									2
3	New Steel Door in Kitchen	2013	4,300	154	10	430	274	1,075	3
4	Water Heater	2013	4,928	179	10	493	314	1,232	4
5	Install 6" drain tile	2013	3,000	109	10	300	191	750	5
6									6
7	Water Conditioner-Entire Facility	2014	6,787		20	339	339	565	7
8	Upgrade Nurse Call System-Entire Facility	2014	4,563		10	456	456	532	8
9	Rooftop HVAC	2014	24,033		20	1,203	1,203	1,404	9
10									10
11	Rebuilding shower rooms with new tiles, sinks, fixtures, faucets in 100 North and 100 South	2015	25,844		20	646	646	646	11
12									12
13	Replacing front doors (ADA compliance) and facility sign in front of building	2015	48,118		20	1,005	1,005	1,005	13
14									14
15	Installing surveillance camera system throughout the building	2015	14,508		5	1,451	1,451	1,451	15
16	Upgrading gas line and meter	2015	3,792		20	94	94	94	16
17	Seal Coating parking lots for the entire parking	2015	4,748		20	184	184	184	17
18	Replacing roof in the garage	2015	4,300		20	128	128	128	18
19	Upgrade call lights from pull to push buttons in all resident rooms	2015	4,828		5	483	483	448	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,587,167	$ 1,558		$ 52,185	$ 50,627	$ 872,485	34

**Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

STATE OF ILLINOIS

Page 12C

Facility Name & ID Number Oregon Living & Rehab Center # 0051607 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life In Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 1,587,167	$ 1,358		$ 52,185	$ 54,627	$ 872,605	1
2									2
3	Allocated from SW Financial Services Co. - Leasehold Improvemen	1995	2,583		28			2,583	3
4	Allocated from SW Financial Services Co. - Leasehold Improvemen	1996	417		29	21	21	408	4
5	Allocated from SW Financial Services Co. - Leasehold Improvemen	1997	483		20	1	1	483	5
6	Allocated from SW Financial Services Co. - Leasehold Improvemen	1998	413		20	21	21	387	6
7	Allocated from SW Financial Services Co. - Leasehold Improvemen	1999	1,147		20	57	57	922	7
8	Allocated from SW Financial Services Co. - Leasehold Improvemen	2005	2,373		20	119	119	2,246	8
9	Allocated from SW Financial Services Co. - Leasehold Improvemen	2007	1,343		20	67	67	571	9
10	Allocated from SW Financial Services Co. - Leasehold Improvemen	2009	2,804		20	140	140	913	10
11	Allocated from SW Financial Services Co. - Leasehold Improvemen	2013	1,497		20	75	75	187	11
12	Allocated from SW Financial Services Co. - Leasehold Improvemen	2014	1,510		20	76	76	113	12
13	Allocated from SW Financial Services Co. - Leasehold Improvemen	2015	310		20	10	10	10	13
14									14
15	Adjust to Financial Statements			193			(193)		15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,601,967	$ 1,551		$ 52,772	$ 51,021	$ 886,406	34

**Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

FOR BHF USE

LL7

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE:
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-301. 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: 0047720

Facility Name: Pine Acres Rehab & Living Ctr

Address: 1212 South Second St (Number) DeKalb (City) 60115 (Zip Code)

County: DeKalb

Telephone Number: (815) 758-8151 Fax # (815) 758-6832

HFS ID Number:

Date of Initial License for Current Owners: 02/01/2006

Type of Ownership:

- [ ] YOLUNTARY,NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [X] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [X] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Amanda Springhorn Telephone Number: (314) 925-3838
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 01/01/2015 to 12/31/2015 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) (Title)

Paid Preparer: (Signed) (Date) (Print Name and Title) (Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 580, Schaumburg, IL 60173 (Telephone) (847) 517-7070 Fax # (847) 517-7067

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

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Pine Acres Rehab & Living Ctr # 0047720 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	119	Skilled (SNF)	119	43,435	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	119	TOTALS	119	43,435	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Sources of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	16,864	9,866	6,023	32,753	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,864	9,866	6,023	32,753	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.41%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 12) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location? Date started 2/1/06

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 2/1/06 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 119 and days of care provided 4,160

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: 12/31/15 Fiscal Year: 12/31/15

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

Facility Name & ID Number Pine Acres Rehab & Living Ctr # 0047720 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,295 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 [ ] (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

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: N/A 2. Number of Years Over Which It Is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	Resident Use	126,760	1966	$ 196,341	1
2					2
3	TOTALS	126,760		$ 196,341	3

Facility Name & ID Number Pine Acres Rehab & Living Ctr # 0047720 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	119	[redacted]	2006	1960	$ 1,736,851	$	40	$ 43,401	$ 43,401	$ 430,394	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	2 Ton Rooftop system			2007	4,562	456	10	456		3,876	9
10	Replace Roof Cable			2008	2,624	263	10	263		1,972	10
11	Replace Fan Motors			2008	3,443	344	10	344		2,580	11
12	Replace Unit Heater			2008	3,938	394	10	394		2,955	12
13	Replace Doors			2008	2,694	270	10	270		2,025	13
14	Move Electrical Box			2008	6,932	693	10	693		5,197	14
15	Sidewalk			2009	6,312	316	10	631	315	4,102	15
16	Retrofit Mechanical Room with Sprinklers			2009	2,800	140	10	280	140	1,820	16
17	Security Alarm for Front Doors			2009	4,644	232	10	464	232	2,018	17
18	Telephone System			2009	37,765	1,888	10	3,777	1,889	24,560	18
19	Telephone System Addition			2009	13,143	657	10	1,314	657	8,541	19
20	Fence			2009	5,708	285	10	571	286	3,711	20
21	Renovation & New Construction			2009	2,443,769		40	61,094	61,094	397,111	21
22	Architect Fees			2009	122,583		40	3,063	3,063	19,909	22
23	Demolition of Old House			2009	41,210		40	1,030	1,030	6,695	23
24	Carpet, Flooring & Wallcovering			2009	175,473		40	4,387	4,387	28,515	24
25	Construction Period Interest			2009	108,345		40	2,709	2,709	17,608	25
26	North Dining Room & Corridor Remodel			2009	101,743		40	2,544	2,544	16,536	26
27	Architect Fees			2009	102,207		40	2,555	2,555	16,608	27
28	Drew Rit Construction & Architect Fees			2009	13,159		40	329	329	2,139	28
29	Drew Rit			2009	354,544		40	8,864	8,864	25,116	29
30	Doors & Hardware			2009	13,257		40	331	331	2,152	30
31	Panic Hardware			2009	3,730		40	93	93	605	31
32	Old House			2009	173,313		40	4,333	4,333	28,164	32
33	Ice Cube Machine (Expensed for Medicaid purposes)			2009		92			(92)		33
34	Telephone System Addition			2010	6,277	157	40	157		863	34
35	Satellite TV Installation			2010	8,250	825	10	825		4,538	35
36	A/C Unit Replacement (North Dining Room)			2010	10,000	1,000	10	1,000		5,500	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

ATTACHMENT-10F

Facility Name & ID Number Pine Acres Rehab & Living Ctr # 0047720 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life In Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Piping and Wiring (outside lights)	2016	$ 2,896	$ 72	40	$ 72	$	$ 396	37
38									38
39	Water Heater	2011	7,442	496	15	496		2,232	39
40	Rooftop A/C replacement	2011	5,721	286	20	286		1,287	40
41	Replace 19 window cranks	2011	3,419	488	7	488		2,197	41
42									42
43	Set Up Wireless Access	2012	4,919	492	10	492		1,722	43
44	Kitchen HVAC Unit	2012	6,507	651	10	651		2,277	44
45									45
46	Hot water heater-Monarch wing	2013	7,270	727	10	727		1,818	46
47	North Wing Renovation								47
48	- Sprinkler System	2013	32,800		27.5	1,193	1,193	2,982	48
49	- Permits and architect fees	2013	32,244		27.5	1,173	1,173	2,931	49
50	- Remove North wing A/C unit and relocate the new AC unit	2013	58,088		27.5	2,112	2,112	5,281	50
51	and correctings fixs to initial installation								51
52	- Nurse call system	2013	18,243		27.5	663	663	1,658	52
53	- Update phone wiring and speakers	2013	8,243		10	824	824	2,061	53
54	- Bathrooms, carpentry, plumbing, electrical, paint	2013	273,666		27.5	9,951	9,951	24,879	54
55									55
56	Pave & sealcoat parking lots	2013	7,500	750	10	750		1,875	56
57	Mixing Valve	2013	6,200	620	10	620		1,550	57
58	New Vanity in resident room 146	2013	3,100	310	10	310		775	58
59									59
60	10 Ton Rooftop A/C	2014	4,017	402	10	402		603	60
61									61
62	Roof repair, Remove shingles and reroofl	2015	14,694	735	10	735		735	62
63	Replace Compressor for Walk-in Freezer	2015	5,313	266	10	266		266	63
64	Service and Replace Transfer Switch in Electrical Room	2015	7,945	397	10	397		397	64
65									65
66	To adjust to financial statement depreciation			12,825			(12,825)		66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,518,649	$ 27,529		$ 163,701	$ 136,252	$ 1,124,720	70

**Improvement type must be detailed in order for the cost report to be considered complete

ATTACHMENT-10F

FOR HFS USE					

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (CONT REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING COLLECTION OF INFORMATION THAT IS NECESSARY TO COMPLY WITH THE STATUTORY PURPOSE AS OUTLINED IN 20 CFR 435.920. DIRECT COLLECTION OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION IN A TIMELY FASHION MAY RESULT IN CHANGES IN PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER

I. IDPH License ID Number: 0012745

Facility Name: Pinecrest Manor

Address: 414 South Wesley Ave (Number) Mount Morris (City) 61054 (Zip Code)

County: Ogle

Telephone Number: (815) 734-4103 Fax # (815) 734-2133

HFS ID Number:

Date of Initial License for Current Owners: 6/21/1963

Type of Ownership:

[X] VOLUNTARY NON-PROFIT
- [X] Charitable Corp.
- [ ] Trust

IRS Exemption Code: 501(c)(3)

[ ] PROPRIETARY
- [ ] Individual
- [ ] Partnership
- [ ] Corporation
- [ ] "Sub-S" Corp.
- [ ] Limited Liability Co.
- [ ] Trust
- [ ] Other

[ ] GOVERNMENTAL
- [ ] State
- [ ] County
- [ ] Other

In the event there are further questions about this report, please contact:
Name: Amanda Steinbarn Telephone Number: (314) 925-3838
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 07/01/2014 to 06/30/2015 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)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

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

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Pinecrest Manor # 0012745 Report Period Beginning: 07/01/2014 Ending: 06/30/2015

III. STATISTICAL DATA

A. Licensure/certification levels (of care): enter number of beds/bed days. (must agree with licensed. 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	57	Skilled (SNF)	57	20,805	1
2		Skilled Pediatric (SNF/PED)			2
3	68	Intermediate (ICF)	68	24,824	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	125	TOTALS	125	45,625	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	7,068	4,624	3,415	15,108	8
9	SNF/PED					9
10	ICF	9,194	15,265		24,459	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,263	19,889	3,415	39,567	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.72%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section O.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or items not directly related to patient care?
YES [X] NO [ ]
Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 11) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 6/27/63

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 57 and days of care provided 2,595

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: 06/30/15 Fiscal Year: 06/30/15

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 79,970 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (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 [ ] (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, unit number of beds/units as suitable (where applicable).

Pinecrest Village-Retirement Community
Congregate living units-48 units-66,413 square feet
Independent living units-9 units-13,879 square feet

F. Does this cost report reflect any organization or pre-operation costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which It Is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	Resident Cars	443,848	1899	$ 20,624	1
2					2
3	TOTALS	443,848		$ 20,624	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-(including Fixed Equipment. (See Instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BRIEFNESS 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	128	[illegible]	1963	1963	$ 1,248,321	$	50	$	$	$ 1,248,321	4
5		[illegible]	1964	1964	13,648		50	168	168	13,648	5
6		[illegible]	1965	1965	400		50	8	8	396	6
7		[illegible]	1963	1963	67,883		5-10			67,883	7
8		[illegible]	1987	1987	43,345		5-10			43,345	8
		Improvement Type**									
9		Building Improvements		1965	5,475		30			5,475	9
10		Building Improvements		1969	3,231		15-45	25	25	3,231	10
11		Building Improvements		1971	9,871		5-42			9,871	11
12		Building Improvements		1972	4,539		30			4,539	12
13		Building Improvements		1973	567		5			567	13
14		Building Improvements		1974	136,481	2,021	5-30	2,021		108,836	14
15		Building Improvements		1975	17,918		10-15			17,918	15
16		Building Improvements		1976	22,485		5-30			22,485	16
17		Building Improvements		1977	12,309		10			12,309	17
18		Building Improvements		1978	1,354		5-10			1,354	18
19		Building Improvements		1979	10,815		7			10,815	19
20		Building Improvements		1980	6,121		5			6,121	20
21		Building Improvements		1981	8,640		10			8,640	21
22		Building Improvements		1982	54,832		5-10			54,832	22
23		Building Improvements		1983	85,749		5-10			85,749	23
24		Building Improvements		1984	74,218		5-10			74,218	24
25		Building Improvements		1985	28,402		5-10			28,402	25
26		Building Improvements		1986	53,789		5			53,789	26
27		Garage		1981	11,992		10			11,992	27
28		Brethren - Home		1972	19,500		25			19,500	28
29		Brethren - Renovations		1980	40,698		25			40,698	29
30		Brethren - Insulation		1981	2,149		10			2,149	30
31		Brethren - Garage		1984	10,692		10			10,692	31
32		Brethren - Bulk Remodel		1986	1,296		5			1,296	32
33		Brethren - Garage Improvement		1980	2,095		14			2,095	33
34		Energy Management		1985	3,180		10			3,180	34
35		Building (18 Beds)		1999	2,780,122	69,503	40	69,503		1,120,856	35
36		Carpeting		1989	805		10			805	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

ATTACHMENT-10F

Facility Name & ID Number Pinecrest Manor

STATE OF ILLINOIS

0012765 Report Period Beginning: 07/01/2014 Ending: 06/30/2015

Page 12D

XI. OWNERSHIP COSTS (continued)

D. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,745,570	$ 195,969		$ 193,345	$ (2,624)	$ 5,017,156	1
2	West doctor's station renovation	2005	1,206	60	20	60		570	2
3	East lounge renovation	2006	14,837	732	20	732		6,954	3
4	Removal of tile floor	2005	705	35	20	35		333	4
5	Parking lot expansion	2006	53,249	2,662	20	2,662		25,289	5
6	Heat lamps and dryers	2006	877	44	20	44		418	6
7	Alarms	2006	1,930	97	20	97		914	7
8	Top jam mounted closer aluminum	2006	1,058	53	20	53		503	8
9									9
10	12 Vertech Radio VHF-160VC	2006	5,000		5			5,000	10
11	Seal Coat - Parking Lot	2006	6,101		5			6,101	11
12	Install Roof System - - Wings 1 & 6	2006	88,180	4,409	20	4,409		37,477	12
13									13
14	Compressor	2009	7,077	354	10	706	354	4,601	14
15	Ejector Pump	2008	10,826	541	10	1,082	541	6,513	15
16									16
17	Emalaer Lounge Renovation-flooring, cabinetry and electrical	2009	8,612	430	20	430		2,795	17
18	Fire Alarm Upgrade	2009	5,858	293	20	293		2,204	18
19	Courtyard Project	2009	23,995	2,329	10	2,399	70	15,594	19
20	Sidewalk Entrance Lighting	2009	21,975	1,099	20	1,099		7,143	20
21									21
22	Wing 5 Roof	2010	39,535	2,636	15	2,636		12,748	22
23	Water Heater	2011	6,895	690	10	690		3,017	23
24	Sprinkler System	2011	269,895	17,966	15	17,966		77,853	24
25									25
26	Canopy-Pinecrest Terrace Courtyard	2011	2,800	283	3	850	567	3,480	26
27	Lighting Change throughout Manor-nursing home area	2011	6,309	630	10	630		2,205	27
28	Lighting upgrade throughout Manor-nursing home area	2011	5,248	524	10	524		1,834	28
29	Sidewalk removal & replacement	2012	6,511	651	10	651		1,979	29
30	Smoke Detector	2012	2,750	275	10	275		943	30
31	Boiler Repair	2012	5,180	518	10	518		2,013	31
32	AC/RTU Switch and Sensor	2012	2,900	290	10	290		1,015	32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,368,161	$ 233,725		$ 232,593	$ (1,131)	$ 5,047,374	34

**Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99)

IL478-2471

Facility Name & ID Number Pinecrest Manor

STATE OF ILLINOIS

0012765 Report Period Beginning: 07/01/2014 Ending: 06/30/2015

Page 12E

XI. OWNERSHIP COSTS (continued)

D. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 10,368,161	$ 233,725		$ 232,593	$ (1,131)	$ 5,047,374	1
2	Mechanical Room-A.O. Smith BTR-275A Water Heater	2012	8,262	826	10	826		1,652	2
3									3
4	Begin repair & new asphalt surfacing, Manor Wesley entrance	2013	10,000	2,000	5	2,000	(0)	3,000	4
5	Annunciator for Fire Alarm System in Front office	2014	3,021	604	5	1,807	197	1,412	5
6	& Accelerator added to sprinkler system								6
7	Hot Water Project	2014	124,764	8,318	15	8,318	(1)	12,477	7
8	Terrace wagon units & console sleeve system	2014	5,008	1,002	5	1,002	0	1,503	8
9	Repair/replace heat exchange/thermostat in dining room	2014	2,577		15	172	172	258	9
10	Removal of asbestos in boiler room	2014	6,740		15	450	450	675	10
11									11
12	Water Softener in mechanical room	2014	35,604	1,250	10	750	(500)	750	12
13	Sewer Ejection System, Sewer Mixer throughout facility	2015	22,422	187	10	1,122	935	1,122	13
14									14
15									15
16	To Renewable in 15			(12,932)			12,932		16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,565,961	$ 235,287		$ 248,240	$ 12,953	$ 5,078,223	34

**Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99)

IL478-2471

ATTACHMENT-10F

FOR BHF USE

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 770 ILCS 45/5-20d. 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: 0052126

Facility Name: Prairie Crossing Lvg & Rehab

Address: 499 W Comanche Ave (Number) Shabbona (City) 60550 (Zip Code)

County: DeKalb

Telephone Number: (815) 824-2194 Fax # (815) 824-2188

HFS ID Number:

Date of Initial License for Current Owners: 12/1/12

Type of Ownership:

- [ ] VOLUNTARY NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [X] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [X] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Amanda Sprinthorn Telephone Number: (314) 925-3838
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 01/01/2015 to 12/31/2015 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)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

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

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number Prairie Crossing Lvg & Rehab # 0052126 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	91	Skilled (SNF)	91	33,215	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	91	TOTALS	91	33,215	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		356	1,542	1,898	8
9	SNF/PED					9
10	ICF	14,648	4,317	2,618	21,575	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,448	4,673	4,152	23,273	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.07%

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)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-core assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 12/01/12

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 12/01/12 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 91 and days of care provided 1,542

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

Facility Name & ID Number Prairie Crossing Lvg & Rehab # 0052126 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 19,645 B. General Construction Type: Exterior Brick Frame Concrete Number of Stories One

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 [ ] (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

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: N/A 2. Number of Years Over Which It is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	Resident Care		1994	$ 50,000	1
2					2
3	TOTALS		[redacted]	$ 50,000	3

Facility Name & ID Number Prairie Crossing Lvg & Rehab # 0052126 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

D. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	91	[redacted]	1994		$ 2,643,587	$	39	$ 67,784	$ 67,784	$ 1,454,613	4
5											5
6	Mgmt. Allo	[redacted]	1995		19,547		39	559	559	11,548	6
7											7
8											8
[redacted]	Improvement Type**										
9	Various			1989	2,454		20			2,454	9
10	Various			1998	65,810		20			65,810	10
11	Various			1991	28,536		20			28,536	11
12	Various			1992	5,466		10			5,466	12
13	Various			1993	13,848		20			13,848	13
14	Various			1994	39,334		20			39,334	14
15	Various			1995	13,479		20			13,479	15
16	Various			1996	11,533		20			11,533	16
17	Various			1997	18,996		20	950	950	17,861	17
18	Various			1998	141,664		20	7,821	7,821	125,595	18
19	Various			1999	2,415		20	121	121	2,016	19
20	Air Handler			2000	1,158		10			1,158	20
21	Air Handler			2000	1,870		10			1,870	21
22	Air Handler			2000	1,900		10			1,900	22
23	Driveway			2001	3,040		20	152	152	2,188	23
24	Nurses Call System			2001	2,745		10			2,745	24
25	Air Handler			2001	1,358		10			1,358	25
26	Security System			2001	1,507		10			1,507	26
27	Telephone System			2001	1,928		10			1,928	27
28	Heating and Cooling System			2002	1,078		20	54	54	732	28
29	Drapes			2003	1,528		10			1,528	29
30	Sidewalk Repair			2003	1,250		20	63	63	784	30
31	Wallpaper - North Dining Hall			2004	3,007		20	150	150	1,727	31
32	Air Handlers			2005	6,393		20	320	320	3,350	32
33	Windows, fascia and gutters & aversine downspouts			2005	44,785		20	2,239	2,239	31,911	33
34	Security control panel			2005	688		20	34	34	358	34
35	Patio & Fountain			2006	18,666		20	933	933	8,265	35
36	Fence			2006	2,008		20	100		951	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

ATTACHMENT-10F

Facility Name & ID Number Prairie Crossing Lvg & Rehab # 0052126 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	3 Glass Doors	2006	$ 1,824	$	10	$ 183	$ 183	$ 1,737	37
38	Fire Alarm System	2006	5,392		20	270	270	2,564	38
39	Asphalt	2006	4,200		20	210	210	1,995	39
40	Landscaping	2006	99,698		20	4,985	4,985	47,357	40
41	Kitchen Air Conditioners	2007	5,193		20	260	260	2,189	41
42	Roof	2008	21,179		20	1,059	1,059	7,942	42
43	Kitchen Remodel-Repair & Replace W Wall, Plumbing, New	2009	16,034		20	802	802	6,015	43
44	Hand Sink, Replace Flooring Tiles								44
45	Hot Water Heater	2009	7,800		20	390	390	2,535	45
46									46
47	Renovate Parking Lots	2010	6,798		20	340	340	1,870	47
48	Seal-coat Parking Lots	2010	2,610		20	131	131	720	48
49	Resealing Walks & Walkways	2010	14,190		20	756	756	4,361	49
50	Replanting Trees	2010	10,119		20	506	506	2,781	50
51	Remove and replace sidewalks	2011	17,384		20	869	869	3,043	51
52	Install cabinets for nurse's station	2011	19,000		20	950	950	4,275	52
53	Install Arctic Heat Detector	2011	4,427		20	222	222	999	53
54	Plank Flooring	2011	46,744		20	2,338	2,338	10,521	54
55	Install fire dampers	2011	6,468		20	334	334	1,503	55
56	Install 4 ton Air Handler and 4 ton condenser	2011	15,694		20	784	784	3,528	56
57	Install 16 bathroom radiant exhaust fans	2011	7,000		20	350	350	1,575	57
58									58
59	Repair Plumbing	2013	4,115	150	40	103	(47)	257	59
60	New Water Line	2013	34,800	1,236	40	870	(366)	2,175	60
61	Sprinkler System	2013	134,367	4,959	40	3,359	(1,550)	8,523	61
62									62
63	75 Gallon Hot Water Heater	2014	4,502	164	40		(164)		63
64	Drain Tile Work	2014	5,600	238	40	42	(196)	83	64
65									65
66	Installed Steel Sleeve and New Concrete Floor	2015	3,911	77	20	98	23	98	66
67	Removed and replace sidewalk	2015	19,230	13,384	20	481	(12,823)	481	67
68	Repair block wall, tuckpointing and grace	2015	7,050		20	176	176	176	68
69	Laundry Chute Improvements - Sprinklers and vent for dryer	2015	2,930	58	20	73	15	73	69
70	TOTAL (lines 4 thru 69)		$ 3,648,841	$ 20,186		$ 102,291	$ 82,105	$ 1,968,466	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Prairie Crossing Lvg & Rehab # 0052126 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Toilet from Page 11A, Carried Forward		$ 3,648,841	$ 20,186		$ 102,291	$ 82,105	$ 1,968,466	1
2									2
3	Install dryer vents and gas pipes for dryer	2015	3,324	75	20	81	8	81	3
4	Replace electric hot water heater with gas water heater	2015	13,450	142	20	336	194	336	4
5	Install 24" catch basin, grate, and drain pipe	2015	1,975	1,507	20	74	(1,433)	74	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13	Allocated from SW Financial Services Co. - Leasehold Improvements	1995	2,190					2,190	13
14	Allocated from SW Financial Services Co. - Leasehold Improvements	1996	365			18	18	365	14
15	Allocated from SW Financial Services Co. - Leasehold Improvements	1997	423			1	1	423	15
16	Allocated from SW Financial Services Co. - Leasehold Improvements	1998	361			18	18	321	16
17	Allocated from SW Financial Services Co. - Leasehold Improvements	1999	1,004			50	50	897	17
18	Allocated from SW Financial Services Co. - Leasehold Improvements	2005	2,078			104	104	1,078	18
19	Allocated from SW Financial Services Co. - Leasehold Improvements	2007	1,175			59	59	588	19
20	Allocated from SW Financial Services Co. - Leasehold Improvements	2009	2,454			123	123	798	20
21	Allocated from SW Financial Services Co. - Leasehold Improvements	2013	1,310			66	66	164	21
22	Allocated from SW Financial Services Co. - Leasehold Improvements	2014	1,321			66	66	99	22
23	Allocated from SW Financial Services Co. - Leasehold Improvements	2015	275			9	9	9	23
24									24
25									25
26									26
27	To tie to financial statements			87			(87)		27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,673,420	$ 21,995		$ 103,296	$ 81,301	$ 1,975,715	34

**Improvement type must be detailed in order for the cost report to be considered complete

ATTACHMENT-10F

FOR HHF USE					

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45-1-208. 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: 0050617

Facility Name: Rochelle Gardens Care Ctr

Address: 1021 Caron Road (Number) Rochelle (City) 61068 (Zip Code)

County: Ogle

Telephone Number: (815) 562-4847 Fax # (815) 562-6689

HFS ID Number:

Date of Initial License for Current Owners: 10/31/2006

Type of Ownership:

[ ] VOLUNTARY NON-PROFIT
- [ ] Charitable Corp.
- [ ] Trust

IRS Exemption Code

[X] PROPRIETARY
- [ ] Individual
- [ ] Partnership
- [ ] Corporation
- [ ] "Sub-S" Corp.
- [X] Limited Liability Co.
- [ ] Trust
- [ ] Other

[ ] GOVERNMENTAL
- [ ] State
- [ ] County
- [ ] Other

In the event there are further questions about this report, please contact:
Name: Mike Kacher Telephone Number: (309)689-5850
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 1/1/2015 to 12/31/2015 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) Mark H. Petersen
(Title) Chief Executive Officer

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Rochelle Gardens Care Ctr # 0050617 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	68	Skilled (SNF)	68	24,820	1
2		Skilled Pediatric (SNF/PED)			2
3	6	Intermediate (ICF)	6	2,190	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	74	TOTALS	74	27,010	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	19,763	465	415	20,643	8
9	SNF/PED					9
10	ICF	1,344			1,344	10
11	ICF/DB					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,107	465	415	21,987	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.40%

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)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or items not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-core assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 10/31/2006

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 10/31/2006 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 68 and days of care provided 415

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: 12/31/2015 Fiscal Year: 12/31/2015

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

Facility Name & ID Number Rochelle Gardens Care Ctr # 0050617 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 18,863 B. General Construction Type: Exterior Brick Frame Concrete Block Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (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 [ ] (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).

N/A

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: 561,304 2. Number of Years Over Which it is Being Amortized: 11
3. Current Period Amortization: 16,268 4. Dates Incurred: 2013-2014

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	Facility	105,000	2006	$ 60,000	1
2					2
3	TOTALS	105,000		$ 60,000	3

Facility Name & ID Number Rochelle Gardens Care Ctr # 0050617 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BIF 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	74	[redacted]	2006		$ 1,532,000	$	30	$ 51,067	$ 51,067	$ 485,136	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9		Fire System		2006	2,215		15	148	148	1,406	9
10		Exterior Sign		2007	4,138		15	275	275	2,338	10
11		Draperies		2007	2,537		10	254	254	2,159	11
12		Painting of Dining Room, Entry Halls, Office Walls, Ceilings		2007	1,225		15	82	82	697	12
13		Landscaping		2007	518		15	35	35	297	13
14		Painting of Resident Rooms, Bathrooms, Hallways, and Doors		2007	5,700		15	380	380	3,230	14
15		Painting of C-Wing		2007	2,930		15	195	195	1,658	15
16		Carpet for Resident Rooms		2007	21,781		15	1,447	1,447	12,299	16
17		Installation of Tile in Main Hall		2007	6,876		15	458	458	3,893	17
18		Wallpaper for Central Area of Nursing Home		2007	1,985		15	132	132	1,123	18
19		Landscaping		2007	3,854		15	257	257	2,184	19
20		Sprinkler Installation		2009	10,994		15	732	732	4,758	20
21		Smoke Detectors Replacement		2010	5,325		10	532	532	2,926	21
22		Sprinkler System Repair		2010	9,787		10	978	978	5,379	22
23		Generator Repair		2011	3,177		7	454	454	2,042	23
24		Water Main Repair		2012	23,002		15	1,666	1,666	5,831	24
25		Blacktop Replacement		2013	27,913		15	1,860	1,860	6,510	25
26		Roof Replacement		2013	44,697		25	1,788	1,788	4,470	26
27		Bathroom Wall		2014	13,874		15	925	925	1,388	27
28		Landscaping		2014	5,500		7	786	786	1,179	28
29		Landscaping Surrounding Building		2015	8,311		7	594	594	594	29
30											30
31		Land Improvements Booked				1,895			(1,895)		31
32		Building Booked				61,298			(61,298)		32
33		Building Improvement Booked				10,079			(10,079)		33
34											34
35		2015 Home Office Allocation-Building Improvements			9,812			231	231		35
36		2015 Home Office Allocation-Land Improvements			897			57			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

ATTACHMENT-10F

FOR BHF USE

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 230 ILCS 15/3-200. 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. ID PH License ID Number: 0050856

Facility Name: Rochelle Rehab & Healthcare Ctr

Address: 900 North Third St (Number) Rochelle (City) 61068 (Zip Code)

County: Ogle

Telephone Number: (815) 562-4111 Fax # (815) 562-9671

HFS ID Number:

Date of Initial License for Current Owners: 10/31/2006

Type of Ownership:

- [ ] VOLUNTARY NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [X] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [X] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: Mike Kecker Telephone Number: (309) 689-5850
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 1/1/2015 to 12/31/2015 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) Mark B. Petersen
(Title) Chief Executive Officer

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

HFS 3745 (N-4-99) IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number Rochelle Rehab & Healthcare Ctr # 0050856 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	50	Skilled (SNF)	50	18,250	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	50	TOTALS	50	18,250	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	4,985	4,730	2,148	11,863	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,985	4,730	2,148	11,863	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.00%

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)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-core assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 10/31/2006

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 10/31/2006 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 50 and days of care provided 1,948

Medicare Intermediary National Governmental Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99) IL478-2471

ATTACHMENT-10F

Facility Name & ID Number Rochelle Rehab & Healthcare Ctr # 0050056 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 14,806 B. General Construction Type: Exterior Brick Frame Concrete Block Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (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 [ ] (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).

N/A

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: 561,304 2. Number of Years Over Which it is Being Amortized: 20
3. Current Period Amortization: 8,785 4. Dates Incurred: 2013-2014

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	Facility	53,272	2004	$ 98,000	1
2					2
3	TOTALS	53,272		$ 98,000	3

Facility Name & ID Number Rochelle Rehab & Healthcare Ctr # 0050056 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	50	[redacted]	2004		$ 2,192,800	$	30	$ 72,933	$ 72,933	$ 694,964	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9		Remodel Shower		2007	35,270		15	2,351	2,351	19,984	9
10		Dumpster		2007	1,419		10	142	142	1,207	10
11		Carpeting		2007	9,122		10	912	912	7,752	11
12		Office Room Installation		2007	2,075		15	138	138	1,174	12
13		Exterior Sign		2007	4,130		15	275	275	2,338	13
14		Painting of 78 Rooms		2007	6,175		15	412	412	3,502	14
15		Wallpaper In Living Room, Dining Room, TV Room		2007	3,639		15	243	243	2,065	15
16		Flooring for Dining Room		2007	2,681		15	179	179	1,521	16
17		Heating Unit		2008	6,965		15	464	464	3,488	17
18		Fire Alarm Panel Replacement		2010	3,315		7	474	474	2,607	18
19		Engineering for Sprinkler Work		2011	3,750		15	250	250	1,125	19
20		Sprinkler System Replacement		2012	64,950		15	4,330	4,330	13,155	20
21		Water softener		2014	5,852		7	722	722	1,083	21
22		Flooring and New Shower Install-South Shower Room		2014	3,812		7	545	545	818	22
23		Glass Door Install, Flooring, Drywall Remodel-Dining Room		2014	18,511		15	1,234	1,234	1,851	23
24		Gas Pipe Repairs		2015	4,458		7	481	481	481	24
25		Roof Replacement		2015	27,420		25	549	549	549	25
26											26
27											27
28											28
29											29
30											30
31		Building Booked				87,280			(87,280)		31
32		Building Improvement Booked				11,399			(11,399)		32
33											33
34		2015-Home Office Allocation-Building Improvements			5,191			124	124		34
35		2015-Home Office Allocation-Land Improvements			485			31	31		35
36											36

*Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

ATTACHMENT-10F

GENERAL LONG-TERM CARE AREA INVENTORY AND BED NEED

HEALTH SERVICE AREA: 1

PLANNING AREA: Ogle County

POPULATION	AGE 0-64	AGE 65-74	AGE 75 & OVER	TOTAL
1982 --	39.9	3.3	2.3	45.5
1987 --	41.9	3.6	2.6	48.1

1.	2.	3.	4.	5.	6.	7.	8.
NAME OF FACILITY	CITY (COUNTY)	---NUMBER OF BEDS--- NURSING CATEGORY SKILLED	INTERMEDIATE	SHELTERED CATEGORY	TOTAL # OF BEDS	CALCULATED PATIENT -------DAYS------ NURSING	SHELTERED
Hospital Operated Long-Term Care							
NONE							
Non-Hospital Operated Long-Term Care							
The Neighbors Nursing and Care Center	Byron (Ogle)	29	62		91	31,066	
Pinecrest Manor	Mt. Morris "	50	72		122	39,694	
1/ White Pines Manor	Oregon "	63			63	18,967	
Polo Continental Manor	Polo "		81		81	26,845	
Rochelle Manor	Rochelle "		74		74	23,929	
2/ Rochelle Nursing and Rehabilitation Center	Rochelle "	50			50	17,096	
	TOTALS	192	289	0	481	157,597	0

1/ Licensed capacity adjusted from 57 intermediate to 57 skilled effective September 2, 1982. Licensed capacity reflects 6 beds opened effective January 27, 1984.

2/ Formerly shown as the "Americana Nursing Center." and "Family Tree Care Center".

ATTACHMENT-10G

GENERAL LONG-TERM CARE AREA INVENTORY AND BED NEED

HEALTH SERVICE AREA: 1

PLANNING AREA: Ogle County

POPULATION	AGE 0-64	AGE 65-74	AGE 75 & OVER	TOTAL
1982 --	39.9	3.3	2.3	45.5
1987 --	41.9	3.6	2.6	48.1

1.	2.	3.	4.	5.	6.	7.	8.
NAME OF FACILITY	CITY (COUNTY)	---NUMBER OF BEDS--- NURSING CATEGORY SKILLED	INTERMEDIATE	SHELTERED CATEGORY	TOTAL # OF BEDS	CALCULATED PATIENT -------DAYS------ NURSING	SHELTERED

BED NEED DETERMINATION

NURSING CATEGORY OF SERVICE:

EXPERIENCED USE RATE	MINIMUM USE RATE	PLANNED USE RATE	1987 POPULATION TOTAL (000's)	PLANNED PATIENT DAYS	TOTAL BEDS NEEDED	EXISTING BEDS	ADDITIONAL BEDS NEEDED
3,464	1,775	3,464	48.1	166,618	507	481	26

ATTACHMENT-10G

58A/4817A

BETHANY REHAB & HEALTHCARE CENTER
3298 RESOURCE PARKWAY
DEKALB, IL 60115

Reference Numbers
Facility ID 6014672
Health Service Area 001
Planning Service Area 037 DeKalb
County 037 DeKalb County

Administrator
Ray Freson

Contact Person and Telephone
Ray Freson
815-756-6506

Registered Agent Information
Don Maher
412 E. Lawrence Ave

Date Questionnaire Completed 5/3/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	82
Total Admissions 2015	206
Total Discharges 2015	207
Residents on 12/31/2015	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscuslo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	31
Total Residents Reported as Identified Offenders	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	86	86	81	9	90	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	86	86	81	9	90	78

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ Pct.
Nursing Care	6628	20.2%	14127	40.6%	0	2460	4037	0	27252	83.0%	83.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6628	20.2%	14127	40.6%	0	2460	4037	0	27252	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	14	0	0	0	0	0	0	5	14	10
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	11	18	0	0	0	0	0	0	11	19	30
TOTALS	26	55	0	0	0	0	0	0	26	55	81

BETHANY REHAB & HEALTHCARE CENTER
3298 RESOURCE PARKWAY
DEKALB, IL 60115

Classification Numbers
Facility ID 6014672
Health Service Area 001
Planning Service Area 037 DeKalb
County 037 DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	45	0	8	10	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	45	0	8	10	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	204
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	1.00
Certified Aides	19.00
Other Health Staff	6.00
Non-Health Staff	11.00
Totals	50.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.0%	28.1%	0.0%	15.7%	11.2%	100.0%		
8,372,667	2,154,278	6	1,278,498	856,232	1,681,676	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Reference Numbers
Facility ID 6015630
Health Service Area 001
Planning Service Area 037 DeKalb
County 037 DeKalb County

Administrator
Bart J. Becker

Contact Person and Telephone
Bart J. Becker
(815)758-2477

Registered Agent Information

(Not Answered)

Date Questionnaire Completed 3/2/2016

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	175
Total Admissions 2015	219
Total Discharges 2015	223
Residents on 12/31/2015	172

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	8
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	52
Total Residents Reported as Identified Offenders	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	177	190	172	18	190	190
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	190	190	177	190	172	18	190	190

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9568	13.8%	36410	52.5%	0	0	15667	0	61654	88.9%	88.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9568	13.8%	36410	52.5%	0	0	15667	0	61654	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	0	0	0	0	0	0	0	0	5	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	13	33	0	0	0	0	0	0	13	33	40
85+	17	84	0	0	0	0	0	0	17	84	101
TOTALS	39	133	0	0	0	0	0	0	39	133	172

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Classification Numbers

Facility ID	6015630	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	90	0	0	59	0	172
Skilled Under 22	0	0	0	0	0	0	0
Intermediate G		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	90	0	0	59	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	204
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	168	0	0	0	168
Race Unknown	0	0	0	0	0
Total	172	0	0	0	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	172	0	0	0	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	7.60
Certified Aides	82.00
Other Health Staff	14.00
Non-Health Staff	81.00
Totals	232.00

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
29.7%	27.4%	0.0%	5.2%	37.6%	100.0%		
4,004,209	3,691,194	0	700,118	5,065,140	13,460,653	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKLIN GROVE LIVING & REHAB CENTER
502 NORTH STATE ST. BOX 402
FRANKLIN GROVE, IL. 61031

Reference Numbers
Facility ID 6003305
Health Service Area 001
Planning Service Area 103 Lee
County 103 Lee County

Administrator
KATHY CLARK

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
SHELDON WOLFE
7434 N. SKOKIE BLVD.

Date Questionnaire Completed 4/11/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	8
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	8
Under 65 Years Old	8
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	96
Total Admissions 2015	127
Total Discharges 2015	145
Residents on 12/31/2015	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	2
Total Residents Reported as Identified Offenders	8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	121	99	121	78	43	70	121
Skilled Under 22	0	0	0	0	8	8		0
Intermediate DD	0	0	0	0	8	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	121	99	121	78	43	70	121

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3714	14.5%	14455	32.7%	8	8	14830	0	32999	74.7%	74.7%
Skilled Under 22			0	0.0%	8	8	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	8	8	0	0.0%	8.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3714	14.5%	14455	32.7%	8	0	14830	0	32999	74.7%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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	8	0	8	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	8	0	0	0
45 to 59	8	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	8	0	0	0	1	1	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	12	0	8	8	0	0	0	8	12	20
85+	10	41	0	8	0	0	0	0	18	41	51
TOTALS	21	57	0	8	0	0	0	0	21	57	78

FRANKLIN GROVE LIVING & REHAB CENTER
502 NORTH STATE ST. BOX 402
FRANKLIN GROVE, IL. 61031

Classification Numbers

Facility ID	6003305	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	33	0	0	37	0	78
Skilled Under 22	0	8	0	0	0	0	8
Intermediate D		8	0	0	0	0	0
Sheltered Care			8	0	0	0	0
TOTALS	8	33	0	0	37	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	8	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	8	0	8	0	0
White	78	0	8	0	78
Race Unknown	0	8	0	8	8
Total	78	8	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	8
Non-Hispanic	0	8	0	0	0
Ethnicity Unknown	78	0	0	8	18
Total	78	0	0	8	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	46.00
Other Health Staff	8.00
Non-Health Staff	61.00
Totals	120.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.7%	27.0%	8.0%	0.0%	45.3%	100.0%		
1,780,799	1,711,580	0	0	2,875,496	6,347,875	0	0.0%

*Charity Care Expence does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

NEIGHBORS REHABILITATION CENTER
P.O BOX 585
BYRON, IL. 61010

Reference Numbers
Facility ID 6006514
Health Service Area 001
Planning Service Area 141 Ogle
County 141 Ogle County

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Tom Winter
5640 N Lincoln Ave

Date Questionnaire Completed 3/25/2010

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	8
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2015	78
Total Admissions 2015	93
Total Discharges 2015	107
Residents on 12/31/2015	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	9
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	9
Circulatory System	9
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	8
Musculo-skeletal Disorders	0
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	8
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	101	99	00	64	37	101	101
Skilled Under 22	0	8	0	0	0	0		0
Intermediate DD	0	8	0	8	0	0		0
Sheltered Care	0	0	8	0	0	0		
TOTAL BEDS	101	101	99	99	64	37	101	101

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2259	8.1%	10295	52.3%	1518	171	3277	0	26620	72.2%	72.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			8	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2259	8.1%	10295	52.3%	1518	171	3277	0	26620	72.2%	72.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	10	10	0	0	0	0	0	0	10	10	20
TOTALS	25	39	0	0	0	0	0	0	25	39	64

NEIGHBORS REHABILITATION CENTER
P.O BOX 585
BYRON, IL. 61016

Classification Numbers

Facility ID	6006514	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	6	3	7	0	64
Skilled Under 22	0	0	8	0	8	0	8
Intermediate D		8	0	8	8	8	0
Sheltered Care			0	0	0	0	0
TOTALS	6	40	6	3	7	8	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	201
Skilled Under 22	0	8
Intermediate DD	8	8
Sheltered Care	8	8

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	8	0	0
American Indian	0	8	0	8	8
Black	4	0	0	8	4
Hawaiian/Pacific Isl.	0	0	8	8	8
White	60	8	0	0	60
Race Unknown	8	0	8	0	8
Total	64	0	0	8	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	8	1
Non-Hispanic	63	8	8	8	63
Ethnicity Unknown	8	0	0	8	0
Total	64	0	0	0	64

FACILITY 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	29.00
Other Health Staff	5.00
Non-Health Staff	44.00
Totals	92.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.8%	39.9%	4.8%	5.5%	30.2%	100.0%		
980,843	1,957,619	234,318	271,627	1,482,957	4,907,362	8	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

OAK CREST/DEKALB
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Reference Numbers

Facility ID	6006739	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
STEPHEN P. CICHY

Contact Person and Telephone
SHARON COX
815-756-6461

Registered Agent Information

Date Questionnaire Completed 4/1/2016

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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	1
Other Restrictions	6
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	94
Total Admissions 2015	177
Total Discharges 2015	175
Residents on 12/31/2015	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	0
Total Residents Reported as Identified Offenders	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	73	73	70	3	6	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	49	49	26	23		
TOTAL BEDS	122	122	122	122	96	26	6	0

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1816	62.9%	0	0.0%	0	6	23542	796	26154	98.2%	98.2%
Skilled Under 22			0	0.0%	6	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	8926	0	8926	49.9%	49.9%
TOTALS	1816	62.9%	0	0.0%	0	0	32470	796	35082	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	2	38	0	0	0	0	2	7	4	45	49
85+	17	11	0	0	0	0	3	14	20	25	45
TOTALS	19	51	0	0	0	0	5	21	24	72	96

OAK CREST/DEKALB
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Classification Numbers

Facility ID	6006739	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	6	6	0	67	0	70
Skilled Under 22	0	6	0	0	0	0	0
Intermediate D		6	6	0	0	0	0
Sheltered Care			0	0	26	6	26
TOTALS	3	0	6	0	93	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	6
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	127	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	6	0	0
American Indian	0	6	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	6	0	0	0	0
White	70	0	0	26	96
Race Unknown	0	0	0	0	0
Total	70	0	0	26	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	6	0	0	0
Non-Hispanic	70	0	0	26	96
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	26	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.20
LPN's	5.80
Certified Aides	44.50
Other Health Staff	3.70
Non-Health Staff	130.00
Totals	200.00

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
80.9%	0.0%	0.0%	13.6%	5.5%	100.0%		
638,654	0	0	106,795	43,803	789,252	135,112	17.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OREGON LIVING & REHAB CENTER
611 SOUTH 16TH STREET
OREGON, IL. 61061

Reference Numbers

Facility ID	6009986	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
MAGGIE NIEMI

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
SHELDON WOLFE
7434 N. SKOKIE BLVD.

Date Questionnaire Completed 4/7/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	69
Total Admissions 2015	55
Total Discharges 2015	00
Residents on 12/31/2015	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	6
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	2
Total Residents Reported as Identified Offenders	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	76	104	64	40	20	104
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	104	104	76	104	64	40	20	104

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1515	20.8%	18055	47.6%	0	0	5298	0	24868	65.5%	65.5%
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	1515	20.8%	18055	47.6%	0	0	5298	0	24868	65.5%	65.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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	0	0	0	0	0	0	0	3	0	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	2	25	0	0	0	0	0	0	2	25	27
TOTALS	18	46	0	0	0	0	0	0	18	46	64

OREGON LIVING & REHAB CENTER
611 SOUTH 16TH STREET
OREGON, IL. 61061

Classification Numbers

Facility ID	6009986	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	48	0	0	15	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	48	0	0	15	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	64	0	0	0	64
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	0.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.5%	57.5%	0.0%	0.0%	24.0%	100.0%		
717,156	2,231,620	0	0	930,803	3,879,579	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE ACRES REHAB & LIVING CENTER
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Reference Numbers

Facility ID	6007415	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Dalena Kemna-Kahn

Contact Person and Telephone
DALENA KEMNA-KAHN
815-758-8151

Registered Agent Information

Date Questionnaire Completed 3/28/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	6
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	8

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	83
Total Admissions 2015	132
Total Discharges 2015	127
Residents on 12/31/2015	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	6
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	4
Total Residents Reported as Identified Offenders	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	119	115	95	115	88	31	119	119
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	8	8	0	0	0	0		8
Sheltered Care	8	0	0	0	8	8		
TOTAL BEDS	119	115	95	115	88	31	119	119

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3938	0.1%	16139	37.2%	0	528	9501	9	30106	69.3%	71.7%
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	3938	0.1%	16139	37.2%	0	528	9501	9	30106	69.3%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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	8	0	0	0	0	0	0	0	8	0	0
18 to 44	8	0	0	0	0	0	8	8	0	0	0
45 to 59	3	4	0	0	8	8	8	0	3	4	7
60 to 64	0	8	0	0	0	0	8	0	0	0	8
65 to 74	4	5	0	0	8	0	0	0	4	5	9
75 to 84	11	18	0	0	0	0	8	0	11	19	20
85+	6	37	0	0	0	0	0	0	6	37	43
TOTALS	24	64	0	8	8	0	0	8	24	64	88

PINE ACRES REHAB & LIVING CENTER
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Classification Numbers

Facility ID	6007413	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	43	0	3	28	0	88
Skilled Under 22	8	0	8	0	8	8	0
Intermediate D		8	0	8	8	8	0
Sheltered Care			0	0	8	8	0
TOTALS	14	43	0	3	28	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	193
Skilled Under 22	0	8
Intermediate DD	0	0
Sheltered Care	0	8

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	8	8
American Indian	9	0	0	0	9
Black	3	0	8	8	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	8	8	85
Race Unknown	8	0	0	0	0
Total	88	8	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	8
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPNs	9.50
Certified Aides	44.25
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	102.25

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
31.8%	37.1%	0.0%	6.5%	24.7%	100.0%		
2,369,415	2,780,042	0	487,020	1,853,040	7,491,327	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL 61054

Reference Numbers

Facility ID	6007447	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Ferol Labash

Contact Person and Telephone
JOLENE LECLERE
815-734-4163

Registered Agent Information

Date Questionnaire Completed 3/14/2016

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	6
Mental Illness	1
Non-Ambulatory	6
Non-Mobile	0
Public Aid Recipient	6
Under 65 Years Old	6
Unable to Self-Medicate	9
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	6
No Restrictions	6

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	163
Total Admissions 2015	166
Total Discharges 2015	164
Residents on 12/31/2015	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	6
Blood Disorders	6
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	6
Circulatory System	6
Respiratory System	9
Digestive System	9
Genitourinary System Disorders	6
Skin Disorders	6
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	9

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	125	125	116	125	105	20	71	139
Skilled Under 22	9	0	0	0	0	0		*
Intermediate DD	9	6	0	6	6	6		6
Sheltered Care	0	9	0	0	6	0		
TOTAL BEDS	125	125	116	125	105	20	71	139

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2346	9.1%	18054	35.6%	6	761	19909	6	41616	89.0%	89.9%
Skilled Under 22			0	0.0%	0	9	6	0	6	6.0%	0.0%
Intermediate DD			9	0.0%	0	0	9	6	0	6.0%	6.0%
Sheltered Care					6	0	6	6	6	9.0%	6.0%
TOTALS	2346	9.1%	18054	35.6%	0	761	19909	0	41010	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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 19	0	9	0	9	6	0	0	6	6	0	9
18 to 44	0	6	0	9	0	9	0	9	9	6	0
45 to 50	9	0	6	0	0	0	0	6	6	0	0
55 to 64	0	1	6	0	0	6	0	0	0	1	1
65 to 74	3	3	0	0	6	6	9	0	3	3	6
75 to 84	13	16	0	9	9	0	0	6	13	16	31
85+	14	53	6	0	9	6	0	9	14	53	67
TOTALS	30	75	6	0	6	9	9	9	30	75	105

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL 61054

Classification Numbers

Facility ID	6007447	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	45	9	2	52	6	105
Skilled Under 22	6	0	6	0	0	0	6
Intermediate O		0	0	6	6	0	6
Sheltered Care			0	9	0	6	0
TOTALS	6	45	6	2	52	6	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	256	6
Skilled Under 22	0	6
Intermediate DD	0	0
Sheltered Care	0	9

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	6	0
American Indian	6	6	6	9	6
Black	6	9	0	0	6
Hawaiian/Pacific Isl	0	6	6	0	9
White	105	0	0	6	105
Race Unknown	9	0	0	0	0
Total	105	9	6	9	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	6	0	6	0
Non-Hispanic	105	6	0	6	105
Ethnicity Unknown	0	9	9	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	8.00
Certified Aides	50.00
Other Health Staff	8.00
Non-Health Staff	74.00
Totals	158.00

NET REVENUE BY PATOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expenses % of Total Net Revenue
20.0%	24.6%	6.0%	0.0%	46.5%	100.0%		
1,775,146	2,081,743	0	508,609	4,115,115	8,480,613	0	6.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ATTACHMENT-10H

PRAIRIE CROSSING LIVING & REHAB
409 WEST COMANCHE STREET
SHABBONA, IL 60550

Reference Numbers
Facility ID 6008502
Health Service Area 001
Planning Service Area 037 DeKalb
County 037 DeKalb County

Administrator
KARI WAGNER

Contact Person and Telephone
REBECCA FRIEDMAN
847-962-2300

Registered Agent Information
SHELDON WOLFE
7434 N. SKOKIE BLVD.

Date Questionnaire Completed 4/7/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	67
Total Admissions 2015	47
Total Discharges 2015	52
Residents on 12/31/2015	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	70	91	62	29	91	91
Skilled Under 22	6	0	0	0	0	0		0
Intermediate DD	6	0	6	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	70	91	62	29	91	91

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1544	4.8%	17056	51.4%	0	0	4673	0	23273	70.1%	70.1%
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	1544	4.8%	17056	51.4%	0	0	4673	0	23273	70.1%	70.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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 10	0	0	0	0	0	0	0	0	0	0	0
19 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	1	5	0	0	0	0	0	0	1	5	6
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	7	14	0	0	0	0	0	0	7	14	21
TOTALS	22	40	0	0	0	0	0	0	22	40	62

PRAIRIE CROSSING LIVING & REHAB
409 WEST COMANCHE STREET
SHABBONA, IL 60550

Classification Numbers
Facility ID 6008502
Health Service Area 001
Planning Service Area 037 DeKalb
County 037 DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	40	0	0	12	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	48	0	0	12	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	62	0	0	0	62
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	39.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.1%	55.0%	0.0%	0.0%	24.9%	100.0%		
704,385	2,105,652	0	0	962,274	3,952,311	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ATTACHMENT-10H

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL 61068

Reference Numbers
Facility ID 6006098
Health Service Area 001
Planning Service Area 141 Ogle
County 141 Ogle County

Administrator
Greg Wilson

Contact Person and Telephone
Merikay Snyder
309-691-8113

Registered Agent Information
Merikay Snyder
830 West Trailcreek Drive

Date Questionnaire Completed 3/16/2016

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	8
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	9
Under 65 Years Old	0
Unable to Self-Medicate	8
Ventilator Dependent	1
Infectious Disease w/ Isolation	8
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	65
Total Admissions 2015	32
Total Discharges 2015	46
Residents on 12/31/2015	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	5
Circulatory System	8
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	45
Total Residents Reported as Identified Offenders	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	71	74	52	22	0	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	71	74	52	22	0	74

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	415	8.0%	19663	73.5%	1224	0	465	0	21967	81.3%	81.3%
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	415	8.0%	19663	73.5%	1224	0	465	0	21967	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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	2	0	0	0	0	0	0	4	2	6
45 to 59	12	6	0	0	0	0	0	0	12	6	18
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	0	6	0	0	0	0	0	0	0	6	11
75 to 84	4	0	0	0	0	0	0	0	4	0	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	31	21	0	0	0	0	0	0	31	21	52

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL 61068

Classification Numbers

Facility ID	6006098	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	51	1	0	0	0	52
Skilled Under 22	6	0	0	0	0	8	9
Intermediate D		8	0	8	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	51	1	8	8	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	146
Skilled Under 22	8	0
Intermediate DD	9	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	8	9	9
Black	2	0	0	8	2
Hawaiian/Pacific Isl	0	0	0	0	9
White	50	0	0	9	50
Race Unknown	0	0	8	0	0
Total	52	8	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	8	0	0	2
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	8	0	0	9
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	3.00
Certified Aides	13.00
Other Health Staff	8.00
Non-Health Staff	19.00
Totals	43.00

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
5.8%	91.4%	0.0%	0.6%	2.2%	100.0%		
164,533	2,594,200	8	16,916	61,630	2,837,284	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Reference Numbers
Facility ID 6006106
Health Service Area 001
Planning Service Area 141 Ogle
County 141 Ogle County

Administrator
Jason Stewart

Contact Person and Telephone
Marilyn Snyder
309-691-8113

Registered Agent Information
Marilyn Snyder
830 West Trailcreek Drive

Date Questionnaire Completed 3/16/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	5
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	8
Medicare Recipient	0
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	5
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	34
Total Admissions 2015	64
Total Discharges 2015	68
Residents on 12/31/2015	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscolo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	8
TOTALS	5

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	36	50	35	28	50	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	5	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	36	50	30	20	50	50

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2774	15.2%	5833	32.0%	429	145	5308	0	14475	79.5%	79.2%
Skilled Under 22			0	0.0%	0	0	0	5	0	0.0%	5.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	5.0%	0.0%
TOTALS	2774	15.2%	5833	32.0%	429	145	5308	0	14475	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	6	9	0	0	0	0	0	0	6	9	15
TOTALS	12	18	0	0	0	0	0	0	12	18	30

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Classification Numbers

Facility ID	6006106	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	16	5	8	10	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	0
TOTALS	4	16	0	0	10	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	1	0	0	0	1
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	1	0	0	0	1
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	38.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.6%	30.1%	0.0%	3.6%	27.9%	100.0%		
929,715	725,996	0	84,360	674,613	2,414,679	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

Manor Court of Rochelle
20-Mile Radius Facilities
Resident - Mentially Ill Resident Chart

FACID	FACNAME	CITY	2015 PROFILE DATA: # of Licensed Nursing Beds	2015 IDPH FACILITY PROFILE DETAILS: Total Residents	Total M.I. Residents	% of M.I. Residents
6014872	Bethany Hlth Care & Rehab Ctr.	Dekalb	90	81	31	38.3%
6015630	Dekalb County Rehab & Nursing	Dekalb	190	172	62	36.0%
6003305	Franklin Grove Nursing Center (1)	Franklin Grove	121	78	2	2.6%
6006514	Neighbors Rehab Ctr (2)	Byron	101	64	0	0.0%
6006738	Oak Crest/Oekalb (3)	Oekalb	73	96	0	0.0%
6009989	Oregon Healthcare Center (4)	Oregon	104	64	2	3.1%
60D7413	Pine Acres Care Center (5)	Dekalb	119	88	4	4.5%
6DD7447	Pinecrest Manor	Mount Morris	125	105	2	1.9%
6008502	Prairie Crossing Living & Rehabilitation (6)	Shabbona	91	62	5	8.1%
6008098	Rochelle Gardens Care Center (7)	Rochelle	74	52	48	92.3%
6008106	Rochelle Rehab & Health Center (8)	Rochelle	50	30	15	50.0%
			1,138	**892**	**171**	**19.2%**
6008098	Rochelle Gardens Care Center (7)	Rochelle	74	52	48	92.3%
6008106	Rochelle Rehab & Health Center (8)	Rochelle	50	30	15	50.0%
			124	**82**	**63**	**76.8%**

(1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
(2) D1/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
(3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
(4) 2015 profile name: Oregon Living & Rehab Center
(5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
(6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
(7) formerly Rochelle Manor (1984 Inventory)
(8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
Microsoft MapPoint 2009

Nursing Homes in Illinois

Who Regulates Nursing Homes?

A Listing of Illinois Nursing Homes

How to Select a Nursing Home

Centers for Medicare and Medicaid Services Nursing Home Compare Website

Quarterly Reports of Nursing Home Violation

Illinois Law on Advance Directives

Nursing Homes with No Certification Deficiencies

Nursing Home Care Act

Illinois Health Care Worker Registry

Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

ROCHELLE GARDENS CARE CENTER

1021 CARON ROAD
ROCHELLE IL 61068
ADMINISTRATOR: MARGARITA CORNEJO
TELEPHONE: 815-562-4047

Licensee Name:
PETERSEN HEALTH NETWORK,LLC

Persons with 5 percent or greater interest in licensee:

Name	% of Ownership
MARK B PETERSEN	100.0

Ownership Type:
LIMITED LIABILITY CO

Click on individual's name to see other ownership interests.

General
Facility Information
Ownership information

Surveys

Administration
Staffing
Admission Restrictions
Admissions & Discharges
Licensed Beds / Beds in use

Residents
Primary Diagnosis
Age Gender & Level of Care
Racial / Ethnic Groups

Patient Days
Level of Care
Payment Source
Private Payment Rates

idph online home nursing homes in illinois

ATTACHMENT-10J

Nursing Homes in Illinois

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Ownership Information

ROCHELLE REHAB & HEALTHCARE CR

900 NORTH THIRD STREET
ROCHELLE IL 61068
ADMINISTRATOR: JASON STEWART
TELEPHONE: 815-562-4111

Licensee Name:
PETERSEN HEALTH NETWORK,LLC

Persons with 5 percent or greater interest in licensee:

Name	% of Ownership
MARK B PETERSEN	100.0

Ownership Type:
LIMITED LIABILITY CO

Click on individual's name to see other ownership interests.

General
Facility Information
Ownership information
Surveys

Administration
Staffing
Admission Restrictions
Admissions & Discharges
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Racial / Ethnic Groups

Patient Days
Level of Care
Payment Source
Private Payment Rates

idph online home nursing homes in illinois

ATTACHMENT-10J

Mercyhealth
A passion for making lives better.

Mercyhealth Campus
1000 Mineral Point Ave.
Janesville, WI 53548
MercyHealthSystem.org

April 26, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

RE: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rockford Memorial Hospital ("RMH") recommends the establishment project which is proposed for Manor Court of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

We estimate the number of patients that RMH will refer annually within a 24-month period after the project completion to Manor Court of Rochelle will be an average of 30 patients per year. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As RMH is one of the major acute care hospitals (Non-Critical Access) in the area, we are sought after or are the preferred choice for treatment of strokes, major trauma, orthopedic injuries, spinal cord injuries, joint replacements, head injuries, pulmonary issues, heart disease, cancer, neuro-muscular disorders and severe arthritis. As such, we anticipate, a potential increased relationship, and look forward to working with you. We commend your efforts to bring Rochelle residents back to their community, improve the quality of care and quality of life for those to be served.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Notarized
Subscribed + Sworn before me
30 April, 2017
Christopher Davis

OFFICIAL SEAL
CHRISTOPHER DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES FEBRUARY 18, 2018

Paul Van Den Heuvel
Vice President of Legal Affairs & General Counsel

ATTACHMENT-10K

Northwestern Medicine

Kishwaukee Hospital
1 Kish Hospital Drive
DeKalb, Illinois 60115
815.756.1521
kishhealth.org

May 3, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Northwestern Medicine Kishwaukee Hospital supports the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

Within the past 12 months, Northwestern Medicine Kishwaukee Hospital transferred 827 patients to existing skilled care facilities. Please see the attached table for the home zip codes of these patients. Patient referrals have not been used to support another pending or approved CON application.

We have experienced times when placement of patients in the existing complement of skilled nursing facilities in the area is difficult and welcome an additional area provider that would accept those patients.

As Northwestern Medicine Kishwaukee Hospital is one of the area hospitals used by residents of Rochelle and their surrounding communities, we look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Jay Anderson
President
Northwestern Medicine Kishwaukee Hospital
Northwestern Medicine Valley West Hospital

State of Illinois
County of Knox

Sworn to before me this
3rd day of May, 2017

Verna J. Cox
Notary Public

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/14/19

ATTACHMENT-10K

Number of Patients Referred to Skilled Nursing Facilities
from Northwestern Medicine Kishwaukee Hospital,

May 2016 – April 2017

		NORM RANK				COUNT		
		PAT	LOS	REN	DIF	F	M	PAT E
SNF	SKILLED NURS (cont.)							
SNF	SKILLED NURSING FACI							
	30240					1		1
	51040					1		1
	60013-1845						1	1
	60101					2		2
	60109						3	3
	60111					1		1
	60112					7	8	15
	60112-0159					1		1
	60113					2		2
	60115					303	148	451
	60115-0667						1	1
	60115-2056					1		1
	60115-4103						1	1
	60115-4467					1		1
	60115-4744					3		3
	60115-9103						1	1
	60119					2		2
	60124					2		2
	60129					3		3
	60135					13	11	24
	60136					2		2
	60140					1	4	5
	60140-0053					1		1
	60146					4	7	11
	60146					1	1	2
	60146-8803						2	2
	60150					5	7	12
	60150-0246						1	1
	60151					1		1
	60175					1		1
	60178					93	53	146
	60178-9008					1		1
	60436					1		1
	60505					2		2
	60518					2		2
	60520					1	1	2
	60530						1	1
	60531					3	1	4
	60536						1	1
	60548					9	8	17
	60548-1156					1		1
	60548-2574						1	1
	60550					13	12	25
	60551					1		1
	60552					3		3
	60553						2	2
	60556					8	1	9
	60560						1	1

Note: "PAT" column refers to the total number of patients referred May 2016 through April 2017

ATTACHMENT-10K

OSF

SAINT ANTHONY MEDICAL CENTER

April 18, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

OSF Saint Anthony Medical Center recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

OSF Saint Anthony Medical Center transferred patients to multiple existing skilled care facilities throughout the region. We estimate the number of patients OSF Saint Anthony Medical Center refers annually to the Rochelle and surrounding communities' that need skilled care averages 193 patients annually. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As one of the major acute care hospitals in Rockford, Illinois, OSF Saint Anthony Medical Center look forward to working with you to provide smooth and excellent transitions of care for patients from our facility to yours. We commend your efforts to improve the quality of care and quality of life for those served in the Rochelle community.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Paula Carynski

Paula Carynski, MS, RN, NEA-BC, FACHE
President

Date Notary

April 19, 2017
Amy Lozano

OFFICIAL SEAL
AMY LOZANO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/28/18

5666 East State Street, Rockford, Illinois 61108-2425 Phone (815) 226-2000 www.osfsaintanthony.org
The Sisters of the Third Order of St. Francis

ATTACHMENT-10K

Rochelle
Community Hospital
900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax. (815) 561-3120

April 24, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rochelle Community Hospital recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

Within the past 24 months, Rochelle Community Hospital transferred 163 patients to existing skilled care facilities. Of these patients, 90% reside in Rochelle Community Hospital's primary market.

We estimate that 80% of these patients have the potential to be referred from Rochelle Community Hospital to Liberty Village of Rochelle over a 24 month period. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As Rochelle Hospital is the primary hospital used by residents of Rochelle and the surrounding communities, we could realistically anticipate a potential increased relationship and look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Mark J. Batty
Chief Executive Officer

Kimberly S. Louis
Notary

"OFFICIAL SEAL"
KIMBERLY S LOUIS
Notary Public, State of Illinois
My Commission Expires 06/24/2019

ATTACHMENT-10K

Criterion 1125.330 – 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;

The alternatives considered for this project include maintaining the status quo, a 165-bed nursing facility, a 60-bed nursing facility, and the project as being proposed.

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;

The Applicant made phone inquiries to Petersen Health Network, LLC to purchase one or both facilities in Rochelle for the sole purpose of building a replacement facility. There has not been a response from Petersen on this inquiry. Therefore, this item as an alternative was considered not viable.

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

As previously explained, the Applicant sought to utilize one or both of the existing Rochelle nursing homes, through a purchase agreement, as an off-site replacement. The Applicant did not receive a response from Petersen Health Network, LLC on this matter. Therefore, this option as an alternative was considered not viable.

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

Although the chosen alternative was not the least costly alternative, it is the most efficient alternative which provides both General Long-Term Care and Specialized Memory Care nursing beds and is still financially and economically feasible. The current IDPH Inventory of Health Care Facilities and Services and Bed Need Determinations, effective 2015, shows excess beds in the Ogle County Planning Area (see **ATTACHMENT-11A**). That bed need determination uses a base year of 2013 and the

mandated five year projection of CY 2018. As CY 2017 is more than half-way past, it would appear that the proposed bed need utilizing a timely five year projection is not current. What is interesting is that using updated demographics does produce a bed need for Ogle County through 2022; the 10-mile market radius for 2017 to 2022 grows from a need of 43 beds to a need for 71 beds. Moreover, the 20-mile market radius shows that the need jumps to 165 additional beds needed through 2022. Therefore, the majority of the need is derived not only from Ogle County, but also right from the Rochelle Community and immediate surrounding area. It should be noted that the market study and the State's bed need recognizes all existing beds and treats all nursing beds as equal, even though they do not appear to be so. Please refer to the market study performed by LRA, pages 40 – 46 (refer to **ATTACHMENT-10E**), for the bed need calculations. The future demand for beds and the patient access issue in Rochelle were the main reasons the project as proposed was the chosen alternative.

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.**

ALTERNATIVE #1 - Lesser Scope:

As described above, a project of lesser scope, i.e., one with less than 70 General Long-Term Care nursing beds and 22 Specialized Memory Care beds, would be one of maintaining the status quo. This is already a small project with limited economies-of-scale.

Cost

There would be no capital costs associated with this alternative.

ATTACHMENT-11

Patient Access

Just looking at the State's current bed need methodology it would appear that there would be limited effect since it calculates an excess of nursing beds in the Ogle County Planning Area. That being said, it does not appear to be the situation in Rochelle. The Applicant's commissioned market analysis has identified a need for 165 additional nursing beds within a 20-mile radius market contour, nearly twice (55.8%) the number of beds that are being proposed. Upon closer analysis, the only two local facilities have self reported that they have a combined 76.8 percent of their existing residents who are Mentally Ill (refer to **ATTACHMENT-10I**). This is not a typical general geriatric resident mix. Anecdotally, it has been discovered that most times family members seek placement of their loved ones in facilities that are outside of Rochelle due to desirability of the area facilities. Because of the findings of the market study and the facility analysis of the area nursing homes it would appear that patient access is an issue in Rochelle and that it would not be improved by this alternative.

Quality

To maintain the status quo would not affect quality. The best way to affect quality is to introduce competition. Even though there are two facilities in Rochelle, one corporate entity has 100 percent of the market share. As such, there currently are, and under this alternative would continue to have, no incentives to improve the facilities in any way. This Applicant in no way questions the quality of care being provided. However, it does question how the best care can be provided if the basic elements of physical environment are not addressed. As far back as could be researched with the accessible records (CY1984), the two Rochelle facilities are at least 35 years old and possibly much older than that. The two facilities together average 271.5 gross square feet per bed (refer to **ATTACHMENT-10F**). Today, the Board has a square footage

norm for new projects that ranges from 435-713 gsf (77 IAC, Chapter II, Subchapter b, Part 1125, Section Appendix A). These buildings also only have the minimum number of required private rooms; 77 IAC Chapter I, Subchapter c, Part 300.2860 Nursing Unit states: "Not less than three percent of the total number of beds in the facility shall be located in single rooms with a private bath, water closet and lavatory." Even the minimum standards are out of compliance with current best practices. These are all items that contribute to quality. It is not only what kind of environment the resident and their loved one desire, it is what kind of work environment is most conducive to keeping employees satisfied. It is these outside influences that restrict the quality that could be provided. As such, quality appears to be an issue that would not be remedied by this alternative.

Financial Benefits

As this alternative has no costs and does nothing to positively affect patient access and quality, there are no financial benefits associated with it.

ALTERNATIVE #2 - Greater Scope:

This alternative was to develop a project that fully addressed the need for beds and services as found necessary in the commissioned market study performed by LRA. That study found that the market identified could support 165 additional nursing beds. This alternative explored a project of 165 total nursing beds.

Cost

The capital cost of this alternative would be double that of the Project as being proposed. Specifically, the proposed $17,646,768 project equates to $191,813 per bed. This alternative could then be expected to cost $31,649,145 excluding land, start up costs and operating deficits. Any project of greater scope will conceivably cost more than that of the proposed project.

ATTACHMENT-11

Patient Access

Patient access would be greatly increased. The market study found that the need within the identified 20-mile radius is over and above that of the existing inventory. That being said, the State's current inventory shows that there is a surplus of nursing beds in the Ogle County Planning Area. A project of Greater scope does not balance these two sources. Moreover, although the existing two facilities in Rochelle are older and smaller with a unique population of residents, it is not the intent of this project to directly impact the existing facilities, which a much larger facility would more aptly do. Therefore, patient access is not the sole rational for the proposed project.

Quality

This Applicant in no way questions the quality of care being provided at the two local Rochelle nursing homes. However, it should be known that the two facilities in Rochelle are under common ownership granting that parent entity 100 percent of the market share. Quality does not improve just by increasing the project size from 92 to 165 nursing care beds, even though the best way to affect quality is to introduce competition. Competition can promote more private rooms to head off common issues of isolation and gender. It can also promote developing a more homelike environment with homelike amenities that require additional space. These are all items that contribute to quality. It is not only what kind of environment the resident and their loved one desire, it is what kind of work environment is most conducive to keeping employees satisfied. It is these outside influences that restrict the quality that could be provided. As such, quality appears to be an issue, but not one that would improve from taking the proposed facility from 92 nursing beds to 165 nursing beds.

ATTACHMENT-11

Financial Benefits

This alternative could have significant financial benefits as it would appear to have exponentially increased the economies-of-scale of a smaller project.

ALTERNATIVE #3 - The Proposed Project

There are many influences that have brought about this alternative of the project as being proposed. Typically, if the State's current inventory does not show a need for additional beds and services, a project is not even contemplated. However, this Rochelle 20-mile market radius tells a little different tale. Ogle County is a rural county. Geographically speaking, its towns are not spaced evenly throughout it. Rochelle is located on the south eastern part of the county. The MapPoint map (**ATTACHMENT-10A**) along with the verified travel times from MapQuest (**ATTACHMENT-10D**) illustrate that from the proposed site the only two facilities within 20-minutes travel time are those in Rochelle. Normally, knowing that a smaller community is served by two facilities could discourage an additional provider from trying to enter the market. However, upon closer examination it was found that the two local facilities share common ownership. These two facilities self-reported that 76.8 percent of their combined residents are mentally ill (refer to **ATTACHMENT-10I**). To reconcile these opposing views of the market where the community claimed that there was a great demand and need for additional nursing beds and services, the Applicant requested a market analysis to be performed to delve even further into the local situation and issues. This alternative is the melding of all of the local issues to develop an alternative that would provide patient access, yet not be competitively burdensome to the existing providers.

Cost

The capital cost of the proposed project is $17,646,768.

ATTACHMENT-11

Patient Access

While this alternative does not fully satisfy the issue of patient accessibility, it takes a conservative approach addressing the need for only 70 general geriatric nursing beds and offering memory care services in 22 nursing care beds for a total of 92 nursing beds.

Quality

This Applicant in no way questions the quality of care being provided at the two local Rochelle nursing homes. However, as previously noted, quality can be improved through competition. Competition can promote more private rooms to head off common issues of isolation and gender. It can also promote developing a more homelike environment with homelike amenities that require additional space. These are all items that contribute to quality. It is not only what kind of environment the resident and their loved one desire, it is what kind of work environment is most conducive to keeping employees satisfied. It is these outside influences that restrict the quality that could be provided. As such, quality appears to be an issue that this alternative can address.

Financial Benefits

The proposed project, this alternative, has put forth a project that not only addresses the need for additional patient access, but at a conservative size that still allows for financial feasibility. The alternative of lesser scope would not allow for the economies-of-scale to make this project financially feasible. A project of greater scope could provide greater economies-of-scale, but would not be as conservative, which could threaten the overall viability of the project and/or the other nursing home resources in the area. Thus, it could, in the end, threaten the financial viability/benefits of the project. The financial benefits of this alternative extend beyond the Applicant. This project provides the ability of families to stay in, or come back to, their

home community of Rochelle. Families will not have to travel as far to visit their frail, loved ones. They will not have to take off of work to check up on their family member's welfare. Money, in terms of commerce and tax revenue, will stay in the community/county, with nursing home residents and their families being able remain in Rochelle. This says nothing of the jobs that developing this project will make or potentially of the improvements of the other health care resources that could be spurred by the improved competition.

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

This alternative is not based solely, or in part, on improved quality of care as it is on improving accessibility to general geriatric care and memory care nursing residents. As the 20-mile market radius shows a 13.7 percent increase in the over 65 population, the quantifiable evidence will be the facility's ability to maintain its target use level of 90% by the end of its first two years of opening. This utilization will show more general geriatric admissions which will be the documentation of this item.

ATTACHMENT-11

Planning Area: Ogle

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
NEIGHBORS REHABILITATION CENTER	BYRON	Ogle County	101	30,538
NEIGHBORS REHABILITATION CENTER (PERMIT)	BYRON	Ogle County	30	
6/3/2014 14-008 Approved for permit to add 30 Nursing Care beds to existing facility. Facility will have 131 Nursing Care beds upon completion.				
OREGON LIVING & REHAB CENTER	OREGON	Ogle County	104	25,257
PINECREST MANOR	MOUNT MORRIS	Ogle County	125	41,047
POLO REHAB & HEALTHCARE	POLO	Ogle County	81	18,975
2/1/2014 CHOW Change of ownership occurred.				
ROCHELLE GARDENS CARE CENTER	ROCHELLE	Ogle County	74	19,877
ROCHELLE HOSPITAL (SWING BEDS)	ROCHELLE	Ogle County	0	118
ROCHELLE REHAB & HEALTH CARE	ROCHELLE	Ogle County	50	14,501
		Planning Area Totals	**565**	**150,313**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
001	0-64 Years Old	247,928	574,100	431.9	259.1	691.0
	65-74 Years Old	200,627	58,900	3,406.2	2,043.7	5,450.0
	75+ Years Old	1,192,721	47,100	25,323.2	15,193.9	40,517.1

	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	20,760	43,600	476.1	259.1	691.0	476.1	43,800	20,855			
65-74 Years Old	22,685	5,100	4,448.0	2,043.7	5,450.0	4,448.0	5,800	25,799			
75+ Years Old	106,868	3,700	28,883.2	15,193.9	40,517.1	28,883.2	4,500	129,975			
						Planning Area Totals		**176,628**	**483.9**	**538**	27

LONG-TERM CARE FACILITY UPDATES

5/3/2017

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	360	279	81
Carroll	131	155	(24)
DeKalb	768	742	26
Jo Daviess	177	147	30
Lee	275	353	(78)
Ogle	538	565	(27)
Stephenson	581	646	(65)
Whiteside	595	819	(224)
Winnebago	2098	2220	(122)
HEALTH SERVICE AREA 2			
Bureau/Putnam	378	377	1
Fulton	455	603	(148)
Henderson/Warren	164	218	(54)
Knox	740	916	(176)
LaSalle	1208	1256	(48)
McDonough	341	360	(19)
Marshall/Stark	300	427	(127)
Peoria	1483	1608	(125)
Tazewell	1111	1256	(145)
Woodford	580	593	(13)
HEALTH SERVICE AREA 3			
Adams	1079	1294	(215)
Brown/Schuyler	147	179	(32)
Calhoun/Pike	264	337	(73)
Cass	153	150	3
Christian	373	427	(54)
Greene	115	119	(4)
Hancock	150	184	(34)
Jersey	323	369	(46)
Logan	371	446	(75)
Macoupin	523	704	(181)
Mason	120	164	(44)
Menard	114	106	8
Montgomery	382	480	(98)
Morgan/Scott	465	551	(86)
Sangamon	1162	1275	(113)

ATTACHMENT-11A

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

ATTACHMENT-12A identifies the facilities owned and/or operated by related entities. A copy of all related facilities licenses and certifications as applicable are appended under **ATTACHMENT-12B**. It should be known that related are six nursing care facilities, eight Continuing Care Retirement Communities (CCRC) as well as numerous DD homes.

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

The required documentation with regards to adverse action, as required under 1125.520, c) 2, is appended as **ATTACHMENT-12C**. It should be noted that the ownership and operating entities of the proposed Manor Court of Rochelle do not have any adverse action to report.

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

The above requested authorization for the HSFRB and the DPH access to information is appended as **ATTACHMENT-12D.**

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

This item is not germane.

ATTACHMENT-12

Facilities operated by Frances House, Inc.

Canterbury Place
2503 Canterbury Lane
Rockford, IL 61101

Casa Willis
910 Woodburn Avenue
Sterling, IL 61081

Freeport Terrace
2942 Highlandview Drive
Freeport, IL 61032

Glenwood Villa
3247 Glenwood Avenue
Rockford, IL 61101

Hallam Terrace
1108 Taylor Street
Rockford, IL 61103

Hammett House
1845 First Avenue
Sterling, IL 61081

Gordon Jones Terrace
421 North Rochester Street
Lanark, IL 61046

Kanthak House
724 Second Avenue
Ottawa, IL 61350

Lewis Terrace
1916 16th Street
North Chicago, IL 60064

Olson Terrace
3006 Alida Street
Rockford, IL 61103

Pine Terrace
2017 North Pine Street
Waukegan, IL 70085

Ridge Terrace
2911 Highlandview Drive
Freeport, IL 61032

Rockton Court
2615 North Rockton Avenue
Rockford, IL 61101

Rose House
7301 34th Avenue
Moline, IL 61265

Seborg Terrace
3024 Alida Street
Rockford, IL 61101

Seymour Terrace
1504 16th Street
North Chicago, IL 60064

Smith Square
7401 34th Avenue
Moline, IL 61265

Stern Square
1328 West Seventh Street
Sterling, IL 61081

Stouffer Terrace
910 South Fifth Street
Oregon, IL 61061

Waukegan Terrace
860 South Lewis Avenue
Waukegan, IL 60085

Woodburn Court
1521 Woodburn Avenue
Sterling, IL 61081

Rye Trail Court
3228 Rye Ridge Trail
Freeport, IL 61032

ATTACHMENT-12A

Facilities Operated by
Residential Alternatives of Illinois, Inc.

Hawthorne Inn of Danville
3222 Independence Drive
Danville, IL 61832

Manor Court of Peoria
6900 N. Stalworth Drive
Peoria, IL 61615

Hawthorne Inn of Peoria
6906 N. Stalworth Drive
Peoria, IL 61615

Manor Court of Peru
3230 Becker Drive
Peru, IL 61354

Hawthorne Inn of Peru
1101 31st Street
Peru, IL 61354

Manor Court of Freeport
2170 W. Navajo Drive
Freeport, IL 61032

Hawthorne Inn of Freeport
2140 W. Navajo Drive
Freeport, IL 61032

Manor Court of Princeton
140 N. Sixth Street
Princeton, IL 61356

Hawthorne Inn of Princeton
140 N. Sixth Street
Princeton, IL 61356

Manor Court of Clinton
1 Park Lane West
Clinton, IL 61727

Hawthorne Inn of Clinton
1 Park Lane West
Clinton, IL 61727

Liberty Village of Geneseo
920 South Chicago Street
Geneseo, IL 61254

Liberty Village of Streator
2322 North Eastwood Avenue
Streator, IL 61364

Facilities operated by Pinnacle Opportunities, Inc.

Chamness Square
340 Heritage Drive
Bourbonnais, IL 60914

Collins Square
145 South Crosswell Avenue
Bradley, IL 60915

Dearborn Court
520 South Dearborn Avenue
Kankakee, IL 60901

Eagle Court
1890 East Eagle Street
Kankakee, IL 60901

Gravlin Square
482 South Schuyler Street
Bradley, IL 60915

Hunt Terrace
1180 South Fourth Street
Kankakee, IL 60901

Kankakee Court
260 South Chicago Avenue
Kankakee, IL 60901

River Court
760 East River Street
Kankakee, IL 60901

Roy Court
362 Roy Street
Bourbonnais, IL 60914

Station Court
275 West Station Street
Kankakee, IL 60901

Facilities operated by Pioneer Concepts, Inc.

Broadway Terrace
43 Broadway
Chicago Heights, IL 60411

Calumet City Terrace
1380 River Drive
Calumet City, IL 60409

Carole Lane Terrace
1641 Carole Lane
Sauk Village, IL 60411

Dolton Court
644 East Sheridan
Dolton, IL 60419

Flossmoor Terrace
3951 West 190th Street
Flossmoor, IL 60422

Holland Terrace
15175 State Street
South Holland, IL 60473

Lynwood Terrace
2317 East 207th Street
Lynwood, IL 60411

Matteson Court
237 Central Avenue
Matteson, IL 60443

Prairie House
1770 Sauk Trail
Sauk Village, IL 60411

Ravisloe Terrace
18227 Ravisloe
Country Club Hills, IL 60478

Spaulding Terrace
16307 Spaulding Avenue
Markham, IL 60426

Torrence Place
2601 223rd Street
Sauk Village, IL 60411

Thornton CILA
27 Chippewa Drive
Thornton, IL 60476

Woodgate CILA
5861 Woodgate Drive
Matteson, IL 60443

State of Illinois
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.

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

Expiration Date	License Number
06/01/2019	0039016

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 4

UNRESTRICTED 4 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD IL 61101
EFFECTIVE DATE: 06/02/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LD. NUMBER
03/14/2019	0035071

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

CASA WILLIS
910 WOODBURN AVENUE
STERLING IL 61081
EFFECTIVE DATE: 03/15/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	I.D. NUMBER
04/10/2019	0033613

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

FREEPORT TERRACE
2942 HIGHLANDVIEW DRIVE
FREEPORT IL 61032
EFFECTIVE DATE: 04/11/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Effective Date	Number
06/01/2018	0039008

LONG TERM CARE LICENSE CATEGORY BGBR
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

GLENWOOD VILLA
3247 GLENWOOD AVENUE
ROCKFORD IL 61101
EFFECTIVE DATE: 06/02/18

The face of this license has a colored background. Printed by Authority of the State of Illinois • 8/15

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	I.D. NUMBER
05/02/2019	0033902

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD IL 61103
EFFECTIVE DATE: 05/03/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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 activities indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Expiration	Number
05/25/2018	0036845

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD
UNRESTRICTED TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.(P
HAMMETT HOUSE
184 1ST AVENUE
BELVIDERE IL 61008
EFFECTIVE DATE 05/26/2016

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LD. NUMBER
02/11/2019	0036970

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
LANARK IL 61046
EFFECTIVE DATE: 02/12/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois 2208906

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, authority, rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
01/20/2018	BCSE	0037747

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA IL 61350
EFFECTIVE DATE: 01/29/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/07 •

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

11/09/2018	0052720

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 4

UNRESTRICTED 4 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO IL 60064
EFFECTIVE DATE: 11/10/16

The face of this license has a colored background. Posted by authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois 2209753
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID. NUMBER
04/30/2018	BGBE	0033910

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD IL 61103
EFFECTIVE DATE: 05/01/16

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

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Expiration Date	License Number
09/08/2018	0052753

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC

DINE TERRACE
2017 NORTH PINE STREET
WAUKEGAN IL 60087
EFFECTIVE DATE: 08/09/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois 2209751

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/10/2018	BGBE	0033621

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT IL 61032
EFFECTIVE DATE: 04/11/15

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

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	I.D. NUMBER
06/01/2019	0038992

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD IL 61101
EFFECTIVE DATE: 06/02/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/15

ATTACHMENT-12B

State of Illinois

Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

06/30/2019 00039928

LONG TERM CARE LICENSE CATEGORY: SCDD

SCDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

SCOTT HOUSE
9201 44TH AVENUE
MOLINE IL 61265
EFFECTIVE DATE 07/01/19

ATTACHMENT-12B

State of Illinois
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.

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

EXPIRATION DATE	LIC. NUMBER
06/30/2019	0033936

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

SEBORG TERRACE
3024 ALIDA STREET
ROCKFORD IL 61103
EFFECTIVE DATE: 07/01/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Expiration	Number
11/09/2018	0052738

LONG TERM CARE LICENSE CATEGORY BOBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO IL 60064
EFFECTIVE DATE: 11/10/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/16

ATTACHMENT-12B

State of Illinois 2207811

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/30/2017	BGBE	0033944

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

FRANCES HOUSE, INC.

SMITH SQUARE
7401 34TH AVENUE
MOLINE IL 61265

EFFECTIVE DATE: 08/31/15

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

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Issued on Date	License Number
05/25/2019	0033852

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

STERN SQUARE
1328 WEST 7TH STREET
STERLING IL 61081
EFFECTIVE DATE: 05/26/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The patient care corporation which name appears on this certificate has complied with the provisions of the Illinois Statutes for licensure and is hereby authorized to operate in the activity indicated below.

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

EXPIRATION	NUMBER
06/30/2019	0038051

LONG TERM CARE LICENSE CATEGORY: ICFDD

ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC

STOUFFER TERRACE
920 SOUTH FIFTH STREET
OREGON IL 61061

EFFECTIVE DATE: 07/01/17

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LICENSE NUMBER
11/09/2017	0052746

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN IL 60085
EFFECTIVE DATE: 11/10/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16 •

ATTACHMENT-12B

State of Illinois

Department of Human Services

License No: 201300005S Expires: March 31, 2020

The person, firm or corporation whose name appears on this license has complied with the required provisions of Illinois Statutes and Rules and is hereby authorized to provide Community Integrated Living Arrangements

Frances House, Inc.
285 S. Farnham St.
Galesburg, Illinois 61401

Date of Issuance: April 1, 2016

Revised form 1/14/04

Felicia Norton Gray
Bureau of Accreditation, Licensure and Certification

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	ID. NUMBER
04/14/2018	0047134

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 134

UNRESTRICTED 134 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF CLINTON
1 PARK LANE WEST
CLINTON IL 61727
EFFECTIVE DATE: 04/15/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM CERTIFICATION

This interim 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 interim certification. This interim certificate is valid only for the location set forth below.

Name Hawthorne Inn of Clinton

Address 1 Park Lane West

City/State/Zip Clinton, Illinois 61727

Number of Units 21 Maximum Number of Residents 27

January 2, 2007
Effective Date

ATTACHMENT-12B

Received Time Jan. 2. 2007 11:16AM No. 2475 TOTAL P.02

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LICENSE
12/15/2017	0046839

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 117

UNRESTRICTED 117 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT IL 61032
EFFECTIVE DATE: 12/16/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois

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.

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

Expiration Date	ID Number
08/02/2019	0047068

LONG TERM CARE LICENSE CATEGORY: BCBE
SKILLED 50

UNRESTRICTED 50 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC

MANOR COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA IL 61614

EFFECTIVE DATE 08/03/17

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	I.D. NUMBER
11/30/2017	0047316

LONG TERM CARE LICENSE . CATEGORY BGBE
SKILLED 104 SHELTERED 26

UNRESTRICTED 130 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU IL 61354
EFFECTIVE DATE: 12/01/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.)

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	I.D. NUMBER
06/15/2019	0047324

LONG TERM CARE LICENSE CATEGORY: SGBE
SKILLED 125

UNRESTRICTED 125 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC

MANOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON IL 61356
EFFECTIVE DATE: 06/16/17

The face of this license has a colored background. Printed by Authority of the State of Illinois 7/5/16

ATTACHMENT-12B

State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM CERTIFICATION

This interim 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 interim certification. This interim certificate is valid only for the location set forth below.

Name Hawthorne Inn of Princeton

Address 140 North Sixth Street

City/State/Zip Princeton, Illinois 61356

Number of Units 21 Maximum Number of Residents 27

January 29, 2007
Effective Date

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	I.D. NUMBER
07/31/2018	0046367

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 80 SHELTERED 60

UNRESTRICTED 140 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE IL 61832
EFFECTIVE DATE: 08/01/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

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

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	I.D. NUMBER
02/07/2019	5100695

Issued: 02/07/2017 Category: A14-A15
ASSISTED LIVING LICENSE

Alzheimer Units	13	Regular Units	39
Total Units	52		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PERU
1101 31ST ST.
PERU IL 61354

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LC NUMBER
02/28/2018	5100687

Issued: 02/28/2017 Category: A-14
ASSISTED LIVING LICENSE

Alzheimer Units	13	Regular Units	39
Total Units	52		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PEORIA
5906 N. STALWORTH DR.
PEORIA IL 61615

The face of this license has a colored background. Printed by Authority of the State of Illinois - 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LICENSE
09/26/2018	5100885

Issued: 09/26/2016 Category: A14-A15
ASSISTED LIVING LICENSE
Floating Units 30 Total Units 30

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF GENESEO
920 S. CHICAGO ST.
GENESEO IL 61254

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LIC. NUMBER
09/20/2017	5100901

Issued: 09/20/2016 Category: A-14
ASSISTED LIVING LICENSE

Floating Units	14	Regular Units	16
Total Units	30		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF STREATOR
2322 N. EASTWOOD DR.
STREATOR IL 61364

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LICENSE NUMBER
06/30/2018	0048017

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS IL 60914
EFFECTIVE DATE: 07/01/16

The seal of this license is a raised embossed, Illinois Authority of the State of Illinois - Silic

ATTACHMENT-12B

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or organization 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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

06/30/2018	0048009

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY IL 60915
EFFECTIVE DATE: 07/01/16

The face of this license has a raised background, printed by Authority of the State of Illinois • 9/15

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION	NUMBER
09/30/2018	0043208

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

DEARBORN COURT
520 SOUTH DEARBORN AVENUE
KANKAKEE IL 60901
EFFECTIVE DATE: 10/01/16

The face of this license has a colored background. Printed by authority of the State of Illinois 5/16

ATTACHMENT-12B

State of Illinois
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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION	LICENSE
12/08/2018	0043224

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

EAGLE COURT
1890 EAST EAGLE STREET
KANKAKEE IL 60901
EFFECTIVE DATE: 12/09/16

The face of this license has a colored background. Printed by authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois 2209164

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Effective Date	Category	Identifier
02/09/2016	3GSE	0047905

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

HUNT TERRACE
1100 SOUTH FOURTH STREET
KANKAKEE IL 60901
EFFECTIVE DATE: 02/09/16

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

ATTACHMENT-12B

State of Illinois 2209169

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
02/08/2018	BGEE	0043251

LONG TERM CARE LICENSE
IDPHO 004

UNRESTRICTED 004 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANKAKEE IL 60901
EFFECTIVE DATE: 02/09/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 8/97 •

ATTACHMENT-12B

State of Illinois

Department of Human Services

License No: 201100004S Expires: November 30, 2018

The person, firm or corporation whose name appears on this license has complied with the required provisions of Illinois Statutes and Rules and is hereby authorized to provide Community Integrated Living Arrangements.

Pinnacle Opportunities, Inc.
285 South Farnham
Galesburg, Illinois 61401

FEIN: 364143598
Date of Issuance: December 1, 2015

Revised form 5/18/06

Felicia Stanton Gray
Bureau of Accreditation, Licensure and Certification

ATTACHMENT-12B

State of Illinois 2208517

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
10/03/2017	060E	0043315

LONG TERM CARE LICENSE
ICFDD 004

UNRESTRICTED 004 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

PINNACLE OPPORTUNITIES, INC.

RIVER COURT
760 EAST RIVER STREET
KANKAKEE IL 60901

EFFECTIVE DATE: 10/02/15

The face of this license has a colored background. Issued by authority of the State of Illinois • 2007 •

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

12/09/2018	0043331

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

ROY COURT
362 ROY STREET
BOURBONNAIS IL 60914
EFFECTIVE DATE: 12/10/16

The face of this license has a colored background. Issued by Authority of the State of Illinois 2010

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

10/08/2018	0043356

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

STATION COURT
275 WEST STATION STREET
KANKAKEE IL 60901
EFFECTIVE DATE: 10/09/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	ID NUMBER
04/23/2018	0043182

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

PIONEER CONCEPTS, INC.

BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS IL 60411
EFFECTIVE DATE: 04/24/16

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

ATTACHMENT-12B

State of Illinois
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 Rules and Regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

09/01/2017	0043190

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY IL 60409
EFFECTIVE DATE: 09/02/16

The face of this license has a colored background. Printed by authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	ID NUMBER
03/31/2019	0047977

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE IL 60411
EFFECTIVE DATE: 04/01/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16.

ATTACHMENT-12B

State of Illinois
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 rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LICENSE NUMBER
09/01/2018	0043216

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 4

UNRESTRICTED 4 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

DOLTON COURT
644 SHERIDAN AVENUE
DOLTON IL 60419
EFFECTIVE DATE: 09/02/16

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ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Issued

08/19/2016 0043232

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 4

UNRESTRICTED 4 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR IL 60422
EFFECTIVE DATE: 08/20/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B.

State of Illinois
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.

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

EXPIRATION DATE	LIC. NUMBER
08/06/2018	0043240

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND IL 60473
EFFECTIVE DATE: 08/07/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	NUMBER
10/01/2018	0043273

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD IL 60411
EFFECTIVE DATE: 10/02/16

The face of this license has a colored background. Issued by Authority of the State of Illinois - 3/98

ATTACHMENT-12B

State of Illinois
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, rules and regulations and is hereby authorized to engage in the activity indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

06/30/2018	0043281

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 16

UNRESTRICTED 16 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

MATTESON COURT
237 CENTRAL AVENUE
MATTESON IL 60443
EFFECTIVE DATE: 07/01/16

The face of this license has a colored background. Issued by Authority of the State of Illinois • 5/18

ATTACHMENT-12B

State of Illinois
Department of Human Services

License No. **201300003S** Expires: March 31, 2017

The person, firm or corporation whose name appears on this license has complied with the required provisions of Illinois Statutes and Rules and is hereby authorized to provide Community Integrated Living Arrangements.

Pioneer Concepts, Inc.
280 S. Fairchild St.
Galesburg, Illinois 61401

FEIN: 364143602
Date of Issuance: April 1, 2015
Valid for this fiscal year

Felicia Stanton Gray
Bureau of Accreditation, Licensure and Certification

ATTACHMENT-12B

State of Illinois 2209453

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
03/31/2018	BSAE	0048025

LONG TERM CARE LICENSE
IGFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE IL 60411

EFFECTIVE DATE: 04/01/18

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

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION	LICENSE
10/01/2018	0043307

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

RAVISLOE TERRACE
18227 RAVISLOE
CNTRY CLUB HILLS IL 60478
EFFECTIVE DATE: 10/02/16

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

ATTACHMENT-12B

State of Illinois
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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

Effective Date	ID Number
10/01/2018	0043349

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 6

UNRESTRICTED 6 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARKHAM IL 60426
EFFECTIVE DATE: 10/02/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

State of Illinois 2207890

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LB NUMBER
10/01/2017	BGBE	0043364

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

PIONEER CONCEPTS, INC.

TORRENCE PLACE
3601 223RD STREET
SAUK VILLAGE IL 60411
EFFECTIVE DATE 10/02/15

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

ATTACHMENT-12B

Criterion 1125.530 - Planning Area Need

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

According to the May 3, 2017 Update to the 2015 Inventory of Health Care Facilities and Services and Need Determinations, the Board's website (hard copy appended as **ATTACHMENT-13A**) identifies an excess of 27 beds.

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

Through the signing of this application, the Applicant attests that the primary purpose of this project is to serve primarily the residents of Ogle County.

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

Appended as **ATTACHMENT-13B,** are four (4) hospital referral letters providing both historical and projected referrals. Collectively, these hospitals have identified 1,131.5 referrals made to area nursing facilities in the most recent 12-month period. These letters also indicate their willingness to make 307.2 potential referrals to Manor Court of Rochelle each year for the first two years after project completion.

It should be noted that the projected (anticipated) referrals are well within the number of historical referrals made and are more than enough to fill the proposed project's beds. Of the four letters received, three of the letters only submitted referrals that were sent out, for which the patients originated from within and around Rochelle. The fourth letter, from Northwestern Medicine's Kishwaukee Hospital in DeKalb, provided patient origin for all of its historical referrals and only historical patients from a conservative radius of 12 miles of Rochelle were

ATTACHMENT-13

used as referrals to support the project. What each of the referral sources have in common is the understanding that there is no alternative in Rochelle, and that many families chose to send loved ones to facilities outside of the community at significant inconveniences and cost. It is the identified referrals that are the methodology of support for this project. However, those numbers only scratch the surface of the real situation in Rochelle considering lack of modern amenities and provider choice. This project is being proposed to allow Rochelle and the immediate area an alternative so that residents can stay in their community.

LONG-TERM CARE FACILITY UPDATES

5/3/2017

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	360	279	81
Carroll	131	155	(24)
DeKalb	768	742	26
Jo Daviess	177	147	30
Lee	275	353	(78)
Ogle	538	565	(27)
Stephenson	581	646	(65)
Whiteside	595	819	(224)
Winnebago	2098	2220	(122)
HEALTH SERVICE AREA 2			
Bureau/Putnam	378	377	1
Fulton	455	603	(148)
Henderson/Warren	164	218	(54)
Knox	740	916	(176)
LaSalle	1208	1256	(48)
McDonough	341	360	(19)
Marshall/Stark	300	427	(127)
Peoria	1483	1608	(125)
Tazewell	1111	1256	(145)
Woodford	580	593	(13)
HEALTH SERVICE AREA 3			
Adams	1079	1294	(215)
Brown/Schuyler	147	179	(32)
Calhoun/Pike	264	337	(73)
Cass	153	150	3
Christian	373	427	(54)
Greene	115	119	(4)
Hancock	150	184	(34)
Jersey	323	369	(46)
Logan	371	446	(75)
Macoupin	523	704	(181)
Mason	120	164	(44)
Menard	114	106	8
Montgomery	382	480	(98)
Morgan/Scott	465	551	(86)
Sangamon	1162	1275	(113)

ATTACHMENT-13A

Northwestern Medicine

Kishwaukee Hospital
1 Kish Hospital Drive
DeKalb, Illinois 60115
815.756.1521
kishhealth.org

May 3, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Northwestern Medicine Kishwaukee Hospital supports the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

Within the past 12 months, Northwestern Medicine Kishwaukee Hospital transferred 827 patients to existing skilled care facilities. Please see the attached table for the home zip codes of these patients. Patient referrals have not been used to support another pending or approved CON application.

We have experienced times when placement of patients in the existing complement of skilled nursing facilities in the area is difficult and welcome an additional area provider that would accept those patients.

As Northwestern Medicine Kishwaukee Hospital is one of the area hospitals used by residents of Rochelle and their surrounding communities, we look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Jay Anderson
President
Northwestern Medicine Kishwaukee Hospital
Northwestern Medicine Valley West Hospital

State of Illinois
County of Knox

Sworn to before me this
3rd day of May, 2017

Verna J. Cox
Notary Public

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/14/19

ATTACHMENT-13B

Number of Patients Referred to Skilled Nursing Facilities
from Northwestern Medicine Kishwaukee Hospital,

May 2016 – April 2017

		NORM RANK				COUNT			
		PAT	LOS	REN	DIF	F	M	PAT	E
SNF	SKILLED NURS (cont.)								
SNF	SKILLED NURSING FACI								
	30240					1		1	
	51040					1		1	
	60013-1845						1	1	
	60101					2		2	
	60109						3	3	
	60111					1		1	
	60112					7	8	15	
	60112-0159					1		1	
	60113					2		2	
	60115					303	148	451	
	60115-0667						1	1	
	60115-2056					1		1	
	60115-4103						1	1	
	60115-4467					1		1	
	60115-4744					3		3	
	60115-9103						1	1	
	60119					2		2	
	60124					2		2	
	60129					3		3	
	60135					13	11	24	
	60136					2		2	
	60140					1	4	5	
	60140-0053					1		1	
	60145					4	7	11	
	60146					1	1	2	
	60146-8803						2	2	
	60150					5	7	12	
	60150-0246						1	1	
	60151					1		1	
	60175					1		1	
	60178					93	53	146	
	60178-9008					1		1	
	60436					1		1	
	60505					2		2	
	60518					2		2	
	60520					1	1	2	
	60530						1	1	
	60531					3	1	4	
	60536						1	1	
	60548					9	8	17	
	60548-1156					1		1	
	60548-2574						1	1	
	60550					13	12	25	
	60551					1		1	
	60552					3		3	
	60553						2	2	
	60556					8	1	9	
	60560						1	1	

Note: "PAT" column refers to the total number of patients referred May 2016 through April 2017

ATTACHMENT-13B

OSF
SAINT ANTHONY MEDICAL CENTER

April 18, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

OSF Saint Anthony Medical Center recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

OSF Saint Anthony Medical Center transferred patients to multiple existing skilled care facilities throughout the region. We estimate the number of patients OSF Saint Anthony Medical Center refers annually to the Rochelle and surrounding communities' that need skilled care averages 193 patients annually. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As one of the major acute care hospitals in Rockford, Illinois, OSF Saint Anthony Medical Center look forward to working with you to provide smooth and excellent transitions of care for patients from our facility to yours. We commend your efforts to improve the quality of care and quality of life for those served in the Rochelle community.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Paula Carynski

Paula Carynski, MS, RN, NEA-BC, FACHE
President

Date Notary

April 19, 2017
Amy Lozano

OFFICIAL SEAL
AMY LOZANO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/28/18

Rochelle
Community Hospital
900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax. (815) 561-3120

April 24, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rochelle Community Hospital recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

Within the past 24 months, Rochelle Community Hospital transferred 163 patients to existing skilled care facilities. Of these patients, 90% reside in Rochelle Community Hospital's primary market.

We estimate that 80% of these patients have the potential to be referred from Rochelle Community Hospital to Liberty Village of Rochelle over a 24 month period. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As Rochelle Hospital is the primary hospital used by residents of Rochelle and the surrounding communities, we could realistically anticipate a potential increased relationship and look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Mark J. Batty
Chief Executive Officer

Kimberly S. Louis
Notary

"OFFICIAL SEAL"
KIMBERLY S LOUIS
Notary Public, State of Illinois
My Commission Expires 06/24/2019

ATTACHMENT-13B

Mercyhealth™
A passion for making lives better.℠

Mercyhealth Campus
1000 Mineral Point Ave.
Janesville, WI 53548
MercyHealthSystem.org

April 26, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

RE: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rockford Memorial Hospital ("RMH") recommends the establishment project which is proposed for Manor Court of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

We estimate the number of patients that RMH will refer annually within a 24-month period after the project completion to Manor Court of Rochelle will be an average of 30 patients per year. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As RMH is one of the major acute care hospitals (Non-Critical Access) in the area, we are sought after or are the preferred choice for treatment of strokes, major trauma, orthopedic injuries, spinal cord injuries, joint replacements, head injuries, pulmonary issues, heart disease, cancer, neuro-muscular disorders and severe arthritis. As such, we anticipate, a potential increased relationship, and look forward to working with you. We commend your efforts to bring Rochelle residents back to their community, improve the quality of care and quality of life for those to be served.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Notarized
Subscribed + Sworn before me
30 April, 2017
Christopher Davis

OFFICIAL SEAL
CHRISTOPHER DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES FEBRUARY 18, 2018

Paul Van Den Heuvel
Vice President of Legal Affairs & General Counsel

ATTACHMENT-13B

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

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**

- **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**

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

Appended as **ATTACHMENT-13B** are four (4) area hospital referral letters identifying 1131.5 annual referrals that they have made to area nursing homes for the most recent two years. These historical referrals break out as follows:

Mercyhealth - Rockford Memorial Hospital - 60 historical referrals for the Rochelle Area are identified.

Northwestern Medicine – 827 historical referrals in the past 12 months, based upon patient zip code information, 19 from within a 12-mile radius of Rochelle, Illinois. Only these historical 19 were used to support the project.

OSF Saint Anthony Medical Center – refers 193 patients annually to Rochelle and surrounding communities.

Rochelle Community Hospital - has referred 163 patients to existing skilled care facilities and 80% of that total is expected to be referred to the proposed project. All but 10 percent of the total referrals are derived from the hospital's service area.

Cumulatively, these four referral sources identified 1131.5 historical referrals made, of which 307.2 referrals had origins of Rochelle and its immediate service area.

ATTACHMENT-14

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

The hospital referral letters appended in **ATTACHMENT-13B** use the historical referrals to area facilities as their basis of making projections. Specifically, these referral sources have identified the referrals that have come to them from the Rochelle area. In the case of Northwestern Medicine's Kishwaukee Hospital, the referrals were identified by the historical referrals that were derived from within a 12-mile radius of Rochelle (Applicant's proposed site). Individually, it should be noted that the hospitals/physicians reviewed their patient files, and to the level that the information was available or allowed, were able to make conservative projections of referrals to the proposed project. It should be noted that the source estimated an allowance for increased patient load which is inevitable with the substantially growing 65+ age cohort.

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

- The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.
- The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion.
- Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address.

The referral resources have identified 1,131.5 historical referrals tied to the Rochelle community/service area. These letters indicate that they will refer annually for the next two years, should the service be available, 307.2 referrals. This does not include that the health

ATTACHMENT-14

care providers are facing a substantial increase in the 65+ age cohort within the area and their practices. It does not include that their respective practices have been, and are expected to continue, growing. The chart provided herein illustrates that both the Ogle County Planning area and the PSA (20-minute travel time) have substantial aging of their respective populations. As the rules only allow referrals to look backwards to historical referrals, this high growth rate of the 65+ age cohort provide a further indicator of need for the project.

65+Population by Counties and Service Area					
	2015	2020	% Change	2025	% Change
Ogle County 65+	9,388	10,921	**16.4%**	12,690	**16.1%**
DeKalb County 65+	11,625	13,447	**15.7%**	15,570	**15.8%**
Lee County 65+	6,167	6,853	**11.1%**	7,707	**12.5%**
		2017		2022	% Change
Rochelle 20-Mile Radius 65+		19,640		22,327	**13.7%**
Source: County Population from IDPH demographic data and Service Area data from Scan/US					

The referral letters each state that the referrals have not been used to justify or support another Certificate of Need application. Moreover, the number of historical referrals alone adequately addresses meeting and obtaining the optimal use rate of 90 percent.

Each referral letter has the required notarized signature, name and address.

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

Please note that each referral letter states that its patients' referrals have not been used to support any other pending or approved CON application for this area. Refer to **ATTACHMENT-13B.**

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

This item is not germane.

ATTACHMENT-14

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

- The absence of the proposed service within the planning area;

  This item does not address service restrictions within Ogle County.

- Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;

Three area facilities have access limitations due to payer status for individuals with LTC coverage through Medicaid. Bethany Health Care and Rehab Center in DeKalb is licensed for 90 nursing beds, of which only 7 beds are dual Medicare and Medicaid Certified, and no additional beds are Medicaid Certified. Eighty-three beds are not accessible to the Medicaid Population from this facility. Oak Crest/DeKalb in DeKalb is licensed for 73 nursing beds, of which no beds are certified for Medicaid. Prairie Crossing Living & Rehabilitation is a 91-bed all private pay facility without Medicare or Medicaid beds. These facilities present significant access limitations; 21.1% (247 beds) of all beds are not accessible to the Medicaid population.

- Restrictive admission policies of existing providers; or

There are four facilities within the identified service area that appear to have restrictive admission policies due to high rates of a specialized population, as compared to a more general geriatric population. Specifically, Rochelle Rehab & Health Center, a 50-bed nursing facility, has 50% of its total resident compliment as Mentally Ill (MI). Likewise, Rochelle Gardens Care Center (74-beds), DeKalb County Rehab & Nursing (190-beds) and Bethany Health Care & Rehab Center (90-beds) have 92.3%, 36% and

38.3% of their respective total resident compliment as MI. The reality is that an MI population is typically younger, less physically frail and more mobile. This is starkly opposite of the more traditional geriatric population. This difference is important as the populations require different services, staffing, and activities. Even more importantly, an older more frail population is more vulnerable to abuse, where a more MI population is less susceptible to physical abuse but potentially more in danger to being exploited. These two distinct populations need to be catered to differently and separately. Therefore, with such high percentages of specific (MI) populations, especially in the two Rochelle nursing facilities,. there is restrictive admissions for the general geriatric populations.

- The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

  This item is not germane to the project.

2. Additional documentation required:

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

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

Appended as **ATTACHMENT-10B**, is a listing of the names and locations of the other planning area service providers. A listing of the facilities and their respective utilization rates are appended as **ATTACHMENT- 17A**.

b. Patient/resident location information by zip code;

As the proposed project is for the establishment of a service, and as a result there are no existing residents, location information by zip code is not germane.

ATTACHMENT-17

c. Independent time-travel studies;

Refer to **ATTACHMENT-17B** for a summary listing of the independent time-travel studies. The individual MapQuest travel-time studies are appended as **ATTACHMENT-10D**.

d. Certification of a waiting list;

As the proposed project is for the establishment of a service, and as a result there are no existing residents, a wait list is not germane.

e. Admission restrictions that exist in area providers;

There appears to be four area facilities with high percentages of MI populations. This is documented by the IDPH facility profiles for these respective facilities, appended as **ATTACHMENT-17C**, which self-report total residents diagnosed as MI and total residents reported as sex offenders.

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

Appended as **ATTACHMENT-10E,** is a market study performed by Laurel Research Associates, Inc. This study found that in the next five years, as set forth by rule, that there will be a strong need for additional beds and services in Rochelle. This need around Rochelle is stronger than looking at the County (Ogle) by itself. The study also presumes that all nursing beds are equal, meaning the need assumes first that the existing beds would be fully utilized. Finally, this project only in part addresses the projected outstanding need and is therefore rather conservative in nature.

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

Appended as **ATTACHMENT-17D** is a copy of the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for Ogle County Planning Area.

Manor Court of Rochelle
20-Mile Market Radius
Utilization Data

FACID	FACNAME	ADDRESS	2015 PROFILE DATA						
			# of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Admissions	ALOS
6014872	Bethany Hlth Care & Rehab Ctr.	3298 Resource Parkway	90	90	27,252	82.96%	82.96%	206	132.3
6015630	Dekalb County Rehab & Nursing	2600 N. Annie Glidden Road	190	190	61,654	88.90%	88.90%	219	281.5
6003305	Franklin Grove Nursing Center (1)	502 N. State St	121	121	32,999	74.72%	74.72%	127	259.8
6006514	Neighbors Rehab Ctr (2)	811 W 2nd St	101	101	26,620	72.21%	72.21%	93	286.2
6006738	Oak Crest/Dekalb (3)	2944 Greenwood Acres Drive	73	73	26,154	98.16%	98.16%	177	198.2
6009989	Oregon Healthcare Center (4)	811 South 10th Street	104	104	24,868	65.51%	65.51%	55	452.1
6007413	Pine Acres Care Center (5)	1212 South Second Street	119	115	30,106	69.31%	71.72%	132	228.1
6007447	Pinecrest Manor	414 South Wesley Avenue	125	125	41010	89.88%	89.88%	166	247.0
6008502	Prairie Crossing Living & Rehabilitation (6)	4 South Sequoya St	91	91	23,273	70.07%	70.07%	47	495.2
6008098	Rochelle Gardens Care Center (7)	1021 North Caron Road	74	74	21,967	81.33%	81.33%	32	686.5
6008106	Rochelle Rehab & Health Center (8)	900 North 3rd Street	50	50	14,478	79.33%	79.33%	84	172.4
			1,138	**1,134**	**330,381**	**79.54%**	**79.82%**	**1,338**	**253.6**

(1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
(2) D1/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
(3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
(4) 2015 profile name: Oregon Living & Rehab Center
(5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
(6) Formerly Shabbona Nursing Home (1984 Inventory); 2D11-2015 profiles address: 409 West Comanche Street
(7) formerly Rochelle Manor (1984 Inventory)
(8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
Microsoft MapPoint 2009

Manor Court of Rochelle
20-Mile Market Radius
Travel Times

FACID	FACNAME	ADDRESS	CITY	ZIP	2015 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Drive Time
6014872	Bethany Hlth Care & Rehab Ctr.	3298 Resource Parkway	Dekalb	60115	90	21.1	32
6015630	Dekalb County Rehab & Nursing	2600 N. Annie Glidden Road	Dekalb	60115-0000	190	18	26
6003305	Franklin Grove Nursing Center (1)	502 N. State St	Franklin Grove	61031-0000	121	16.7	20
6006514	Neighbors Rehab Ctr (2)	811 W 2nd St	Byron	61010-0000	101	22.6	28
6006738	Oak Crest/Dekalb (3)	2944 Greenwood Acres Drive	Dekalb	60115-0000	73	21	32
6009989	Oregon Healthcare Center (4)	811 South 10th Street	Oregon	61061-0000	104	19	25
6007413	Pine Acres Care Center (5)	1212 South Second Street	Dekalb	60115-0000	119	18.4	28
6007447	Pinecrest Manor	414 South Wesley Avenue	Mount Morris	61054-0000	125	23.9	31
6008502	Prairie Crossing Living & Rehabilitation (6)	4 South Sequoya St	Shabbona	60550-0000	91	22.5	26
6008098	Rochelle Gardens Care Center (7)	1021 North Caron Road	Rochelle	61068-0000	74	2.2	3
6008106	Rochelle Rehab & Health Center (8)	900 North 3rd Street	Rochelle	61068-0000	50	1.9	4
					1,138		

(1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
(2) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
(3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
(4) 2015 profile name: Oregon Living & Rehab Center
(5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
(6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
(7) formerly Rochelle Manor (1984 Inventory)
(8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
Microsoft MapPoint 2009

BETHANY REHAB & HEALTHCARE CENTER
3206 RESOURCE PARKWAY
DEKALB, IL. 60115

Reference Numbers
Facility ID 6014872
Health Service Area 001
Planning Service Area 037 DeKalb
County 037 DeKalb County

Administrator
Ray Freson

Contact Person and Telephone
Ray Freson
815-756-8686

Registered Agent Information
Dan Maher
412 E. Lawrence Ave

Date Questionnaire Completed 5/3/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	8
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	82
Total Admissions 2015	206
Total Discharges 2015	207
Residents on 12/31/2015	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	31
Total Residents Reported as Identified Offenders	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	86	86	81	9	90	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	86	86	81	9	90	78

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5526	20.2%	14127	49.6%	8	2460	4037	0	27252	83.0%	83.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5526	20.2%	14127	49.6%	0	2460	4037	0	27252	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	14	0	0	0	0	0	0	5	14	19
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	26	55	0	0	0	0	0	0	26	55	81

BETHANY REHAB & HEALTHCARE CENTER
3206 RESOURCE PARKWAY
DEKALB, IL. 60115

Classification Numbers

Facility ID	6014872	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	45	0	8	10	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	45	0	8	10	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	204
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	1.00
Certified Aides	19.00
Other Health Staff	6.00
Non-Health Staff	11.00
Totals	50.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.0%	28.1%	0.0%	16.7%	11.2%	100.0%		
3,372,687	2,154,278	0	1,278,498	856,232	7,661,675	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Reference Numbers

Facility ID	6015630	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Bart J. Becker

Contact Person and Telephone
Bart J. Becker
(815)758-2477

Registered Agent Information

(Not Answered)

Date Questionnaire Completed 3/2/2016

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	8
Medicare Recipient	8
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	175
Total Admissions 2015	219
Total Discharges 2015	223
Residents on 12/31/2015	172

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	8
Genitourinary System Disorders	0
Skin Disorders	8
Muscule-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	52
Total Residents Reported as Identified Offenders	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	177	190	172	18	186	186
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	177	190	172	18	190	186

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9566	13.8%	36410	52.5%	8	0	15667	0	61654	88.9%	88.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	8	0	8	0	0	0.0%	8.0%
Sheltered Care					8	8	8	0	0	0.0%	0.0%
TOTALS	9566	13.8%	36410	52.5%	0	0	15667	0	61654	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	5	0	0	0	0	0	0	0	5	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	15	33	0	0	0	0	0	0	13	33	46
85+	17	84	0	0	0	0	0	0	17	84	101
TOTALS	39	133	0	0	0	0	0	0	39	133	172

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Classification Numbers

Facility ID	6015630	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	60	0	8	59	0	172
Skilled Under 22	0	0	0	8	8	0	0
Intermediate D		0	0	0	8	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	60	0	0	59	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	204
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	8	0	0	3
American Indian	0	0	8	0	8
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	168	0	0	0	168
Race Unknown	0	0	0	0	0
Total	172	0	0	0	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	0
Non-Hispanic	172	0	8	0	172
Ethnicity Unknown	8	8	8	0	0
Total	172	0	0	0	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	7.00
Certified Aides	92.00
Other Health Staff	14.86
Non-Health Staff	81.00
Totals	232.00

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
29.7%	27.4%	8.0%	5.2%	37.6%	100.0%		
4,004,209	3,691,194	0	700,110	5,065,140	13,460,653	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-17C

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Reference Numbers
Facility ID 6008098
Health Service Area 001
Planning Service Area 141 Ogle
County 141 Ogle County

Administrator
Greg Wilsen

Contact Person and Telephone
Marikay Snyder
309-801-8113

Registered Agent Information
Marikay Snyder
830 West Traficrook Drive

Date Questionnaire Completed 3/18/2016

Life Care Facility

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	5
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	65
Total Admissions 2015	32
Total Discharges 2015	45
Residents on 12/31/2015	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscuto-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	45
Total Residents Reported as Identified Offenders	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	71	74	52	22	0	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	71	74	52	22	0	74

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	415	0.0%	19863	73.5%	1224	0	465	0	21967	81.3%	81.3%
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	415	0.0%	19863	73.5%	1224	0	465	0	21967	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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 15	0	0	0	0	0	0	0	0	0	0	0
15 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	12	6	0	0	0	0	0	0	12	6	18
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	4	0	0	0	0	0	0	0	4	0	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	31	21	0	0	0	0	0	0	31	21	52

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Classification Numbers
Facility ID 6008098
Health Service Area 001
Planning Service Area 141 Ogle
County 141 Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	51	1	0	0	0	52
Skilled Under 22	0	5	0	0	0	0	5
Intermediate D		0	0	0	0	5	5
Sheltered Care			0	0	0	0	0
TOTALS	0	51	1	0	5	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	43.00

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
5.8%	91.4%	0.0%	0.6%	2.2%	100.0%		
164,533	2,594,203	0	16,818	61,630	2,837,284	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL 61068

References Numbers

Facility ID	6008108	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Jason Stewart

Contact Person and Telephone
Marilyn Snyder
309-691-5113

Registered Agent Information
Marilyn Snyder
830 West Trailcreek Drive

Date Questionnaire Completed 3/18/2016

(Not Answered)

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	5
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	34
Total Admissions 2015	64
Total Discharges 2015	68
Residents on 12/31/2015	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill	15
Total Residents Reported as Identified Offenders	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	36	50	30	20	50	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	36	50	30	20	50	50

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2774	15.2%	5833	32.0%	420	145	5308	0	14478	79.3%	79.3%
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	2774	15.2%	5833	32.0%	420	145	5308	0	14478	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

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	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	6	9	0	0	0	0	0	0	6	9	15
TOTALS	12	18	0	0	0	0	0	0	12	18	30

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL 61068

Classification Numbers

Facility ID	6008108	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	16	0	0	10	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	16	0	0	10	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	1	0	0	0	1
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	1	0	0	0	1
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	8.00
Non-Health Staff	13.00
Totals	38.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.5%	30.1%	0.0%	3.5%	27.9%	100.0%		
929,715	725,895	0	84,355	674,613	2,414,578	$	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Planning Area: Ogle

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
NEIGHBORS REHABILITATION CENTER	BYRON	Ogle County	101	30,538
NEIGHBORS REHABILITATION CENTER (PERMIT)	BYRON	Ogle County	30	
6/3/2014 14-008 Approved for permit to add 30 Nursing Care beds to existing facility. Facility will have 131 Nursing Care beds upon completion.				
OREGON LIVING & REHAB CENTER	OREGON	Ogle County	104	25,257
PINECREST MANOR	MOUNT MORRIS	Ogle County	125	41,047
POLO REHAB & HEALTHCARE	POLO	Ogle County	81	18,975
2/1/2014 CHOW Change of ownership occurred.				
ROCHELLE GARDENS CARE CENTER	ROCHELLE	Ogle County	74	19,877
ROCHELLE HOSPITAL (SWING BEDS)	ROCHELLE	Ogle County	0	118
ROCHELLE REHAB & HEALTH CARE	ROCHELLE	Ogle County	50	14,501
		Planning Area Totals	**565**	**150,313**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
001	0-64 Years Old	247,928	574,100	431.9	259.1	691.0
	65-74 Years Old	200,627	58,900	3,406.2	2,043.7	5,450.0
	75+ Years Old	1,192,721	47,100	25,323.2	15,193.9	40,517.1

	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	20,760	43,600	476.1	259.1	691.0	476.1	43,800	20,855			
65-74 Years Old	22,685	5,100	4,448.0	2,043.7	5,450.0	4,448.0	5,800	25,799			
75+ Years Old	106,868	3,700	28,883.2	15,193.9	40,517.1	28,883.2	4,500	129,975			
						Planning Area Totals		**176,628**	**483.9**	**538**	27

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:

   a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

   Appended as **ATTACHMENT-18A**, is a listing of all zip code areas that are located in total or in part within the 30-minute travel contour from the proposed project's site.

   b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

   ATTACHMENT-18A, also lists the corresponding population for the zip code areas. The census data from http://factfinder.census.gov is appended as **ATTACHMENT-18B**.

   c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

   A list of names and locations of all existing and approved Long-Term Care facilities located within 30 minutes of the proposed project site is appended as **ATTACHMENT-18C**.

2. The applicant shall document that the project will not result in maldistribution of services.

Maldistribution is typified by having too many facilities together within the service area where as the ratio of "beds to population" is one and one half times greater than the ratio of the State as a whole.

The market area of Ogle County has a ratio of beds to population that equals one nursing bed to every 95.8 persons. The over-65 age cohort's ratio equates to one nursing bed to every 18.2 persons, as compared to the State's ratios that respectively are one nursing bed to every

ATTACHMENT-18

129.7 people, and one nursing bed to every 20 seniors. Therefore, a maldistribution by the Board's definition will not result. Upon project completion the actual ratio of beds to population for the State and the 30-minute travel contour are as follows:

Market	2013 Population	2018 Population	Growth	Lic. Beds	Pop for 1-bed	2013 65+ Pop	2018 65+ Pop	Growth	65+ Pop for 1-bed
Illinois	12,881,000	13,069,400	1.5%	100,792	**129.7**	1,742,900	2,018,400	15.8%	**20.0**
Ogle County	52,400	54,100	3.2%	565	**95.8**	8,800	10,300	17.0%	**18.2**
Market	**2017 Population**	**2022 Population**	**Growth**	**Lic. Beds**	**Pop for 1-bed**	**2017 65+ Pop**	**2022 65+ Pop**	**Growth**	**65+ Pop for 1-bed**
Rochelle-20Mi Radius	137,501	134,053	-2.5%	1,168	**114.7**	19,640	22327	13.7%	**19.1**

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015

Nursing Care Beds
(20-mile Radius) 1,229 (1,137 existing + 92 proposed beds) = **0.007321**
Population (2017) 167,872
(30-minute drive time)

Nursing Care Beds
(Ogle County) 657 (565 existing + 92 proposed beds) = **0.01214**
Population (2018) 54,100
(Ogle County)

Total Nursing Care Beds 100,792
(State of Illinois) ——— = 0.0077120*1.5 **=0.011568**
Population (2018) 13,069,400

The above chart provides a bit of color for the ratios that are calculated, as the State's required ratio implies that there is one nursing bed for every 0.011568 persons over 65 years of age before a maldistribution of services. This means too many beds/services for an area to be more than saturated. The inverse of that ratio is provided in the above chart which illustrated that same ratio means that there are 20 persons over the age of 65 for every one nursing bed. The maldistribution definition becomes germane when that ratio becomes only 10 persons 65+ for every one nursing bed. As neither the ratios for the 20-mile radius nor that of the County are near that one and one half times threshold for maldistribution, this project will not result in a maldistribution of beds or services.

ATTACHMENT-18

3. The applicant shall document that, within 24 months after project completion, the proposed project:

a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and

As the average utilization of other area providers is already below the occupancy standard of 90 percent as specified in Section 1125.210(c), this item is not applicable.

b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

This project will not create a maldistribution of beds and services as the ratio performed above illustrates. However, there are other indicators of need. One such indicator is what kind of Long-Term Care services are currently available in Rochelle and its market area. The travel time and distance of the facilities within the primary market area (20-mile radius) shows that the median travel time is 26 minutes away. Other than the two Rochelle facilities, the next closest is 20 minutes away. With the restrictive admission policies apparent at these facilities, there are no general geriatric Long-Term Care facilities within 20 minutes of the proposed site forcing those from within this community to leave their community for nursing services. The issue in this care is not about competition or market share it is about accessibility and need in an isolated part of a rural County.

ATTACHMENT-18

Manor Court of Rochelle
30 Minute Zip Codes and
Population Totals

ZIP Code	Population
60111	296
60112	4,598
60115	45,982
60129	163
60146	2,587
60150	1,557
60530	464
60550	1,611
60553	795
61006	1,764
61015	699
61016	4,405
61020	3,205
61021	23,226
61031	1,724
61049	557
61052	888
61061	6,524
61068	14,816
61084	2,956
61104	18,982
61109	27,432
61318	798
61353	1,271
61378	572
	167,872

Sources:
Microsoft MapPoint 2009
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates

ATTACHMENT-18A

S0101: AGE AND SEX
2011-2015 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.
Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The age dependency ratio is derived by dividing the combined under-18 and 65-and-over populations by the 18-to-64 population and multiplying by 100.

The old-age dependency ratio is derived by dividing the population 65 and over by the 18-to-64 population and multiplying by 100.

The child dependency ratio is derived by dividing the population under 18 by the 18-to-64 population and multiplying by 100.

While the 2011-2015 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.
Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

Subject	ZCTA5 60111		ZCTA5 60112		ZCTA5 60115		ZCTA5 60129		ZCTA5 60146		ZCTA5 60150	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE												
Total population	296	296	4,598	4,598	45,982	45,982	163	163	2,587	2,587	1,557	1,557
Male	146	49.3%	2,239	48.7%	22,419	48.8%	79	48.5%	1,338	51.7%	813	52.2%
Female	150	50.7%	2,359	51.3%	23,563	51.2%	84	51.5%	1,249	48.3%	744	47.8%
Under 5 years	0	0.0%	414	9.0%	2,805	6.1%	16	9.8%	148	5.7%	87	5.6%
5 to 9 years	0	0.0%	408	8.9%	2,492	5.4%	14	8.6%	184	7.1%	130	8.3%
10 to 14 years	24	8.1%	457	9.9%	2,519	5.5%	5	3.1%	227	8.8%	98	6.3%
15 to 19 years	29	9.8%	381	8.3%	5,423	11.8%	9	5.5%	177	6.8%	86	5.5%
20 to 24 years	0	0.0%	455	9.9%	10,523	22.9%	8	4.9%	191	7.4%	89	5.7%
25 to 34 years	0	0.0%	783	17.0%	6,687	14.5%	23	14.1%	317	12.3%	240	15.4%
35 to 44 years	7	2.4%	845	18.4%	3,992	8.7%	11	6.7%	275	10.6%	160	10.3%
45 to 54 years	58	19.6%	523	11.4%	3,996	8.7%	24	14.7%	413	16.0%	201	12.9%
55 to 59 years	6	2.0%	144	3.1%	1,880	4.1%	15	9.2%	192	7.4%	117	7.5%
60 to 64 years	77	26.0%	53	1.2%	1,693	3.7%	12	7.4%	193	7.5%	145	9.3%
65 to 74 years	88	29.7%	100	2.2%	2,053	4.5%	16	9.8%	126	4.9%	124	8.0%
75 to 84 years	0	0.0%	20	0.4%	1,204	2.6%	5	3.1%	84	3.2%	61	3.9%
85 years and over	7	2.4%	15	0.3%	715	1.6%	5	3.1%	60	2.3%	19	1.2%
Median age (years)	63.6	(X)	29.3	(X)	24.4	(X)	38.3	(X)	36.7	(X)	37.8	(X)
18 years and over	243	82.1%	3,008	65.4%	36,791	80.0%	123	75.5%	1,900	73.4%	1,185	76.1%
21 years and over	243	82.1%	2,814	61.2%	30,032	65.3%	115	70.6%	1,802	69.7%	1,131	72.6%
62 years and over	172	58.1%	153	3.3%	5,108	11.1%	30	18.4%	390	15.1%	291	18.7%
65 years and over	95	32.1%	135	2.9%	3,972	8.6%	26	16.0%	270	10.4%	204	13.1%
18 years and over	243	243	3,008	3,008	36,791	36,791	123	123	1,900	1,900	1,185	1,185
Male	122	50.2%	1,502	49.9%	17,821	48.4%	61	49.6%	992	52.2%	630	53.2%
Female	121	49.8%	1,506	50.1%	18,970	51.6%	62	50.4%	908	47.8%	555	46.8%
65 years and over	95	95	135	135	3,972	3,972	26	26	270	270	204	204
Male	67	70.5%	55	40.7%	1,714	43.2%	13	50.0%	135	50.0%	92	45.1%

Subject	ZCTA5 60111		ZCTA5 60112		ZCTA5 60115		ZCTA5 60129		ZCTA5 60146		ZCTA5 60150	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Female	28	29.5%	80	59.3%	2,258	56.8%	13	50.0%	135	50.0%	112	54.9%
RACE												
Total population	296	296	4,598	4,598	45,982	45,982	163	163	2,587	2,587	1,557	1,557
One race	296	100.0%	4,417	96.1%	44,640	97.1%	163	100.0%	2,519	97.4%	1,516	97.4%
Two or more races	0	0.0%	181	3.9%	1,342	2.9%	0	0.0%	68	2.6%	41	2.6%
One race	296	100.0%	4,417	96.1%	44,640	97.1%	163	100.0%	2,519	97.4%	1,516	97.4%
White	296	100.0%	4,037	87.8%	33,378	72.6%	163	100.0%	2,492	96.3%	1,497	96.1%
Black or African American	0	0.0%	172	3.7%	6,471	14.1%	0	0.0%	0	0.0%	16	1.0%
American Indian and Alaska Native	0	0.0%	0	0.0%	48	0.1%	0	0.0%	0	0.0%	0	0.0%
Cherokee tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0	0.0%	0	0.0%	27	0.1%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	0	0.0%	74	1.6%	2,015	4.4%	0	0.0%	6	0.2%	0	0.0%
Asian Indian	0	0.0%	20	0.4%	955	2.1%	0	0.0%	0	0.0%	0	0.0%
Chinese	0	0.0%	0	0.0%	293	0.6%	0	0.0%	0	0.0%	0	0.0%
Filipino	0	0.0%	26	0.6%	317	0.7%	0	0.0%	6	0.2%	0	0.0%
Japanese	0	0.0%	0	0.0%	11	0.0%	0	0.0%	0	0.0%	0	0.0%
Korean	0	0.0%	20	0.4%	179	0.4%	0	0.0%	0	0.0%	0	0.0%
Vietnamese	0	0.0%	8	0.2%	126	0.3%	0	0.0%	0	0.0%	0	0.0%
Other Asian	0	0.0%	0	0.0%	134	0.3%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	0	0.0%	134	2.9%	2,728	5.9%	0	0.0%	21	0.8%	3	0.2%
Two or more races	0	0.0%	181	3.9%	1,342	2.9%	0	0.0%	68	2.6%	41	2.6%
White and Black or African American	0	0.0%	38	0.8%	595	1.3%	0	0.0%	16	0.6%	12	0.8%

Subject	ZCTA5 60111		ZCTA5 60112		ZCTA5 60115		ZCTA5 60129		ZCTA5 60146		ZCTA5 60150	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
White and American Indian and Alaska Native	0	0.0%	20	0.4%	51	0.1%	0	0.0%	0	0.0%	23	1.5%
White and Asian	0	0.0%	29	0.6%	175	0.4%	0	0.0%	52	2.0%	0	0.0%
Black or African American and American Indian and Alaska Native	0	0.0%	0	0.0%	11	0.0%	0	0.0%	0	0.0%	0	0.0%
Race alone or in combination with one or more other races												
Total population	296	296	4,598	4,598	45,982	45,982	163	163	2,587	2,587	1,557	1,557
White	296	100.0%	4,124	89.7%	34,453	74.9%	163	100.0%	2,560	99.0%	1,538	98.8%
Black or African American	0	0.0%	304	6.6%	7,231	15.7%	0	0.0%	16	0.6%	28	1.8%
American Indian and Alaska Native	0	0.0%	20	0.4%	141	0.3%	0	0.0%	0	0.0%	23	1.5%
Asian	0	0.0%	103	2.2%	2,397	5.2%	0	0.0%	58	2.2%	0	0.0%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	150	0.3%	0	0.0%	0	0.0%	0	0.0%
Some other race	0	0.0%	228	5.0%	3,057	6.6%	0	0.0%	21	0.8%	9	0.6%
HISPANIC OR LATINO AND RACE												
Total population	296	296	4,598	4,598	45,982	45,982	163	163	2,587	2,587	1,557	1,557
Hispanic or Latino (of any race)	0	0.0%	816	17.7%	5,687	12.4%	33	20.2%	192	7.4%	64	4.1%
Mexican	0	0.0%	646	14.0%	4,845	10.5%	33	20.2%	159	6.1%	48	3.1%
Puerto Rican	0	0.0%	97	2.1%	540	1.2%	0	0.0%	15	0.6%	12	0.8%
Cuban	0	0.0%	18	0.4%	63	0.1%	0	0.0%	0	0.0%	0	0.0%
Other Hispanic or Latino	0	0.0%	55	1.2%	239	0.5%	0	0.0%	18	0.7%	4	0.3%
Not Hispanic or Latino	296	100.0%	3,782	82.3%	40,295	87.6%	130	79.8%	2,395	92.6%	1,493	95.9%
White alone	296	100.0%	3,449	75.0%	30,972	67.4%	130	79.8%	2,325	89.9%	1,442	92.6%
Black or African American alone	0	0.0%	172	3.7%	6,225	13.5%	0	0.0%	0	0.0%	16	1.0%
American Indian and Alaska Native alone	0	0.0%	0	0.0%	35	0.1%	0	0.0%	0	0.0%	0	0.0%
Asian alone	0	0.0%	74	1.6%	1,998	4.3%	0	0.0%	6	0.2%	0	0.0%
Native Hawaiian and Other Pacific Islander alone	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	0	0.0%	0	0.0%	24	0.1%	0	0.0%	0	0.0%	0	0.0%
Two or more races	0	0.0%	87	1.9%	1,041	2.3%	0	0.0%	64	2.5%	35	2.2%
Two races including Some other race	0	0.0%	0	0.0%	26	0.1%	0	0.0%	0	0.0%	0	0.0%

Subject	ZCTA5 60111		ZCTA5 60112		ZCTA5 60115		ZCTA5 60129		ZCTA5 60146		ZCTA5 60150	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Two races excluding Some other race, and Three or more races	0	0.0%	87	1.9%	1,015	2.2%	0	0.0%	64	2.5%	35	2.2%
Total housing units	137	(X)	1,604	(X)	18,170	(X)	74	(X)	1,020	(X)	684	(X)
CITIZEN, VOTING AGE POPULATION												
Citizen, 18 and over population	243	243	2,865	2,865	34,088	34,088	115	115	1,887	1,887	1,181	1,181
Male	122	50.2%	1,413	49.3%	16,220	47.6%	56	48.7%	979	51.9%	630	53.3%
Female	121	49.8%	1,452	50.7%	17,868	52.4%	59	51.3%	908	48.1%	551	46.7%

Subject	ZCTA5 60530		ZCTA5 60550		ZCTA5 60553		ZCTA5 61006		ZCTA5 61015		ZCTA5 61016	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE												
Total population	464	464	1,611	1,611	795	795	1,764	1,764	699	699	4,405	4,405
Male	246	53.0%	804	49.9%	432	54.3%	936	53.1%	366	52.4%	2,279	51.7%
Female	218	47.0%	807	50.1%	363	45.7%	828	46.9%	333	47.6%	2,126	48.3%
Under 5 years	23	5.0%	111	6.9%	43	5.4%	63	3.6%	11	1.6%	136	3.1%
5 to 9 years	29	6.3%	101	6.3%	54	6.8%	122	6.9%	54	7.7%	287	6.5%
10 to 14 years	47	10.1%	148	9.2%	67	8.4%	72	4.1%	36	5.2%	200	4.5%
15 to 19 years	24	5.2%	117	7.3%	48	6.0%	95	5.4%	24	3.4%	168	3.8%
20 to 24 years	34	7.3%	84	5.2%	52	6.5%	119	6.7%	18	2.6%	171	3.9%
25 to 34 years	33	7.1%	169	10.5%	108	13.6%	220	12.5%	53	7.6%	476	10.8%
35 to 44 years	50	10.8%	173	10.7%	81	10.2%	126	7.1%	44	6.3%	443	10.1%
45 to 54 years	77	16.6%	283	17.6%	109	13.7%	333	18.9%	152	21.7%	652	14.8%
55 to 59 years	43	9.3%	85	5.3%	40	5.0%	153	8.7%	78	11.2%	518	11.8%
60 to 64 years	28	6.0%	55	3.4%	61	7.7%	141	8.0%	69	9.9%	405	9.2%
65 to 74 years	51	11.0%	151	9.4%	102	12.8%	200	11.3%	57	8.2%	673	15.3%
75 to 84 years	18	3.9%	87	5.4%	27	3.4%	95	5.4%	66	9.4%	228	5.2%
85 years and over	7	1.5%	47	2.9%	3	0.4%	25	1.4%	37	5.3%	48	1.1%
Median age (years)	44.2	(X)	37.8	(X)	40.8	(X)	47.1	(X)	52.8	(X)	50.2	(X)
18 years and over	342	73.7%	1,148	71.3%	588	74.0%	1,434	81.3%	594	85.0%	3,681	83.6%
21 years and over	336	72.4%	1,114	69.1%	568	71.4%	1,356	76.9%	571	81.7%	3,561	80.8%
62 years and over	84	18.1%	315	19.6%	167	21.0%	442	25.1%	215	30.8%	1,200	27.2%
65 years and over	76	16.4%	285	17.7%	132	16.6%	320	18.1%	160	22.9%	949	21.5%
18 years and over	342	342	1,148	1,148	588	588	1,434	1,434	594	594	3,681	3,681
Male	184	53.8%	542	47.2%	302	51.4%	730	50.9%	341	57.4%	1,877	51.0%
Female	158	46.2%	606	52.8%	286	48.6%	704	49.1%	253	42.6%	1,804	49.0%
65 years and over	76	76	285	285	132	132	320	320	160	160	949	949
Male	44	57.9%	99	34.7%	84	63.6%	145	45.3%	90	56.3%	505	53.2%

Subject	ZCTA5 60530		ZCTA5 60550		ZCTA5 60553		ZCTA5 61006		ZCTA5 61015		ZCTA5 61016	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Female	32	42.1%	186	65.3%	48	36.4%	175	54.7%	70	43.8%	444	46.8%
RACE												
Total population	464	464	1,611	1,611	795	795	1,764	1,764	699	699	4,405	4,405
One race	451	97.2%	1,607	99.8%	785	98.7%	1,705	96.7%	699	100.0%	4,284	97.3%
Two or more races	13	2.8%	4	0.2%	10	1.3%	59	3.3%	0	0.0%	121	2.7%
One race	451	97.2%	1,607	99.8%	785	98.7%	1,705	96.7%	699	100.0%	4,284	97.3%
White	441	95.0%	1,516	94.1%	770	96.9%	1,683	95.4%	699	100.0%	3,932	89.3%
Black or African American	9	1.9%	87	5.4%	15	1.9%	5	0.3%	0	0.0%	185	4.2%
American Indian and Alaska Native	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cherokee tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	0	0.0%	4	0.2%	0	0.0%	12	0.7%	0	0.0%	132	3.0%
Asian Indian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	32	0.7%
Chinese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17	0.4%
Filipino	0	0.0%	0	0.0%	0	0.0%	12	0.7%	0	0.0%	37	0.8%
Japanese	0	0.0%	4	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Korean	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Vietnamese	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Asian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	46	1.0%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	0	0.0%	0	0.0%	0	0.0%	5	0.3%	0	0.0%	35	0.8%
Two or more races	13	2.8%	4	0.2%	10	1.3%	59	3.3%	0	0.0%	121	2.7%
White and Black or African American	11	2.4%	0	0.0%	7	0.9%	0	0.0%	0	0.0%	0	0.0%

Subject	ZCTA5 60530		ZCTA5 60550		ZCTA5 60553		ZCTA5 61006		ZCTA5 61015		ZCTA5 61016	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
White and American Indian and Alaska Native	2	0.4%	4	0.2%	0	0.0%	17	1.0%	0	0.0%	0	0.0%
White and Asian	0	0.0%	0	0.0%	3	0.4%	0	0.0%	0	0.0%	73	1.7%
Black or African American and American Indian and Alaska Native	0	0.0%	0	0.0%	0	0.0%	12	0.7%	0	0.0%	28	0.6%
Race alone or in combination with one or more other races												
Total population	464	464	1,611	1,611	795	795	1,764	1,764	699	699	4,405	4,405
White	454	97.8%	1,520	94.4%	780	98.1%	1,730	98.1%	699	100.0%	4,025	91.4%
Black or African American	20	4.3%	87	5.4%	22	2.8%	17	1.0%	0	0.0%	213	4.8%
American Indian and Alaska Native	3	0.6%	4	0.2%	0	0.0%	29	1.6%	0	0.0%	28	0.6%
Asian	0	0.0%	4	0.2%	3	0.4%	12	0.7%	0	0.0%	205	4.7%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	0	0.0%	0	0.0%	0	0.0%	35	2.0%	0	0.0%	55	1.2%
HISPANIC OR LATINO AND RACE												
Total population	464	464	1,611	1,611	795	795	1,764	1,764	699	699	4,405	4,405
Hispanic or Latino (of any race)	4	0.9%	57	3.5%	27	3.4%	66	3.7%	0	0.0%	264	6.0%
Mexican	0	0.0%	33	2.0%	25	3.1%	57	3.2%	0	0.0%	219	5.0%
Puerto Rican	0	0.0%	0	0.0%	0	0.0%	9	0.5%	0	0.0%	36	0.8%
Cuban	4	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Hispanic or Latino	0	0.0%	24	1.5%	2	0.3%	0	0.0%	0	0.0%	9	0.2%
Not Hispanic or Latino	460	99.1%	1,554	96.5%	768	96.6%	1,698	96.3%	699	100.0%	4,141	94.0%
White alone	437	94.2%	1,459	90.6%	743	93.5%	1,652	93.7%	699	100.0%	3,723	84.5%
Black or African American alone	9	1.9%	87	5.4%	15	1.9%	5	0.3%	0	0.0%	185	4.2%
American Indian and Alaska Native alone	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian alone	0	0.0%	4	0.2%	0	0.0%	12	0.7%	0	0.0%	132	3.0%
Native Hawaiian and Other Pacific Islander alone	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Two or more races	13	2.8%	4	0.2%	10	1.3%	29	1.6%	0	0.0%	101	2.3%
Two races including Some other race	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Subject	ZCTA5 60530		ZCTA5 60550		ZCTA5 60553		ZCTA5 61006		ZCTA5 61015		ZCTA5 61016	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Two races excluding Some other race, and Three or more races	13	2.8%	4	0.2%	10	1.3%	29	1.6%	0	0.0%	101	2.3%
Total housing units	220	(X)	669	(X)	321	(X)	887	(X)	330	(X)	1,965	(X)
CITIZEN, VOTING AGE POPULATION												
Citizen, 18 and over population	340	340	1,129	1,129	588	588	1,428	1,428	592	592	3,662	3,662
Male	184	54.1%	533	47.2%	302	51.4%	730	51.1%	339	57.3%	1,877	51.3%
Female	156	45.9%	596	52.8%	286	48.6%	698	48.9%	253	42.7%	1,785	48.7%

Subject	ZCTA5 61020		ZCTA5 61021		ZCTA5 61031		ZCTA5 61049		ZCTA5 61052		ZCTA5 61061	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE												
Total population	3,205	3,205	23,226	23,226	1,724	1,724	557	557	888	888	6,524	6,524
Male	1,606	50.1%	12,670	54.6%	856	49.7%	283	50.8%	448	50.5%	3,131	48.0%
Female	1,599	49.9%	10,556	45.4%	868	50.3%	274	49.2%	440	49.5%	3,393	52.0%
Under 5 years	184	5.7%	1,150	5.0%	155	9.0%	22	3.9%	46	5.2%	202	3.1%
5 to 9 years	258	8.0%	1,391	6.0%	120	7.0%	32	5.7%	26	2.9%	271	4.2%
10 to 14 years	402	12.5%	1,122	4.8%	173	10.0%	33	5.9%	83	9.3%	246	3.8%
15 to 19 years	257	8.0%	1,243	5.4%	123	7.1%	65	11.7%	22	2.5%	339	5.2%
20 to 24 years	193	6.0%	1,526	6.6%	63	3.7%	33	5.9%	66	7.4%	341	5.2%
25 to 34 years	350	10.9%	2,911	12.5%	106	6.1%	55	9.9%	81	9.1%	468	7.2%
35 to 44 years	516	16.1%	2,883	12.4%	210	12.2%	62	11.1%	95	10.7%	939	14.4%
45 to 54 years	562	17.5%	3,725	16.0%	196	11.4%	99	17.8%	175	19.7%	823	12.6%
55 to 59 years	183	5.7%	1,869	8.0%	94	5.5%	26	4.7%	38	4.3%	628	9.6%
60 to 64 years	109	3.4%	1,609	6.9%	77	4.5%	34	6.1%	113	12.7%	446	6.8%
65 to 74 years	92	2.9%	1,953	8.4%	242	14.0%	64	11.5%	75	8.4%	922	14.1%
75 to 84 years	83	2.6%	1,346	5.8%	78	4.5%	21	3.8%	64	7.2%	719	11.0%
85 years and over	16	0.5%	498	2.1%	87	5.0%	11	2.0%	4	0.5%	180	2.8%
Median age (years)	34.2	(X)	42.8	(X)	39.8	(X)	41.9	(X)	47.3	(X)	51.0	(X)
18 years and over	2,179	68.0%	18,918	81.5%	1,186	68.8%	432	77.6%	720	81.1%	5,556	85.2%
21 years and over	2,063	64.4%	17,919	77.2%	1,144	66.4%	391	70.2%	708	79.7%	5,343	81.9%
62 years and over	242	7.6%	4,755	20.5%	443	25.7%	120	21.5%	212	23.9%	2,128	32.6%
65 years and over	191	6.0%	3,797	16.3%	407	23.6%	96	17.2%	143	16.1%	1,821	27.9%
18 years and over	2,179	2,179	18,918	18,918	1,186	1,186	432	432	720	720	5,556	5,556
Male	1,104	50.7%	10,483	55.4%	598	50.4%	205	47.5%	362	50.3%	2,664	47.9%
Female	1,075	49.3%	8,435	44.6%	588	49.6%	227	52.5%	358	49.7%	2,892	52.1%
65 years and over	191	191	3,797	3,797	407	407	96	96	143	143	1,821	1,821
Male	90	47.1%	1,758	46.3%	192	47.2%	25	26.0%	97	67.8%	791	43.4%

Subject	ZCTA5 61020		ZCTA5 61021		ZCTA5 61031		ZCTA5 61049		ZCTA5 61052		ZCTA5 61061	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Female	101	52.9%	2,039	53.7%	215	52.8%	71	74.0%	46	32.2%	1,030	56.6%
RACE												
Total population	3,205	3,205	23,226	23,226	1,724	1,724	557	557	888	888	6,524	6,524
One race	3,046	95.0%	22,785	98.1%	1,722	99.9%	546	98.0%	885	99.7%	6,423	98.5%
Two or more races	159	5.0%	441	1.9%	2	0.1%	11	2.0%	3	0.3%	101	1.5%
One race	3,046	95.0%	22,785	98.1%	1,722	99.9%	546	98.0%	885	99.7%	6,423	98.5%
White	2,913	90.9%	20,744	89.3%	1,665	96.6%	524	94.1%	877	98.8%	6,387	97.9%
Black or African American	91	2.8%	1,612	6.9%	18	1.0%	17	3.1%	0	0.0%	32	0.5%
American Indian and Alaska Native	0	0.0%	65	0.3%	0	0.0%	0	0.0%	3	0.3%	0	0.0%
Cherokee tribal grouping	0	0.0%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0	0.0%	12	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	27	0.8%	185	0.8%	36	2.1%	5	0.9%	5	0.6%	4	0.1%
Asian Indian	0	0.0%	58	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chinese	0	0.0%	61	0.3%	0	0.0%	0	0.0%	0	0.0%	4	0.1%
Filipino	11	0.3%	11	0.0%	0	0.0%	0	0.0%	3	0.3%	0	0.0%
Japanese	0	0.0%	0	0.0%	0	0.0%	4	0.7%	0	0.0%	0	0.0%
Korean	0	0.0%	18	0.1%	36	2.1%	1	0.2%	0	0.0%	0	0.0%
Vietnamese	16	0.5%	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Asian	0	0.0%	35	0.2%	0	0.0%	0	0.0%	2	0.2%	0	0.0%
Native Hawaiian and Other Pacific Islander	0	0.0%	58	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0	0.0%	26	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0	0.0%	18	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Samoan	0	0.0%	7	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0	0.0%	7	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	15	0.5%	121	0.5%	3	0.2%	0	0.0%	0	0.0%	0	0.0%
Two or more races	159	5.0%	441	1.9%	2	0.1%	11	2.0%	3	0.3%	101	1.5%
White and Black or African American	52	1.6%	173	0.7%	0	0.0%	0	0.0%	0	0.0%	50	0.8%

Subject	ZCTA5 61020		ZCTA5 61021		ZCTA5 61031		ZCTA5 61049		ZCTA5 61052		ZCTA5 61061	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
White and American Indian and Alaska Native	26	0.8%	41	0.2%	0	0.0%	11	2.0%	0	0.0%	43	0.7%
White and Asian	8	0.2%	88	0.4%	0	0.0%	0	0.0%	3	0.3%	0	0.0%
Black or African American and American Indian and Alaska Native	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Race alone or in combination with one or more other races												
Total population	3,205	3,205	23,226	23,226	1,724	1,724	557	557	888	888	6,524	6,524
White	3,041	94.9%	21,151	91.1%	1,665	96.6%	535	96.1%	880	99.1%	6,488	99.4%
Black or African American	146	4.6%	1,809	7.8%	20	1.2%	17	3.1%	0	0.0%	82	1.3%
American Indian and Alaska Native	29	0.9%	124	0.5%	0	0.0%	11	2.0%	3	0.3%	43	0.7%
Asian	63	2.0%	329	1.4%	36	2.1%	5	0.9%	8	0.9%	4	0.1%
Native Hawaiian and Other Pacific Islander	28	0.9%	76	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	57	1.8%	242	1.0%	5	0.3%	0	0.0%	0	0.0%	8	0.1%
HISPANIC OR LATINO AND RACE												
Total population	3,205	3,205	23,226	23,226	1,724	1,724	557	557	888	888	6,524	6,524
Hispanic or Latino (of any race)	421	13.1%	1,389	6.0%	27	1.6%	31	5.6%	10	1.1%	68	1.0%
Mexican	389	12.1%	994	4.3%	27	1.6%	15	2.7%	2	0.2%	45	0.7%
Puerto Rican	0	0.0%	198	0.9%	0	0.0%	11	2.0%	0	0.0%	0	0.0%
Cuban	0	0.0%	15	0.1%	0	0.0%	0	0.0%	8	0.9%	0	0.0%
Other Hispanic or Latino	32	1.0%	182	0.8%	0	0.0%	5	0.9%	0	0.0%	23	0.4%
Not Hispanic or Latino	2,784	86.9%	21,837	94.0%	1,697	98.4%	526	94.4%	878	98.9%	6,456	99.0%
White alone	2,585	80.7%	19,627	84.5%	1,643	95.3%	509	91.4%	867	97.6%	6,327	97.0%
Black or African American alone	55	1.7%	1,565	6.7%	18	1.0%	6	1.1%	0	0.0%	32	0.5%
American Indian and Alaska Native alone	0	0.0%	65	0.3%	0	0.0%	0	0.0%	3	0.3%	0	0.0%
Asian alone	27	0.8%	185	0.8%	36	2.1%	5	0.9%	5	0.6%	4	0.1%
Native Hawaiian and Other Pacific Islander alone	0	0.0%	58	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	0	0.0%	15	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Two or more races	117	3.7%	322	1.4%	0	0.0%	6	1.1%	3	0.3%	93	1.4%
Two races including Some other race	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Subject	ZCTA5 61020		ZCTA5 61021		ZCTA5 61031		ZCTA5 61049		ZCTA5 61052		ZCTA5 61061	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Two races excluding Some other race, and Three or more races	117	3.7%	322	1.4%	0	0.0%	6	1.1%	3	0.3%	93	1.4%
Total housing units	1,092	(X)	9,864	(X)	664	(X)	227	(X)	405	(X)	3,341	(X)
CITIZEN, VOTING AGE POPULATION												
Citizen, 18 and over population	2,106	2,106	18,547	18,547	1,164	1,164	432	432	718	718	5,521	5,521
Male	1,069	50.8%	10,207	55.0%	586	50.3%	205	47.5%	362	50.4%	2,664	48.3%
Female	1,037	49.2%	8,340	45.0%	578	49.7%	227	52.5%	356	49.6%	2,857	51.7%

Subject	ZCTA5 61068		ZCTA5 61084		ZCTA5 61104		ZCTA5 61109		ZCTA5 61318		ZCTA5 61353	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE												
Total population	14,816	14,816	2,956	2,956	18,982	18,982	27,432	27,432	798	798	1,271	1,271
Male	7,704	52.0%	1,422	48.1%	9,177	48.3%	13,584	49.5%	391	49.0%	623	49.0%
Female	7,112	48.0%	1,534	51.9%	9,805	51.7%	13,848	50.5%	407	51.0%	648	51.0%
Under 5 years	991	6.7%	302	10.2%	2,010	10.6%	1,907	7.0%	33	4.1%	52	4.1%
5 to 9 years	1,058	7.1%	234	7.9%	1,499	7.9%	1,989	7.3%	80	10.0%	69	5.4%
10 to 14 years	1,063	7.2%	137	4.6%	1,185	6.2%	1,846	6.7%	64	8.0%	93	7.3%
15 to 19 years	1,170	7.9%	141	4.8%	1,542	8.1%	1,733	6.3%	29	3.6%	81	6.4%
20 to 24 years	945	6.4%	144	4.9%	1,670	8.8%	1,879	6.8%	15	1.9%	80	6.3%
25 to 34 years	1,909	12.9%	408	13.8%	2,699	14.2%	3,686	13.4%	193	24.2%	153	12.0%
35 to 44 years	1,922	13.0%	376	12.7%	2,560	13.5%	3,480	12.7%	58	7.3%	152	12.0%
45 to 54 years	2,041	13.8%	450	15.2%	2,203	11.6%	3,903	14.2%	104	13.0%	205	16.1%
55 to 59 years	827	5.6%	190	6.4%	1,030	5.4%	1,696	6.2%	63	7.9%	90	7.1%
60 to 64 years	697	4.7%	168	5.7%	898	4.7%	1,761	6.4%	23	2.9%	82	6.5%
65 to 74 years	1,190	8.0%	238	8.1%	894	4.7%	2,379	8.7%	51	6.4%	147	11.6%
75 to 84 years	586	4.0%	124	4.2%	518	2.7%	874	3.2%	76	9.5%	55	4.3%
85 years and over	417	2.8%	44	1.5%	274	1.4%	299	1.1%	9	1.1%	12	0.9%
Median age (years)	36.5	(X)	38.8	(X)	30.5	(X)	37.4	(X)	32.5	(X)	41.3	(X)
18 years and over	10,979	74.1%	2,208	74.7%	13,472	71.0%	20,492	74.7%	613	76.8%	1,002	78.8%
21 years and over	10,281	69.4%	2,123	71.8%	12,332	65.0%	19,658	71.7%	587	73.6%	965	75.9%
62 years and over	2,558	17.3%	498	16.8%	2,174	11.5%	4,679	17.1%	148	18.5%	273	21.5%
65 years and over	2,193	14.8%	406	13.7%	1,686	8.9%	3,552	12.9%	136	17.0%	214	16.8%
18 years and over	10,979	10,979	2,208	2,208	13,472	13,472	20,492	20,492	613	613	1,002	1,002
Male	5,524	50.3%	1,108	50.2%	6,464	48.0%	9,914	48.4%	314	51.2%	517	51.6%
Female	5,455	49.7%	1,100	49.8%	7,008	52.0%	10,578	51.6%	299	48.8%	485	48.4%
65 years and over	2,193	2,193	406	406	1,686	1,686	3,552	3,552	136	136	214	214
Male	956	43.6%	199	49.0%	795	47.2%	1,585	44.6%	61	44.9%	109	50.9%

Subject	ZCTA5 61068		ZCTA5 61084		ZCTA5 61104		ZCTA5 61109		ZCTA5 61318		ZCTA5 61353	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Female	1,237	56.4%	207	51.0%	891	52.8%	1,967	55.4%	75	55.1%	105	49.1%
RACE												
Total population	14,816	14,816	2,956	2,956	18,982	18,982	27,432	27,432	798	798	1,271	1,271
One race	14,517	98.0%	2,951	99.8%	17,797	93.8%	26,501	96.6%	786	98.5%	1,246	98.0%
Two or more races	299	2.0%	5	0.2%	1,185	6.2%	931	3.4%	12	1.5%	25	2.0%
One race	14,517	98.0%	2,951	99.8%	17,797	93.8%	26,501	96.6%	786	98.5%	1,246	98.0%
White	13,229	89.3%	2,895	97.9%	11,021	58.1%	20,566	75.0%	647	81.1%	1,236	97.2%
Black or African American	403	2.7%	3	0.1%	4,069	21.4%	3,078	11.2%	0	0.0%	8	0.6%
American Indian and Alaska Native	10	0.1%	0	0.0%	176	0.9%	33	0.1%	0	0.0%	0	0.0%
Cherokee tribal grouping	0	0.0%	0	0.0%	12	0.1%	11	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	124	0.8%	16	0.5%	780	4.1%	1,381	5.0%	2	0.3%	0	0.0%
Asian Indian	17	0.1%	0	0.0%	4	0.0%	356	1.3%	0	0.0%	0	0.0%
Chinese	0	0.0%	0	0.0%	27.	0.1%	56	0.2%	0	0.0%	0	0.0%
Filipino	107	0.7%	0	0.0%	24	0.1%	100	0.4%	0	0.0%	0	0.0%
Japanese	0	0.0%	0	0.0%	0	0.0%	4	0.0%	0	0.0%	0	0.0%
Korean	0	0.0%	2	0.1%	5	0.0%	3	0.0%	2	0.3%	0	0.0%
Vietnamese	0	0.0%	0	0.0%	72	0.4%	160	0.6%	0	0.0%	0	0.0%
Other Asian	0	0.0%	14	0.5%	648	3.4%	702	2.6%	0	0.0%	0	0.0%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	751	5.1%	37	1.3%	1,751	9.2%	1,443	5.3%	137	17.2%	2	0.2%
Two or more races	299	2.0%	5	0.2%	1,185	6.2%	931	3.4%	12	1.5%	25	2.0%
White and Black or African American	105	0.7%	0	0.0%	505	2.7%	445	1.6%	1	0.1%	0	0.0%

Subject	ZCTA5 61068		ZCTA5 61084		ZCTA5 61104		ZCTA5 61109		ZCTA5 61318		ZCTA5 61353	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
White and American Indian and Alaska Native	97	0.7%	0	0.0%	117	0.6%	135	0.5%	4	0.5%	9	0.7%
White and Asian	4	0.0%	5	0.2%	22	0.1%	32	0.1%	0	0.0%	0	0.0%
Black or African American and American Indian and Alaska Native	0	0.0%	0	0.0%	76	0.4%	0	0.0%	0	0.0%	0	0.0%
Race alone or in combination with one or more other races												
Total population	14,816	14,816	2,956	2,956	18,982	18,982	27,432	27,432	798	798	1,271	1,271
White	13,522	91.3%	2,900	98.1%	12,083	63.7%	21,460	78.2%	654	82.0%	1,245	98.0%
Black or African American	529	3.6%	3	0.1%	4,706	24.8%	3,602	13.1%	1	0.1%	24	1.9%
American Indian and Alaska Native	107	0.7%	0	0.0%	400	2.1%	225	0.8%	11	1.4%	9	0.7%
Asian	158	1.1%	21	0.7%	860	4.5%	1,450	5.3%	4	0.5%	0	0.0%
Native Hawaiian and Other Pacific Islander	45	0.3%	0	0.0%	25	0.1%	0	0.0%	0	0.0%	0	0.0%
Some other race	814	5.5%	37	1.3%	2,149	11.3%	1,683	6.1%	142	17.8%	18	1.4%
HISPANIC OR LATINO AND RACE												
Total population	14,816	14,816	2,956	2,956	18,982	18,982	27,432	27,432	798	798	1,271	1,271
Hispanic or Latino (of any race)	3,569	24.1%	145	4.9%	5,247	27.6%	4,803	17.5%	159	19.9%	39	3.1%
Mexican	3,323	22.4%	108	3.7%	4,525	23.8%	4,362	15.9%	153	19.2%	12	0.9%
Puerto Rican	13	0.1%	0	0.0%	536	2.8%	310	1.1%	6	0.8%	11	0.9%
Cuban	27	0.2%	0	0.0%	34	0.2%	11	0.0%	0	0.0%	0	0.0%
Other Hispanic or Latino	206	1.4%	37	1.3%	152	0.8%	120	0.4%	0	0.0%	16	1.3%
Not Hispanic or Latino	11,247	75.9%	2,811	95.1%	13,735	72.4%	22,629	82.5%	639	80.1%	1,232	96.9%
White alone	10,608	71.6%	2,787	94.3%	8,359	44.0%	17,480	63.7%	630	78.9%	1,213	95.4%
Black or African American alone	386	2.6%	3	0.1%	3,863	20.4%	3,051	11.1%	0	0.0%	8	0.6%
American Indian and Alaska Native alone	0	0.0%	0	0.0%	25	0.1%	11	0.0%	0	0.0%	0	0.0%
Asian alone	124	0.8%	16	0.5%	780	4.1%	1,366	5.0%	2	0.3%	0	0.0%
Native Hawaiian and Other Pacific Islander alone	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	0	0.0%	0	0.0%	0	0.0%	50	0.2%	0	0.0%	2	0.2%
Two or more races	129	0.9%	5	0.2%	708	3.7%	671	2.4%	7	0.9%	9	0.7%
Two races including Some other race	0	0.0%	0	0.0%	0	0.0%	16	0.1%	0	0.0%	0	0.0%

Subject	ZCTA5 61068		ZCTA5 61084		ZCTA5 61104		ZCTA5 61109		ZCTA5 61318		ZCTA5 61353	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Two races excluding Some other race, and Three or more races	129	0.9%	5	0.2%	708	3.7%	655	2.4%	7	0.9%	9	0.7%
Total housing units	6,096	(X)	1,184	(X)	8,930	(X)	11,928	(X)	376	(X)	591	(X)
CITIZEN, VOTING AGE POPULATION												
Citizen, 18 and over population	9,699	9,699	2,189	2,189	11,803	11,803	18,565	18,565	561	561	998	998
Male	4,913	50.7%	1,108	50.6%	5,564	47.1%	8,942	48.2%	263	46.9%	513	51.4%
Female	4,786	49.3%	1,081	49.4%	6,239	52.9%	9,623	51.8%	298	53.1%	485	48.6%

Subject	ZCTA5 61378	
	Estimate	Percent
SEX AND AGE		
Total population	572	572
Male	304	53.1%
Female	268	46.9%
Under 5 years	61	10.7%
5 to 9 years	64	11.2%
10 to 14 years	37	6.5%
15 to 19 years	23	4.0%
20 to 24 years	30	5.2%
25 to 34 years	25	4.4%
35 to 44 years	74	12.9%
45 to 54 years	104	18.2%
55 to 59 years	42	7.3%
60 to 64 years	30	5.2%
65 to 74 years	47	8.2%
75 to 84 years	34	5.9%
85 years and over	1	0.2%
Median age (years)	43.4	(X)
18 years and over	388	67.8%
21 years and over	386	67.5%
62 years and over	98	17.1%
65 years and over	82	14.3%
18 years and over	388	388
Male	202	52.1%
Female	186	47.9%
65 years and over	82	82
Male	55	67.1%

Subject	ZCTA5 61378	
	Estimate	Percent
Female	27	32.9%
RACE		
Total population	572	572
One race	553	96.7%
Two or more races	19	3.3%
One race	553	96.7%
White	553	96.7%
Black or African American	0	0.0%
American Indian and Alaska Native	0	0.0%
Cherokee tribal grouping	0	0.0%
Chippewa tribal grouping	0	0.0%
Navajo tribal grouping	0	0.0%
Sioux tribal grouping	0	0.0%
Asian	0	0.0%
Asian Indian	0	0.0%
Chinese	0	0.0%
Filipino	0	0.0%
Japanese	0	0.0%
Korean	0	0.0%
Vietnamese	0	0.0%
Other Asian	0	0.0%
Native Hawaiian and Other Pacific Islander	0	0.0%
Native Hawaiian	0	0.0%
Guamanian or Chamorro	0	0.0%
Samoan	0	0.0%
Other Pacific Islander	0	0.0%
Some other race	0	0.0%
Two or more races	19	3.3%
White and Black or African American	0	0.0%

Subject	ZCTA5 61378	
	Estimate	Percent
White and American Indian and Alaska Native	0	0.0%
White and Asian	0	0.0%
Black or African American and American Indian and Alaska Native	8	1.4%
Race alone or in combination with one or more other races		
Total population	572	572
White	553	96.7%
Black or African American	19	3.3%
American Indian and Alaska Native	8	1.4%
Asian	0	0.0%
Native Hawaiian and Other Pacific Islander	0	0.0%
Some other race	11	1.9%
HISPANIC OR LATINO AND RACE		
Total population	572	572
Hispanic or Latino (of any race)	23	4.0%
Mexican	23	4.0%
Puerto Rican	0	0.0%
Cuban	0	0.0%
Other Hispanic or Latino	0	0.0%
Not Hispanic or Latino	549	96.0%
White alone	541	94.6%
Black or African American alone	0	0.0%
American Indian and Alaska Native alone	0	0.0%
Asian alone	0	0.0%
Native Hawaiian and Other Pacific Islander alone	0	0.0%
Some other race alone	0	0.0%
Two or more races	8	1.4%
Two races including Some other race	0	0.0%

Subject	ZCTA5 61378	
	Estimate	Percent
Two races excluding Some other race, and Three or more races	8	1.4%
Total housing units	236	(X)
CITIZEN, VOTING AGE POPULATION		
Citizen, 18 and over population	386	386
Male	200	51.8%
Female	186	48.2%

Manor Court of Rochelle
30-Minute Travel Contour Facilities

FACID	FACNAME	ADDRESS	CITY	2015 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Drive Time
6008106	Rochelle Rehab & Health Center (1)	900 North 3rd Street	Rochelle	50	1.9	4
6008098	Rochelle Gardens Care Center (2)	1021 North Caron Road	Rochelle	74	2.2	3
6003305	Franklin Grove Nursing Center (3)	502 N. State St	Franklin Grove	121	16.7	20
6015630	Dekalb County Rehab & Nursing	2600 N. Annie Glidden Road	Dekalb	190	18	26
6007413	Pine Acres Care Center (4)	1212 South Second Street	Dekalb	119	18.4	28
6009989	Oregon Healthcare Center (5)	811 South 10th Street	Dregon	104	19	25
6006514	Neighbors Rehab Ctr (6)	811 W 2nd St	Byron	101	22.6	28
6008502	Prairie Crossing Living & Rehabilitation (7)	4 South Sequoya St	Shabbona	91	22.5	26
6004337	Heritage Square	620 North Dttawa Avenue	Dixon	27	23.9	29
6013338	Katherine Shaw Bethea Hospital	403 East First Street	Dixon	0	23.4	28
				877		

NOTE: Outside of 30-minute contour/inside of 20-mile radius

6014872	Bethany Hlth Care & Rehab Ctr.	3298 Resource Parkway	Dekalb	90	21.1	32
6006738	Oak Crest/Dekalb (8)	2944 Greenwood Acres Drive	Dekalb	73	21	32
				163		

(1) formerly Rochelle Nursing and Rehabilitation Center (1984 inventory)
(2) formerly Rochelle Manor (1984 inventory)
(3) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
(4) 201S profile name: Pine Acres Care Rehab & Living Ctr.
(5) 2015 profile name: Oregon Living & Rehab Center
(6) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 58
(7) Formerly Shabbona Nursing Home (1984 Inventory); 2011-201S profiles address: 409 West Comanche Street
(8) Formerly Oak Crest/DeKalb Area Ret. Center (1984 inventory)

Source: Long-Term Care Facility Questionnaire for 201S, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 201S ACS 5-year estimates
Microsoft MapPoint 2009

ATTACHMENT-18C

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

   Nursing care is the only category of service applicable.

2. Provide the following documentation:

   a. The name and qualification of the person currently filling the position, if applicable; and

   b. Letters of interest from potential employees; and

   c. Applications filed for each position; and

   d. Signed contracts with the required staff; or

   e. A narrative explanation of how the proposed staffing will be achieved.

This project is for the establishment of Liberty Village of Rochelle, collectively a single 92-bed nursing facility. Manor Court of Rochelle will house the 70 General Long-Term Care nursing beds; it will be connected to Garden Courts of Rochelle, a 22-bed Skilled Memory Care facility treating residents suffering with Alzheimer's Disease and Related Disorders (ADRD).

Appended as **ATTACHMENT-19A**, is the staffing pattern by position title for the proposed 92-bed Long-Term Care facility. It should be noted that the Applicant and its Administrative Services Company has on file hundreds of active applications for employment at any given time (refer to **ATTACHMENT-19B** for documentation).

As previously mentioned, this entity is related to "sister" facilities that have the resources of eight General Long-Term Care campuses, among others, throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is the policy of the organization to begin a comprehensive recruitment

program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools, as well as utilizing the subscription job search site of INDEED, has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start up facilities. The Applicant is closely related to RFMS, Inc., the Administrative Services Company, recruits locally, regionally, and nationally for highly qualified staff. The following steps are taken to actively recruit new staff:

A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;

1. Advertisement in the local newspaper and digital media;

2. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A video will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;

3. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.

ATTACHMENT-19

The proposed employees will have paid continuing education credits, competitive wages, and a pension offered. RFMS, Inc. has employees within the area and the State to pull from to fill any needed position. Furthermore, RFMS, Inc. will provide upward mobility transfer to those employees within the market area.

Thus, it does not appear that with the Applicant's experience that there will be any difficulty in securing the needed health care manpower.

ATTACHMENT-19

Manor Court of Rochelle
Proposed Staffing Pattern

Proposed staffing for 92-beds.

The following staffing plan assumes an average daily ocupancy of 90%. All positions are listed as Full-Time Equivalents (FTE's). One FTE equals 2,080 hours/year.

Activtity Director	1
Activity Aide	3.5
Admissions Coordinator	1
Social Service Director	1
Medical Records	1
Director of Nursing	1
Assistant Director of Nursing	1
MDS Coordinator	2
Garden Court Coordinator	1
RN	10
LPN	10
CNA	42
Dietary Supervisor	1
Dietary Cooks	12
Housekeeping Supervisor	1
Housekeepers	9
Maintenance Supervisor	1
Maintenance Staff	1
Administrator	1
HR Manager	1
Business Office Manager	1
Clerical Staff	3
Marketing Director	1
	106.5

ATTACHMENT-19A

Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

August 11, 2017

Ms. Courtney Avery, Administrator
Illinois Health Facilities and
Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Applications on file, Manor Court of Rochelle

Dear Ms. Avery,

Staffing is a significant issue in the Long-Term Care industry as well as in the CON application. This organization is constantly developing staff for its multiple locations. The chart below illustrates the number of active job applicants on file at four of our closest locations to the proposed project. It is understood that this is only an indicator of staffing ability, but one that this organization benefits from as it can draw from a much larger geographic area.

	Danville	Freeport	Peru	Princeton	Total by Position
Receptionist /Clerical/Medical Records	8	1		90	99
C.N.A.	24	6	6	100	136
Social Services	1		100		101
Nursing	16	4	10	16	46
Housekeeping/Laundry	30	9	19	69	127
HR Manager	3	30			33
Marketing	1				1
Therapy	1				1
Activities	1	2		52	55
Dietary/Cook	11	19	50	123	203
Maintenance	8	1	100	127	236
"Any" job		9		29	38
	104	81	285	606	1,076

As noted, above is a combination of active online applications, Indeed-generated resumes or walk-in's filling out applications at the facility. Residential Alternatives of Illinois, Inc. values its mission of caring for seniors. At the core of providing that care is our staff; therefore, staff and staffing of the above reference project is of greatest importance. Based upon its existing operating experience, it does not appear staffing will be an issue.

Sincerely,

John P. Kniery, President
Residential Alternatives of Illinois, Inc.

ATTACHMENT-19B

Criterion 1125.600 Bed Capacity

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

This proposed project is only for the establishment of a 92-bed nursing care facility. Upon project completion the licensed bed capacity will be 92 nursing care beds. Therefore, the proposed project is compliant with this criterion.

ATTACHMENT-20

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are fourteen (14) letters of support for the proposed Manor Court of Rochelle. These letters are from:

- Rochelle Community Hospital and signed by Mark J. Batty, Chief Executive Officer, Dr. Nancy S. Williams, Dr. Surjit S. Thiara, Dr. Jason C. Popp, Dr. Katherine Ritter and Dr. Christine M. Gorman;
- Mayor Chet Olson, City of Rochelle;
- Michelle J. Pease, Community Development, City of Rochelle;
- Rev. Douglas Forsberg, Senior Pastor, First Presbyterian Church;
- Vicki Snyder Chura, Special Projects Director, Rochelle Township High School;
- Peggy Friday, Executive Director, Rochelle Chamber of Commerce;
- Richard J. Craven, Superintendent, Rochelle Township High School;
- Kelly Soost, RN, MS, MBA, Coordinator of Nursing/Faculty, Kishwaukee College;
- Rev. Robert A. Hamilton III, Rochelle United Methodist Church;
- David Eckhardt, President Hub City Senior Center & Rochelle City Council Member;
- Connie Dougherty, Executive Director, Hub City Senior Center;
- Spencer L. Hayden and Karen A. Hayden, Hayden Real Estate, Inc.;
- Perry W. Byers, President/CEO, Holcomb State Bank;
- And Briana Russom PA-C, Swedish American Health System, Rochelle Clinic.

The above listed letters truly illustrate how this project is needed and more importantly how it is a community project. From the local Critical Access Hospital's administration and physicians, the extended health care delivery system, and the educational system (high school and community college) to the local churches and civic officials, it becomes apparent that this project is not only warranted, it is long overdue.

ATTACHMENT-21

Rochelle
Community Hospital
900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax. (815) 561-3120

March 27, 2017

Mr. Jeffery Mark
Illinois Health Facilities Planning Board
525 West Jefferson St.
Springfield, IL 62762

Dear Mr. Mark,

I am writing in representation of Rochelle Community Hospital (RCH) in support of the proposed development of a skilled nursing facility operated by Liberty Village in Rochelle, IL.

Having familiarity with like facilities operated by Liberty Village in Peru and Princeton, IL, an establishment of this kind will benefit the Rochelle Community and those patients discharged from RCH requiring post-acute care. Specifically, former hospitalized patients will be able to receive skilled nursing, short-term rehab and even Alzheimer or dementia care in a secure environment.

The Rochelle community will also benefit by having this available locally, eliminating the need for patients and their families to drive extended distances out of town for this type and level of care.

In summary, Rochelle Community Hospital supports this proposed development and would be willing to answer any questions or provide further information as may be required. Please feel free to contact me directly at 815/562-1410.

Sincerely,

Mark J. Batty
Chief Executive Officer

Dr. Nancy S. Williams

Dr. Katherine Ritter

Dr. Surjit S. Thiara

Dr. Christine M. Gorman

Dr. Jason C. Popp

ATTACHMENT-21A

March 28, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

I am writing in support of the application for a permit to build Liberty Village of Rochelle, a skilled nursing facility in the City of Rochelle, IL.

It is exciting to see a project like this being proposed in a community in need of options for seniors and their families for extended medical care and rehabilitative services. There is a demand in Rochelle for quality memory care and assistance with activities of daily living in addition to ongoing specialized nursing assistance for chronic medical conditions. I urge the Illinois Health Facilities Planning Board to approve the application for this new skilled facility.

Sincerely,

Chet Olson

Mayor Chet Olson
MAYOR

420 North 6th Street
Rochelle, IL 61068
www.cityofrochelle.net

ATTACHMENT-21A

Michelle J Pease
Community Development
City of Rochelle
417 N 6th Street
Rochelle, IL 61068

April 3, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

I am writing to express my positive support for the new skilled care nursing facility proposed to be built in the city of Rochelle, IL. I believe Liberty Village of Rochelle; a skilled care nursing facility can greatly benefit our community.

This facility will allow more Rochelle residents who are in need of skilled care nursing, therapy and dementia care to remain near family and friends. We have found that many citizens of our community are traveling between 15 to 30 miles outside of our city to obtain quality skilled care. I personally traveled to another community to seek care for my 92 year old Grandmother. It would be a benefit to our aging community to have these resources in our own backyard.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Sincerely,

Michelle J Pease

Michelle J Pease

ATTACHMENT-21A

An Amazing Place... For Amazing Grace

First Presbyterian Church
1100 Calvin Road, P.O. Box 215, Rochelle, IL 61068
(815)562-7053 *info@PlaceForGrace.com*

April 4, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

My name is Rev. Doug Forsberg, and I am the Senior Pastor of First Presbyterian Church in Rochelle, IL. I am writing to express my support for the new skilled care nursing facility that has been proposed to be built in the city of Rochelle, IL.

I believe such a facility would greatly benefit our community, for it would allow Rochelle residents who are in need of skilled care nursing, therapy and dementia care to remain near family and friends. I have pastored 1st Presbyterian for four years and in almost every instance of need of such care our parishioners are traveling between 15 to 30 miles to access it. We are the largest congregation in Rochelle, so I see this occur on a weekly basis, but in talking to other members of the community I know it is true of so many residents. When a patient accesses care so far away, an extra burden is then placed on family members who cover 30-60 miles round trip, often on a daily basis, to see and encourage their loved one.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Sincerely,

Rev. Douglas Forsberg
Senior Pastor

Rev. Douglas Forsberg, Senior Pastor *Rev. Dr. James A. Tilley, Minister of Discipleship*
Debra S. Drew, Office Coordinator
Mae Pemberton, Youth Ministries Director *Sara Slattengren, Director of Christian Education*

ATTACHMENT-21A

ROCHELLE TOWNSHIP HIGH SCHOOL

Richard J. Craven, Superintendent
Jason M. Harper, Principal
Richard L. Harvey, Assistant Principal
Christopher Lewis, Assistant Principal

March 24 2017

Mr. Jeffrey Mark

Illinois Health Facilities Planning Board

525 West Jefferson Street

Springfield, IL 62762

Dear Mr. Mark,

This letter is written in support of the proposed Liberty Village skilled nursing facility in Rochelle which will be adjacent to Rochelle Township High School. A new facility will create assistance and skilled care currently unavailable to many in need. Rehabilitation services and Dementia care currently require travel. The proposed facility will keep families together in town and serve those in even smaller outlying communities.

Rochelle Township High School hopes to work in cooperation with its staff to provide educational and volunteer opportunities for our high school students.

Your positive consideration of the Certificate of Need is appreciated.

Thank you for your help.

Sincerely,

Vicki Snyder Chura

Special Projects Director

Rachelle Township High School

815-562-4161, ext 5214

vschura@rthsd212.org

1401 FLAGG ROAD, ROCHELLE, ILLINOIS 61068
PHONE (815) 562-4161 WWW.RTHS.ROCHELLE.NET FAX (815) 562-6693

ROCHELLE TOWNSHIP HIGH SCHOOL is an equal opportunity employer. ATTACHMENT-21A

ROCHELLE
ILLINOIS
CHAMBER OF COMMERCE

March 28, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,
On behalf of myself and the Rochelle Chamber of Commerce Board of Directors, thank you for the opportunity to express our support for the application for a permit to construct Liberty Village of Rochelle, a skilled nursing facility in Rochelle, Illinois.

With a mission to keep our seniors living close to their families, we recognize the need in the City of Rochelle for quality elder continuum care and skilled services including rehabilitation, therapy, memory and long-term care. Rochelle is undergoing a very methodical rebranding process to create new employment and social opportunities while recruiting millennials and young families. Access to the types of senior care services offered at Liberty Village would benefit our citizens, local businesses, service organizations, neighbors, and future residents.

Very truly yours,

Peggy Friday

Peggy Friday
Executive Director

1221 CURRENCY CT., SUITE A | ROCHELLE, IL 61068
PH. 815-562-4189 | FAX 815-562-4180 | WWW.ROCHELLECHAMBER.ORG
ATTACHMENT-21A

ROCHELLE TOWNSHIP HIGH SCHOOL

Richard J. Craven, Superintendent
Jason Harper, Principal
Richard L. Harvey, Assistant Principal
Chris Lewis, Assistant Principal

March 13, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, Illinois 62762

Mr. Mark,

I am writing to share my support for having a Liberty Village facility in Rochelle. In communicating with representatives from this organization, it is my understanding that there would be partnership opportunities available for our students who are interested in entering the nursing and health care fields. Rochelle Township High School is aggressively pursuing real-life opportunities for our student including job shadowing and internships as a part of our career readiness curriculum and Work-based learning program. Liberty Village would be an additional opportunity for students who will are interested in exploring the heath care profession.

Sincerely,

Richard J. Craven
Superintendent
Rochelle Township High School

1401 FLAGG ROAD, ROCHELLE, ILLINOIS 61068
PHONE (815) 562-4161 WWW.RTHS.ROCHELLE.NET FAX (815) 562-6693

ROCHELLE TOWNSHIP HIGH SCHOOL is an equal opportunity employer. ATTACHMENT-21A

KC KISHWAUKEE COLLEGE
Health & Education Division

Kelly Soost, *Coordinator of Nursing/Faculty*
815-825-9358 • Fax: 815-825-2983
Kelly.Soost@kishwaukeecollege.edu

April 3, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

I am writing in support of the permit application for the proposed Liberty Village skilled nursing facility to be built in our city of Rochelle, IL.

This facility would provide convenient assistance and quality skilled care to the town of Rochelle and surrounding area that is not currently available. Many of our local residents are currently traveling several miles outside of Rochelle to receive rehabilitation services and Dementia care.

As a resident of Rochelle and a healthcare provider, I can assure you that many family friends have had to seek rehabilitation services in Rockford and DeKalb because of lack of services available in my hometown. This is a hardship on spouses and family who have to travel to visit. With Rochelle Community Hospital providing both surgical and medical care, in only makes sense to have facilities that clients can follow-through in locally as well.

As a faculty member and Coordinator of Kishwaukee College's nursing program, I also feel Liberty Village will benefit our students in the nursing program by providing additional employment opportunities. Many of our students seek positions as certified nurse's aides during the program, and all will be seeking employment as registered nurses upon graduation. My hope would be that we could also form a cooperative agreement for clinical experiences while students are in the nursing program as well.

Your positive consideration of this Certificate of Need will be very much appreciated. Thank you for your help.

Sincerely,

Kelly Soost

Kelly Soost, RN, MS, MBA
Coordinator of Nursing/Faculty

ATTACHMENT-21A

Rochelle United Methodist Church

Rochelle, Illinois

Connect. Grow. Serve.

THE UNITED METHODIST CHURCH

April 19, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

My name is Rev. Robert Hamilton and I am the Pastor of Rochelle United Methodist Church. I am writing to express my positive support for the new skilled care nursing facility proposed to be built in Rochelle, IL.

As the Pastor of one of the largest Protestant congregations in Rochelle, I am aware of the need for quality care for our older adults; especially as their health changes, declines or suffer from dementia. I believe Liberty Village of Rochelle will greatly benefit our community as our older adult population continues to grow. The services this facility will provide will allow more Rochelle residents an alternative to traveling greater distances to other skilled care facilities.

Currently most of my Rochelle congregants travel outside of the community for their skilled care and rehabilitation needs; they go to Rockford, Dekalb, Sycamore and Franklin Grove. This extra travel is a burden and danger to families. Often the spouse of my older adults who need skilled care must travel 80-90 minutes daily to visit their loved one and that kind of travel wears on them and truthfully some are not safe driving such distances daily. Even as a Pastor, due to the distance required for travel, I am not able to provide the Spiritual Care I'd like to offer my congregants because of how spread out my congregants are at these different facilities. It my opinion that having a skilled care and rehab facility in Rochelle would enable me to provide adequate Spiritual Care for my parishloners, help families, and keep our roadways safer.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance and blessings upon your discernment.

Sincerely,

Rev. Robert Hamilton III

Rev. Robert A. Hamilton III

ATTACHMENT-21A

709 Fourth Avenue Rochelle, Illinois 61068 815-562-2164 www.rochelleumc.com

Hub City Senior Center
401 Cherry Avenue, Rochelle, IL 61068
815-562-5050 Fax: 815-561-7012
www.hubcityseniorcenter.com

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

This letter is written in support for the proposed Liberty Village skilled nursing facility to be built in our City of Rochelle, IL.

This facility would provide convenient assistance and quality skilled care to our area that is not currently available. Many of our local residence are currently traveling several miles outside of Rochelle to receive rehabilitation services and Dementia care. I feel it is very important to reduce the burden on our Rochelle families by keeping their loved ones in the community.

My mom is at an assisted living facility about 20 miles from Rochelle. There were virtually no choices for us in the Rochelle market. One of the things that attracted us to this location was the fact that they also have Nursing Home facilities too. There is only one option for Assisted Living in Rochelle, and would want to take her out of town for Nursing Home care (no choices). The facility she is at is in Lee County. We have the largest population of seniors in Ogle County, but have virtually nowhere locally for them to go. The worse part of my mom living so far out of town is that you don't visit her as much because of the distance. Rochelle needs facilities like these badly.

Your positive consideration of the Certificate of Need will be very much appreciated. I really believe this project is need in our community.

Sincerely,

David Eckhardt
President Hub City Senior Center & Rochelle City Council Member

ATTACHMENT-21A

Hub City Senior Center

401 Cherry Avenue, Rochelle, IL 61068
815-562-5050 Fax: 815-561-7012
www.hubcityseniorcenter.com

Executive Director
Connie Dougherty

Board Members:

Dave Eckhardt
President

Karen Hayden
Vice-President

Mitch Montgomery
Sec-Treasurer

Bobbie Colbert

Sarah Flanagan

Fred Horner

Lori Tepinski

United Way
United Way of Rock River Valley

April 6, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

My name is Connie Dougherty and I am the Executive Director of the Hub City Senior Center in Rochelle, IL. I am writing in support of the new skilled care nursing facility proposed to be built in our city.

As the Director I work closely with Rochelle's senior citizens and their families and recognize the lack of quality skilled care services being provided in our area. The rehabilitation therapy and dementia care that will be offered will provide the growing aged population of our community with the care they deserve. I feel that this proposed project will allow more residents to remain in the Rochelle area near family and friends. We have found many residents in our community are traveling between 15 and 30 miles to obtain quality skilled care services.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Yours Truly,

Connie Dougherty

Connie Dougherty
Executive Director

ATTACHMENT-21A

HAYDEN REAL ESTATE, INC.

April 11, 2017

Mr. Jeffery Mark
Illinois Health Facilities Planning Board
535 W. Jefferson St.
Springfield, Il 62762

Dear Mr. Mark:

My wife and I have owned and operated a real estate business in Rochelle for the last forty years. During this time we have seen firsthand the large number of people that have left the Rochelle area to seek services in either nearby communities or in completely different geographic areas near their family. Over and over we hear people say they are forced to leave their hometowns and all that comes with that including their friends, family churches and more because Rochelle simply has not offered senior care in suitable facility. The Greater Rochelle area is very much in need of health services that will greatly enhance the lives of our current and future senior citizens.

In the past seven years we have had two family members use the local nursing home known as Rochelle Healthcare West. While the staff was always very loving and caring, our two local nursing homes which were built in the 1960's have limitations which include but are not limited to:

- Limited space and equipment for rehab
- Neither home has staff or space dedicated to memory care
- Privacy is an issue as visitors may visit with their loved ones either in their room or in the public area doubles as dining room and the TV area. The only area to sit is at the dining tables which many times are being readied for the next meal or the area is being cleaned after the last meal.
- Activities such as crafts and bingo, etc. also must take place in the same large room where people are visiting, watching TV and/or sleeping.
- No chapel area for church services. Staff & workers continually walk thru this large room while services or communion are going on.
- No access to or availability to computer, puzzles or library materials. My family and staff kept bringing reading materials for my 69 year old brother but there was no place for these to be stored for others to share. In fact, his daily newspaper (as well as books brought in) was read by at least 4 residents and several staff members so the need for reading materials was evident.

We KNOW this project is vital for the citizens of Rochelle and hope you will approve Liberty Village's application for a new facility in Rochelle.

Sincerely,

Spencer L. Hayden

Spencer L. Hayden

Karen A. Hayden

Karen A. Hayden

221 E IL Route 38 · P.O. Box 67
Rochelle, IL 61068
Office 815-562-2111 · Fax 815-562-7085
haydenreinc.com · hre@haydenreinc.com

ATTACHMENT-21A

Established 1892

Holcomb State Bank

April 11, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

I am writing to express my support for a proposed skilled nursing facility to be built in the city of Rochelle, IL. My name is Perry W. Byers and I am the President/CEO of Holcomb State Bank, located in Rochelle, IL.

I am confident that Liberty Village will be very beneficial to our community, as it will be a wonderful option for people in need of rehabilitation and memory care. The proposed project will provide quality healthcare services that will greatly enhance the lives of our area seniors. I have observed that many of our citizens of Rochelle choose to go outside of Rochelle when skilled nursing care is needed. Many of our residents are traveling 15 to 30 miles outside of our community.

I have personal experience with the Liberty Village facility in Freeport, IL and found the quality of healthcare services were exceptional.

Your positive consideration of Liberty Village as they apply for a Certificate of Need will be very much appreciated. I believe this project is needed, and I hope that you will approve the application for Liberty Village of Rochelle.

Sincerely,

Perry W Byers
President/CEO

108 W. Main St., Holcomb, Illinois 61043 815-393-4413 Fax 815-393-4801
233 E. Hwy. 38, Rochelle, Illinois 61068 815-562-3838 Fax 815-562-2838
7035 11th St., Rockford, Illinois 61109 815-874-6156 Fax 815-874-8710
400 E. Hwy. 38, Creston, Illinois 60113 815-384-3838 Fax 815-384-3828

MEMBER FDIC
www.holcombstatebank.com

ATTACHMENT-21A

SWEDISHAMERICAN
A DIVISION OF UW HEALTH

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

I am writing to express my positive support for the new skilled care nursing facility proposed to be built in the city of Rochelle, IL.

I believe Liberty Village of Rochelle will greatly benefit our community as our senior population continues to grow. The availability of skilled beds at this facility will allow more Rochelle residents an alternative to traveling greater distances to other skilled care facilities. Currently many of our patients travel between 15 to 30 miles to receive quality skilled care nursing, therapy, and dementia care.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Sincerely,

Briana Russom PA-C Briana Russom PA-C

Swedish American Health System
Rochelle Clinic
380 IL Rte 38 East
Rochelle, IL 61068

ATTACHMENT-21A

Criterion 1125.620 - Project Size

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

Upon project completion, Manor Court of Rochelle will comprise 63,593 gross square feet of space for 92 nursing care beds. This equates to 691.23 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with the criterion as the full be compliment is well within the range limit of 435-713 gross square feet per bed.

ATTACHMENT-22

Criterion 1125.630 - Zoning

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

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

Appended as **ATTACHMENT-23A**, is a letter from Kip Countryman, Zoning Officer, City of Rochelle dated August 10, 2017 providing status of zoning for the subject property.

ATTACHMENT-23

Community Development
Building Division
417 N. 6th St., Box 601, Rochelle, IL 61068
815-561-2022 Fax: 815-562-4178
kcountryman@rochelleil.us

August 10, 2017

To whom it may concern:

This letter is to confirm that the City of Rochelle anticipates that appropriate zoning is available at the Creekside Land Holdings, LLC property for the 92-bed skilled nursing facility that is being considered. The subject property is part of a 19.2 acre parcel currently zoned PUD Residential.

If you have any questions, please give me a call.

Sincerely,

Kip Countryman
Zoning Officer
City of Rochelle
815-561-2022
E-mail kcountryman@rochelleil.us

ATTACHMENT-23A

Criterion 1125.640 – Assurances

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

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

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1 above.

The proposed project is for the establishment of a free standing nursing facility and not part of a continuum of care community (CCRC). Therefore, item number 2 above is not applicable to this project.

ATTACHMENT-24

Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

August 7, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Manor Court of Rochelle
Assurance for Criterion 1125.210(c)

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, Residential Alternatives of Illinois understands that it is expected to achieve and maintain the occupancy specified in Section 1125.210(c) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

John P. Kniery
President

Notarization:

Subscribed and sworn to before me this 7 day of August, 2017.

Signature of Notary

Seal

OFFICIAL SEAL
CHRISTOPHER DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES FEBRUARY 18, 2018

ATTACHMENT-24A

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

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

Appended as **ATTACHMENT-27A**, is documentation that RAI, Inc. has the commitment of Frances House to provide construction and start-up deficit funding for the proposed project through internal sources. Therefore, the Applicant is funding the establishment through internal resources. The audited financial statements for Frances House, Inc. and Subsidiaries are appended as **ATTACHMENT-27B**. Appended as **ATTACHMENT-27C** is a letter from Mr. Tomas M. Farrell of RSM US LLP, who prepared the audited reports, describing the specific resources that are available and set forth in the audited financial statements.

ATTACHMENT-27

Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

August 7, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Ms. Avery:

Frances House, Inc. (Frances House) is the sole member of Residential Alternatives of Illinois, Inc. (RAI). This letter will confirm the commitment of Frances House to provide construction and start up deficit funding to RAI through internal sources, sufficient to implement the proposed new Skilled Nursing Facility in Ogle County as described in its Certificate of Need Application. Evidence of Frances House's ability to provide funding is reflected in the enclosed audited financial statements and year-to-date results of 2017. RAI intends to develop one 92 bed skilled nursing facility in Rochelle, IL. Frances House will provide 100% of the financing for the real estate and development of the project, as outlined in the application, up to $20 million.

Sincerely,

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

John P. Kniery
President of the
Board of Directors

Sworn to before me this
7 day of August, 2017

Notary Public

OFFICIAL SEAL
CHRISTOPHER DAVIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES FEBRUARY 18, 2018

ATTACHMENT-27A

FRANCES HOUSE, INC.
285 South Farnham Street
Galesburg, IL 61401

August 7, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

On February 7, 2017, the Frances House, Inc., board of directors met and , by resolution unanimously approved, it was determined that if the Certificate of Need for Manor Court of Rochelle, a 92-bed skilled nursing facility was approved this corporation would fund the project.

Sincerely yours,

Kenneth Pyszka
Secretary

KP:vc

ATTACHMENT-27A

Frances House, Inc.
Consolidated
Balance Sheet
AS of March 31, 2017

	Current Period 3/31/17	Start of Year 4/1/2016	Change from Start of Year
Assets:			
Cash	11,066,323	9,844,696	1,221,627
Investment Account	68,380,093	66,578,734	(198,641)
Accounts Receivable - Residents	11,799,888	9,681,771	2,118,125
Accounts Receivable - Other	1,328,845	1,205,291	123,354
Prepaid Expenses	672,713	820,769	51,944
Total current assets	**91,247,670**	**87,931,262**	**3,316,409**
Assets whose use is limited:			
Aquisition Fund	265,000	250,000	15,000
Escrow Accounts	3,220,721	3,029,595	181,126
Resident Trust Fund	103,673	96,537	7,136
Total limited assets	**3,589,394**	**3,376,133**	**213,261**
Fixed assets, at cost less depreciation:			
Building	145,261,443	135,498,660	9,762,783
Equipment	10,060,271	9,081,075	978,196
Vehicles	2,516,390	2,486,511	29,878
Land Improvements	4,738,895	4,624,464	114,431
Land	8,353,552	8,085,552	268,000
Leasehold Improvements	9,984,048	9,249,240	734,808
Construction in Process	130,334	3,696,653	(3,566,319)
Less accumulated depreciation	(60,559,261)	(53,307,017)	(7,252,244)
Total fixed assets	**120,485,672**	**119,395,138**	**1,090,534**
Other Assets:			
Deposits	11,684	11,584	100
Member Interest	20,000	20,000	-
Standby Loan Agreements	250,000	-	250,000
Capitalized Loan Costs	1,963,226	1,963,226	-
Less Accumulated Amortization	(636,984)	(532,217)	(104,767)
Total other assets	**1,607,926**	**1,462,593**	**145,333**
Total Assets	**216,930,663**	**212,165,125**	**4,765,537**
Liabilities and Fund Balance(Deficit):			
Accounts Payable	2,845,376	3,619,449.85	(774,074)
Employee Withholding	36,123	36,713	(590)
Resident Fund / Deposits	1,088,210	1,223,494	(135,284)
Accrued Wages	2,312,488	2,617,705	(305,217)
Accrued Expenses	3,327,675	7,004,384	(3,676,710)
Current Maturity - Long Term Note	17,215,267	1,098,825	16,118,442
Total Current Liabilities	**26,825,138**	**15,600,571**	**11,224,567**
Long-term Liabilities:			
Note Payable	-	17,142,408	(17,142,408)
Note Payable Non Recourse	52,623,877	53,800,401	(1,176,524)
Total Long-term Liabilities	**52,623,877**	**70,942,809**	**(18,318,932)**
Fund Balance(Deficit):			
Fund Balance(Deficit)	127,474,362	127,474,362	-
Unrealized Gain / (Loss) on Investments	1,352,857	(1,852,616)	3,205,474
Current Year's change in Fund balance	6,654,428	-	8,854,428
Total Fund Balance(Deficit)	**137,481,648**	**125,621,746**	**11,859,902**
Total Liabilities and Fund Balance	**216,930,663**	**212,165,125**	**4,765,537**

ATTACHMENT-27B

Frances House, Inc.

Consolidated
Income Statement
For the Twelve Months Ending March 31, 2017

	Year - to - Date	
	This Year 03/31/17	Prior Year 03/31/16
Income		
Rent - DD		
Private	4,244,012	4,129,229
Public Aid	20,411,171	19,944,489
Total DD	24,655,183	24,073,718
Rent - Skilled		
Private	16,424,208	16,974,245
Medicare	21,664,940	22,692,765
Managed Care Med A	3,802,454	4,194,191
Public Aid	6,797,221	7,785,382
Managed Care PA	407,213	791,788
Garden Court	6,568,105	7,925,822
Hospice	361,173	271,915
Total Skilled	59,863,312	60,636,106
Rent - Independent Living	6,632,939	8,772,148
Rent - Assisted Living		
Assisted Living	3,926,457	4,542,282
Supportive Living	3,890,013	3,854,065
Shelter Care	2,802,840	2,744,048
Total Assisted Living	10,721,310	11,140,387
Ancillary	3,700,720	7,475,500
Total Income	107,573,465	112,097,859
Bad Debt/Charity Care	(1,284,934)	(1,884,579)
Net Revenue	106,308,531	110,213,282
Expenses		
Program Expenses	8,377,434	7,987,636
Nursing Expenses	32,099,868	31,522,354
Food Service Expenses	10,070,602	10,457,088
Hskp/Laundry Expenses	3,320,036	3,360,742
Maintenance Expenses	3,360,366	3,527,338
Administrative Expenses	4,950,278	5,251,682
Total Program Expenses	62,178,586	62,086,842
General Expenses:		
Employee Benefits	5,946,380	5,993,080
Utilities	2,670,931	2,680,456
Vehicle Expenses	259,061	286,084
Advertising	934,772	850,579
Legal & Professional Fees	5,528,536	5,694,484
Property & Liability Insurance	2,921,502	2,937,224
Rent	3,611,428	3,988,755
Depreciation	7,755,814	7,691,111
Interest	2,788,654	2,905,077
Provider Assessment Tax	2,777,576	2,746,609
Corporate Expenses	298,491	(195,847)
Total General Expenses	35,494,144	35,479,610
Total Expenses	97,672,730	97,566,452
Income/(Loss) Operations	8,635,801	12,646,830
Gain [Loss] on Investments	(1,364,237)	(878,038)
Gain [Loss] on Investments	1,382,865	-
Net Income or (Loss)	8,654,428	11,768,792

ATTACHMENT-27B

Frances House, Inc. and Subsidiaries

Consolidated Financial Report
March 31, 2016

ATTACHMENT-27B

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ATTACHMENT-27B

RSM

RSM US LLP

Independent Auditor's Report

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

Report on the Financial Statements
We have audited the accompanying consolidated financial statements of Frances House, Inc. and Subsidiaries (the Organization), which comprise the consolidated balance sheets as of March 31, 2016 and 2015, and the related consolidated statements of operations and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Frances House, Inc. and Subsidiaries as of March 31, 2016 and 2015, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

RSM US LLP

Galesburg, Illinois
September 21, 2016

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Frances House, Inc. and Subsidiaries

Consolidated Balance Sheets
March 31, 2016 and 2015

Assets	**2016**	2015
Current assets:		
Cash	**$ 39,184,757**	$ 19,477,948
Fiduciary trust accounts	**96,538**	96,538
Receivables:		
Resident accounts, less allowance for doubtful accounts, 2016 $1,574,800; 2015 $2,154,303	**11,873,588**	15,982,393
Other	**854,473**	969,501
Prepaid expenses	**396,693**	468,790
Total current assets	**52,406,049**	36,995,170
Long-term investments:		
Investments in available-for-sale securities	**36,700,977**	37,025,582
Other	**20,000**	20,000
	36,720,977	37,045,582
Property and equipment:		
Land	**8,065,552**	8,065,552
Land improvements	**4,624,464**	4,624,464
Buildings and improvements	**144,747,900**	143,689,191
Equipment, furniture and fixtures	**9,081,077**	8,759,819
Vehicles	**2,486,513**	2,486,197
Construction in progress	**3,696,654**	49,394
	172,702,160	167,674,617
Less accumulated depreciation	**53,307,020**	46,794,473
	119,395,140	120,880,144
Long-term receivable and other assets:		
Restricted cash held in escrow	**250,000**	-
Assets held for sale	**-**	2,680,658
Subordinated promissory note receivable	**600,000**	800,000
Deferred financing costs, net of accumulated amortization, 2016 $691,804; 2015 $529,967	**2,597,669**	2,253,390
Restricted deposits for mortgage escrows and residual receipts	**755,457**	813,450
Restricted deposits on repair reserve	**14,490**	14,490
Restricted deposits for replacement reserves	**2,259,648**	2,036,977
	6,477,264	8,598,965
Total assets	**$ 214,999,430**	$ 203,519,861

See notes to consolidated financial statements.

Liabilities and Net Assets	2016	2015
Current liabilities:		
Current maturities of long-term debt	$ 2,258,308	$ 2,114,129
Accounts payable	3,057,592	2,593,337
Construction payable	3,567,755	-
Accrued expenses	5,936,610	5,924,317
Deferred revenue	821,000	397,000
Amounts refundable to residents	254,000	242,000
Due to third-party payors	1,213,000	865,000
Due to residents, trust accounts	96,538	96,538
Total current liabilities	17,204,803	12,232,321
Long-term debt, net of current maturities	70,949,987	72,576,762
Resident security deposits	1,223,494	1,278,363
Total liabilities	89,378,284	86,087,446
Commitments and contingencies (Notes 9, 10, 14, 16, 18 and 20)		
Net assets, unrestricted	125,621,146	117,432,415
Total liabilities and net assets	$ 214,999,430	$ 203,519,861

Frances House, Inc. and Subsidiaries

Consolidated Statements of Operations
Years Ended March 31, 2016 and 2015

	2016	2015
Operating revenue:		
Net resident services and rental income, net of contractual allowances and discounts	$ 105,145,872	$ 105,395,706
Provision for doubtful accounts	(1,884,579)	(2,142,911)
Net resident service revenue	103,261,293	103,252,795
Leasing	1,429,198	1,192,100
Other	1,327,120	641,027
Total operating revenue	106,017,611	105,085,922
Operating expenses:		
Program support	8,957,571	8,305,628
Nursing services	34,868,339	36,130,323
Dietary	11,117,815	11,399,211
General and administrative	13,610,285	13,948,494
Operations and maintenance	12,767,862	12,880,265
Provider participation fees	2,750,769	2,805,515
Housekeeping	3,094,211	3,136,517
Depreciation	7,065,473	6,779,268
Special services	180,802	158,463
Laundry	637,371	740,970
Loss on debt extinguishment	-	355,614
Total operating expenses	95,050,498	96,640,288
Operating income	10,967,113	8,445,634
Nonoperating income (expense):		
Investment (expense) income	3,618,519	4,812,741
Interest expense	(2,869,220)	(3,052,601)
Contributions received	52,469	14,238
Contributions made	(564)	(500)
	801,204	1,773,878
Excess of revenue over expenses	11,766,317	10,219,512
Unrealized losses on investments	(3,579,586)	(2,218,629)
Increase in unrestricted net assets	8,186,731	8,000,883
Net assets, unrestricted:		
Beginning of year	117,432,415	109,431,532
End of year	$ 126,621,145	$ 117,432,415

See notes to consolidated financial statements.

Frances House, Inc. and Subsidiaries

Consolidated Statements of Cash Flows
Years Ended March 31, 2016 and 2015

	2016	2015
Cash flows from operating activities:		
Increase in unrestricted net assets	$ 8,188,731	$ 8,000,883
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Net unrealized losses on investments	3,579,586	2,218,629
Realized losses (gains) on sale of securities	878,038	(1,740,332)
Reinvested dividends	(3,896,009)	(2,656,027)
Depreciation	7,065,473	6,779,268
Amortization	205,954	87,927
Provision for doubtful resident accounts	1,884,579	2,142,911
Gain on sale of property and equipmant	(343,900)	-
Loss on debt extinguishment	-	355,614
Change in working capital components:		
(Increase) decrease in:		
Resident receivables	2,224,226	(4,080,139)
Other receivables	115,028	201,226
Prepaid expenses	72,097	21,588
(Decrease) increase in:		
Accounts payable	464,255	(380,987)
Accrued expenses	12,293	222,871
Deferred revenue	424,000	(86,000)
Amounts refundable to residents	12,000	110,000
Due to third-party payors	348,000	317,000
Net cash provided by operating activities	21,234,351	11,514,432
Cash flows from investing activities:		
Proceeds from sale of investments in available-for-sale securities	7,309,722	8,967,392
Purchase of investments in available-for-sale securities	(7,546,732)	(10,814,097)
Purchase of property and equipment, excluding construction costs	(1,877,141)	(10,003,130)
Disbursements for construction costs	(112,265)	(838,498)
Proceeds received on subordinated promissory note receivable	200,000	200,000
Proceeds on sale of property and equipment	3,001,250	-
Net deposits to restricted deposit accounts	(164,678)	(814,826)
Net deposits to restricted cash held in escrow	(250,000)	-
Net cash provided by (used in) investing activities	560,156	(13,303,159)

(Continued)

Frances House, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (Continued)
Years Ended March 31, 2016 and 2015

	2016	2015
Cash flows from financing activities:		
Increase (decrease) in resident security deposits	$ (54,869)	$ 19,523
Payment of debt financing costs	(550,233)	(405,994)
Reimbursement of debt financing costs	-	93,209
Disbursements on construction payable	-	(1,043,611)
Proceeds from long-term debt	660,084	13,840,000
Principal payments on long-term debt	(2,142,680)	(18,021,025)
Net cash used in financing activities	(2,087,698)	(5,517,898)
Net increase (decrease) in cash	19,706,809	(7,306,625)
Cash:		
Beginning	19,477,948	26,784,573
Ending	$ 39,184,757	$ 19,477,948
Supplemental disclosure of cash flow information:		
Cash payments for interest	$ 2,882,117	$ 3,004,048
Supplemental schedule of noncash investing and financing activities:		
Construction in progress financed through construction payable	$ 3,567,755	$ -

See notes to consolidated financial statements.

Note 1. Nature of Activities

Frances House, Inc. (FHI) is an Illinois not-for-profit organization that individually and through its sole-member subsidiaries owns and/or operates a variety of long-term health care facilities that provide residential and health care services to both a geriatric and developmentally disabled population in Illinois, Iowa and Florida. FHI 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 three Community Integrated Living Arrangement (CILA) facilities, and twenty-nine 16-bed facilities, including certain 16-bed group homes that are all classified as intermediate care facilities for the developmentally disabled and are located in the northern half of the State of Illinois. A significant portion of the residential-care services provided are paid by a third-party agency, primarily the Illinois Department of Healthcare and Family Services (DHS) as part of the Medicaid program, and a smaller portion of this care is provided through purchase of services contracts with DHS. The following entities own and operate these facilities:

- Frances House, Inc. (FHI) has one 8-bed CILA facility, and sixteen 16-bed facilities, including two 16-bed group home facilities.
- Pinnacle Opportunities, Inc. (PIN), whose sole corporate member is FHI, has one 8-bed CILA facility, and five 16-bed facilities, including two 16-bed group home facilities.
- Pioneer Concepts, Inc. (PIO), whose sole corporate member is FHI, has two 8-bed CILA facilities, and eight 16-bed facilities, including two 16-bed group home facilities.

Geriatric Operations: FHI is the sole corporate member of Residential Alternatives of Illinois, Inc. (RAI), an Illinois not-for-profit organization that operates skilled nursing facilities, described on the next page, 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.

FHI is also the sole member of the following subsidiaries that own and lease the property of certain long-term care geriatric facilities located in Illinois and Florida, leased and operated by RAI:

- Hawthorne Inn of Princeton, LLC (HIP)
- Danville Independence, LLC (DIL)
- Peoria Manor Court, Ltd., NFP (PMC)
- Peru Becker, Ltd., NFP (PBL)
- Brandon Lumsden Road SNF, LLC (BLR)

DIL, PMC, PBL and BLR have HUD-insured mortgages on their respective facilities and, therefore, these four entities have separate single audits of their individual financial statements.

Note 1. Nature of Activities (Continued)

As noted above, RAI operates skilled nursing facilities, retirement living centers and assisted living facilities located in Illinois and Iowa. The names of the facilities and the number of beds/units are as follows:

Facility Type and Name	Number of Beds/Units	FHI or FHI Sole-Member Subsidiary Facility Owner	Location
Skilled Nursing Facilities:			
Freeport Rehab & Health Care Center *	109	Residential Alternatives of Illinois, Inc.	Freeport, IL
Hawthorne Inn of Danville **	80	Danville Independence, LLC	Danville, IL
Manor Court of Clinton **	134	Unrelated lessor	Clinton, IL
Manor Court of Freeport **	117	Residential Alternatives of Illinois, Inc.	Freeport, IL
Manor Court of Peoria	50	Peoria Manor Court, Ltd., NFP	Peoria, IL
Manor Court of Peru **	104	Peru Becker, Ltd., NFP	Peru, IL
Manor Court of Princeton **	125	Hawthorne Inn of Princeton, LLC	Princeton, IL
Windmill Manor	120	Unrelated lessor	Coralville, IA
	839		
Sheltered Care Facilities:			
Hawthorne Inn of Danville **	60	Danville Independence, LLC	Danville, IL
Manor Court of Peru **	26	Peru Becker, Ltd., NFP	Peru, IL
	86		
Supportive Living Facilities:			
Hawthorne Inn of Freeport	37	Residential Alternatives of Illinois, Inc.	Freeport, IL
Manor Court of Clinton **	27	Unrelated lessor	Clinton, IL
Manor Court of Princeton **	27	Hawthorne Inn of Princeton, LLC	Princeton, IL
	91		
Assisted Living Facilities:			
Hawthorne Inn of Peoria	68	Peoria Manor Court, Ltd., NFP	Peoria, IL
Hawthorne Inn of Peru	68	Peru Becker, Ltd., NFP	Peru, IL
Liberty Estates of Streator **	16	Unrelated lessor	Streator, IL
Windmill Pointe Estates **, ***	22	Unrelated lessor	Coralville, IA
	174		
Independent Living Facilities:			
Liberty Estates of Danville	62	Frances House, Inc.	Danville, IL
Liberty Estates of Freeport	69	Frances House, Inc.	Freeport, IL
Liberty Estates of Geneseo **, ****	49	Unrelated lessor	Geneseo, IL
Liberty Estates of Peoria	81	Frances House, Inc.	Peoria, IL
Liberty Estates of Peru	69	Frances House, Inc.	Peru, IL
Liberty Estates of Streator **, ****	34	Unrelated lessor	Streator, IL
Windmill Pointe Estates **, ***	43	Unrelated lessor	Coralville, IA
	427		

* Freeport Rehab & Health Care Center ceased operations on 6/1/15.

** Denotes a combination facility that has more than one type of facility in the same building.

*** Windmill Pointe Estates ceased operations on 1/1/16.

**** Assisted living services can be provided for certain units in these independent living facilities.

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 as 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, FHI is also the sole member of the following subsidiaries 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 operations as of March 31, 2016:

- Freeport Manor Court, Ltd., NFP
- Manor Court of Princeton, Ltd., NFP
- Peoria Stalworth, Ltd., NFP

Income taxes: Frances House, Inc. and Subsidiaries are exempt from income taxes under Sections 501(c)(3) or 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 years before 2012.

Fiductary trust accounts: Cash held for residents and the related liability, due to residents, consists of cash that RAI holds for its residents when they request RAI to do so. Such cash consists 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: The Organization extends credit for routine services provided to the residents of its facilities. 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.

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 15, is mitigated by the taxing authority of the governmental entities funding the programs.

Note 2. Significant Accounting Policies (Continued)

The allowance for doubtful accounts represents an amount considered by management to cover potential credit losses. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. For receivables associated with private pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Organization's allowance for doubtful accounts for the year ended March 31, 2016 decreased by 27 percent. The decrease is primarily due to the decrease in accounts receivable.

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 14. 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 15.

Resident security deposits: Refundable security deposits paid by residents upon entering into a rental agreement are reflected as a noncurrent liability in the accompanying consolidated balance sheets.

Deferred revenue: Deferred revenue are amounts that have been paid in advance for resident services. The deferred revenue will be recognized as resident services revenue as the related services are provided and thereby earned. All deferred revenue is classified as current as it is expected to be earned within the next year.

Pledges and contributions: Pledges and contributions are considered to be available for unrestricted use unless specifically restricted by the 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 consolidated statements of operations 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.

Note 2. Significant Accounting Policies (Continued)

Long-term receivable: The long-term receivable consists of a subordinated promissory note receivable due from an unrelated party. This long-term receivable is considered a financing receivable and is stated at the amount of unpaid principal, reduced by an allowance for loan losses, if applicable. Interest income is recognized over the life of the loan using the simple interest method, except for the refundable balance receivable that does not have interest associated with it. Amounts disbursed for and collected on the long-term receivable are included in net cash provided from investing activities in the consolidated statements of cash flows.

The allowance for uncollectible amounts represents the Organization's best estimate of the amount of credit losses in the Organization's existing long-term receivables. The allowance is determined on an individual receivable basis if it is probable that the Organization will not collect the entire principal amount contractually due. The Organization considers the other party's financial condition, historical payment patterns, contractual obligations as required by the terms of the long-term receivables, and the other party's source of funds for repayment of the receivables in considering the probability of default. Impairment is measured based on the present value of the expected future cash flows discounted at the loan's effective interest rate. The Organization does not accrue interest when a receivable is considered impaired. When the ultimate collectability of the principal balance of the impaired receivable is in doubt, all cash receipts on impaired receivables are applied to reduce the principal amount of such receivables until the principal has been recovered and recognized as interest income thereafter. Impairment losses are charged against the allowance and increases in the allowance are charged to provision for uncollectible receivable expense. Long-term receivables are written off against the allowance when all possible means of collection have been exhausted and the potential for recovery is considered remote. The Organization resumes accrual of interest when it is probable that the Organization will collect the remaining principal and interest of an impaired receivable. There was no allowance recorded as of March 31, 2016 and 2015 related to the long-term receivables.

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

Construction in progress primarily represents additions to facilities. Such assets are not depreciated until they are placed into service.

Note 2. Significant Accounting Policies (Continued)

Investments: The Organization classifies all available-for-sale securities as long-term investments. The Organization has had limited trading activity with available-for-sale securities.

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 is 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 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 of the cost.

When an other-than-temporary impairment loss is determined to have occurred on equity securities, the losses are recognized in excess of revenue over expenses. The way in which impairment losses on fixed income securities are recognized in the consolidated 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 e 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 revenue 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 the credit loss portion in excess of revenue over expenses and the noncredit loss portion in other changes in net assets and is excluded from excess of revenue over expenses.

Fair value of financial instruments: The estimated fair values of the Organization's short-term financial instruments, including cash, accounts receivable, restricted 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 prices. The fair value of the long-term debt is estimated based on current rates available to the Organization for debt with similar terms and remaining maturities. See Note 21 for additional fair value information.

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 and communicated to the donee.

Note 2. Significant Accounting Policies (Continued)

Insurance claims and related insurance recoveries: The Organization does not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability is determined without consideration of insurance recoveries. The Organization recognizes an insurance receivable at the same time that it recognizes the liability, measured on the same basis as the liability, subject to the need for a valuation allowance for uncollectible amounts.

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 amount 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 consolidated statements of operations include excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments.

Recently issued accounting standards: In June 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2013-06, *Not-for-Profit Entities (Topic 958): Services Received from Personnel of an Affiliate.* ASU 2013-06 requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. It states that said services should be measured at the cost recognized by the affiliate for the personnel providing those services. ASU 2013-06 is effective for entities with fiscal years beginning after June 15, 2014 and was adopted by the Organization for the year ending March 31, 2016. There was no significant impact that adoption had on the Organization's financial statements.

In April 2014, the FASB issued new accounting guidance on ASU 2014-08, *Presentation of Financial Statements (Topic 205) and Property, Plant and Equipment (Topic 360).* The amendment changes the criteria for reporting discontinued operations and enhancing convergence of the FASB's and the International Accounting Standard Board's (IASB) reporting requirements for discontinued operations. This guidance is effective for all disposals or classifications as held for sale of components of an entity that occur within annual periods beginning on or after December 15, 2014. There was no impact that adoption had on the Organization's financial statements.

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606).* This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. The Organization will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. This standard was amended by ASU 2015-14, *Revenue from Contracts with Customers (Topic 606): Deferral of the Effective Date.* This amendment deferred the effective date of ASU 2014-09 for all entities by one year. Therefore, this standard will be effective for annual reporting periods beginning after December 15, 2018 (the Organization's year ending March 31, 2020), using either of two methods: *(a)* retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09; or *(b)* retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. This standard was amended by ASU 2016-08, *Revenue from Contracts with Customers (Topic 606): Principal versus Agent Considerations.* This amendment is intended to improve the operability and

Note 2. Significant Accounting Policies (Continued)

understandability of the implementation guidance on principal versus agent considerations. This standard was also amended by ASU 2016-10, *Revenue from Contracts with Customers (Topic 606): Identifying Performance Obligations and Licensing.* The amendment adds further guidance on identifying performance obligations and also aims to improve the operability and understandability of the licensing implementation guidance. The amendment does not change the core principle of the guidance in Topic 606. Lastly, this standard was amended by ASU 2016-12, *Revenue from Contracts with Customers (Topic 606): Narrow-Scope Improvements and Practical Expedients.* The amendments, among other things, (1) clarify the objectives of the collectability criterion for applying paragraph 606-10-25-7; (2) permit an entity to exclude amounts collected from customers for all sales (and other similar) taxes from the transaction price; (3) specify that the measurement date for noncash consideration is contract inception; (4) provide a practical expedient that permits an entity to reflect the aggregate effect of all modifications that occur before the beginnings of the earliest period presented when identifying the satisfied and unsatisfied performance obligations, determining the transaction price, and allocating the transaction price to the satisfied and unsatisfied performance obligations; (5) clarify that a completed contract for purposes of transition is a contract for which all (or substantially all) of the revenue was recognized under legacy GAAP before the date of initial application; and (6) clarify that an entity that retrospectively applies the guidance in Topic 606 to each prior reporting period is not required to disclose the effect of the accounting change for the period of adoption. The Organization has not yet selected a transition method and is currently evaluating the impact of the pending adoption of these ASUs on the financial statements.

In April 2015, the FASB issued ASU 2015-03, *Interest – Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs.* ASU 2015-03 requires that debt issuance costs related to a recognized debt liability be presented in the balance sheet as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. ASU 2015-03 is effective for entities with fiscal years beginning after December 15, 2015 and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2017. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, which sets out the principles for recognition, measurement, presentation and disclosure of leases for both parties to a contract (i.e., lessees and lessors). The new standard requires lessees to apply a dual approach, classifying leases as either finance or operating leases based on the principle of whether or not the lease is effectively a financed purchase by the lessee. This classification will determine whether lease expense is recognized based on an effective interest method or on a straight line basis over the term of the lease, respectively. A lessee is also required to record a right-of-use asset and a lease liability for all leases with a term of greater than 12 months regardless of their classification. Leases with a term of 12 months or less will be accounted for similar to existing guidance for operating leases today. The new standard requires lessors to account for leases using an approach that is substantially equivalent to existing guidance for sale-type leases, direct financing leases and operating leases. ASU 2016-02 is effective for fiscal years beginning after December 15, 2019, and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2021. Early application is permitted. Lessees (for capital and operating leases) and lessors (for sales-type, direct financing, and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees and lessors may not apply a full retrospective transition approach. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

Note 2. Significant Accounting Policies (Continued)

In June 2016, the FASB issued ASU 2016-13, *Financial Instruments – Credit Losses (Topic 326)*, which amends guidance on reporting credit losses for assets held at amortized cost basis and available-for-sale securities. The new standard eliminates the probable initial recognition threshold in current GAAP, and instead, requires an entity to reflect its current estimate of all expected credit losses. The allowance for credit losses is a valuation account that is deducted from the amortized cost basis of the financial assets to present the net amount expected to be collected. For available-for-sale debt securities, credit losses should be measured in a manner similar to current GAAP; however, Topic 326 will require that credit losses be presented as an allowance rather than as a write-down. ASU 2016-13 is effective for fiscal years beginning after December 15, 2020, and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2022. Early adoption is permitted. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

In August 2016, the FASB issued ASU 2016-14, *Not-For-Profit Entities (Topic 958)*, presentation of financial statements for not-for-profit entities. This update improves the current net asset classification requirements and the information presented in financial statements and notes about a not-for-profit entity's (NFP's) liquidity, financial performance, and cash flows. The main provisions of this update change current GAAP in different ways. The key elements of this update include: (1) net asset classifications are being reduced from three to two categories: with donor restrictions and without donor restrictions, (2) the placed-in-service approach will be required for determining when restrictions are met for all capital gifts, eliminating the over-time option for expirations of capital restrictions, (3) additional disclosures, both qualitative and quantitative, will be required to communicate information useful in assessing liquidity within one year of the balance sheet date, (4) enhanced disclosures will be required for organizations that present an operating measure, (5) the indirect or direct method of presenting the statement of cash flows will be allowed, however, the reconciliation of operating items no longer will be required when using the direct method, (6) may present net investment return in multiple line items in the statement of activities and net investment expense no longer will be required to be disclosed, (7) changes to reporting requirements related to expenses include disclosure of expense by both nature and function, disclosure of expenses netted with investment return and enhanced disclosures regarding cost allocations, and (8) eliminates the requirement to disclose the unrealized gains and losses for the period related to equity securities held at the report date as previously required by ASU 2016-01. ASU 2016-14 represents the first phase of an expected two-phase project. ASU 2016-14 is effective for fiscal years beginning after December 15, 2017, and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2019. Early application is permitted. The amendments in this update should be applied on a retrospective basis. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

Note 3. Investments in Available-for-Sale Securities

Investments in available-for-sale securities as of March 31, 2016 and 2015, consisted of the following:

	2016		2015	
Described by Asset Type	Fair Value	Cost Basis	Fair Value	Cost Basis
Common stock	$ 5,488,554	$ 4,981,299	$ 3,696,018	$ 3,312,579
Exchange-traded funds	5,579,578	5,470,610	4,988,905	4,803,640
Real estate and unit investment trusts	3,660,532	4,124,742	6,944,070	7,452,992
Closed-end mutual funds	2,160,581	2,739,856	-	-
Mutual funds primarily invested in equity securities	13,749,020	10,951,499	14,135,175	8,265,904
Mutual funds primarily invested in investment grade bonds	6,062,712	6,102,864	5,761,110	5,666,909
Mutual funds primarily invested in U.S. government securities	-	-	1,500,304	1,613,865
	$ 36,700,977	$ 34,370,870	$ 37,025,582	$ 31,115,889

Additional disclosures regarding fair value of the investments are found in Note 21.

Net realized gain (loss) on investments for the years ended March 31, 2016 and 2015, respectively, was $(878,038) and $1,740,332. These amounts are reported in the consolidated statements of operations as a part of investment income.

Components of net investment income are as follows for the years ended March 31, 2016 and 2015:

	2016	2015
Interest and dividends	$ 4,496,557	$ 3,072,409
Realized gain (loss) on available-for-sale investments	(876,038)	1,740,332
	$ 3,618,519	$ 4,612,741

Interest and dividend income is earned from investments in marketable securities, notes receivable, deposits restricted for replacement reserves, and cash.

Note 3. Investments in Available-for-Sale Securities (Continued)

Management evaluates the investment portfolio periodically to determine if investments have suffered an other-than-temporary decline in value. In addition, management monitors market trends and other circumstances to identify trends and circumstances that might impact the carrying value of securities.

The following tables show 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 a continuous loss position, as of March 31, 2016 and 2015:

	Less Than 12 Months		12 Months or Greater		Total	
March 31, 2016	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Common stock	$ 843,723	$ 122,724	$ 401,777	$ 77,445	$ 1,245,500	$ 200,169
Mutual funds primarily invested in equity securities	1,308,807	91,136	-	-	1,308,807	91,136
Mutual funds primarily invested in investment grade bonds	6,062,712	40,152	-	-	6,062,712	40,152
Exchange traded funds	74,688	1,404	673,283	1,872	747,971	3,276
Real estate and unit investment trusts	463,881	66,957	2,532,518	528,233	2,996,399	595,190
Closed-end mutual fund	1,724,579	596,803	-	-	1,724,579	596,803
	$ 10,478,390	$ 919,176	$ 3,607,578	$ 607,550	$ 14,085,968	$ 1,526,726

	Less Than 12 Months		12 Months or Greater		Total	
March 31, 2015	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Common stock	$ 630,086	$ 73,568	$ 121,008	$ 13,375	$ 751,094	$ 86,943
Mutual funds primarily invested in U.S. government securities	-	-	1,500,304	113,560	1,500,304	113,560
Exchange traded funds	-	-	153,384	794	153,384	794
Real estate and unit investment trusts	5,432,275	417,254	1,074,737	91,669	6,507,012	508,923
	$ 6,062,361	$ 490,822	$ 2,849,433	$ 219,398	$ 8,911,794	$ 710,220

Note 3. Investments in Available-for-Sale Securities (Continued)

As of March 31, 2016 and 2015, there were 16 and 17 common stock securities in an unrealized loss position less than 12 months and 7 and 2 that were in an unrealized loss position greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 1 and no mutual funds primarily invested in equity securities in an unrealized loss position less than 12 months, respectively. As of March 31, 2016 and 2015, there were 1 and no mutual funds primarily invested in investment grade bonds in an unrealized loss position less than 12 months, respectively. As of March 31, 2016 and 2015, there were no and 1 mutual funds primarily invested in U.S. government securities in an unrealized loss position of greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 3 and no exchange traded funds in a unrealized loss position of less than 12 months and 2 and 1 in an unrealized loss position greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 1 and 5 real estate and investment trust securities in an unrealized loss position less than 12 months and 4 and 1 in an unrealized loss position greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 30 and no closed-ended mutual funds in an unrealized loss position less than 12 months, respectively.

The Organization believes that the unrealized losses generally are caused by interest rate increases, liquidity discounts and increases in the risk premiums required by market participants rather than an adverse change in cash flows or a fundamental weakness in the credit quality of the issuer or underlying assets.

Based on the Organization's assessment of the near-term prospects of the issuers of marketable 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 cost, the Organization does not consider these investments to be other-than-temporarily impaired as of March 31, 2016 and 2015.

Note 4. Investment Margin Borrowing Account

FHI has a line of credit with Pershing LLC in the amount of $8,000,000. Through this agreement, FHI may borrow funds from time-to-time, not to exceed the principal balance for the purpose of an investment margin borrowing account. The broker for this arrangement is Benjamin F. Edwards & Co. This note is secured by an investment account held on deposit with Benjamin F. Edwards & Co. with a fair market value of approximately $19,805,000 as of March 31, 2016. The agreement bears interest at 0.75 percent above the 30-day LIBOR rate (effective total rate of 1.19 percent as of March 31, 2016). As of March 31, 2016 and 2015, there were no borrowed amounts owed on this agreement. During the years ended March 31, 2016 and 2015, no amounts were borrowed or repaid against this agreement.

Note 5. Credit Quality

Major categories of loans included in the loan portfolio as of March 31, 2016 and 2015, were as follows:

	2016	2015
Subordinated promissory note receivable	$ 600,000	$ 800,000
Allowance for loan loss	-	-
	$ 600,000	$ 800,000

There were no receivables in nonaccrual status at March 31, 2016 and 2015.

To measure credit quality regarding promissory notes, the Organization considers the other party's financial condition, historical payment patterns, contractual obligations as required by the terms of the receivables and other party's source of funds for repayment of the receivables in considering the probability of default. The credit quality indicator used by the Organization is whether the receivable is current vs. past-due. The Organization assesses the indicator at each fiscal year-end. There were no receivables considered impaired at March 31, 2016 or 2015.

Note 6. Assets Held for Sale and Restricted Cash Held in Escrow

The Organization determined during the year ended March 31, 2015, that they would seek a buyer for the assets and operations of Freeport Rehab and Health Care Center (FRHCC), a 109-bed/unit skilled nursing facility operated by RAI and located in Freeport, Illinois. As a result, as of March 31, 2015, assets held for sale were recorded at the lower of net book value or fair value less estimated selling costs. On April 20, 2015, FRHCC was sold to an unrelated third party for $3,000,000. After considering selling costs, the gain on the sale was approximately $345,000.

As part of the purchase agreement, $250,000 of the $3,000,000 was required to be held in escrow in order to provide readily available funds for the satisfaction of the indemnification obligations of the seller (RAI) to the purchaser. This $250,000 is presented as restricted cash on the accompanying consolidated balance sheet. The holdback period is for three years with a provision of a payment of $175,000 back to RAI if after the second year there does not exist a pending unresolved claim. The remaining balance is to be paid on the third anniversary, unless there is a pending or unresolved claim. As of March 31, 2016, no claims have been filed. Management has also estimated that the potential for a future claim is remote and as such has not recorded an accrual as of March 31, 2016.

Note 7. Restricted Deposits for Mortgage Escrows and Residual Receipts

The HUD-insured mortgage notes payable, described in Note 9, require the Organization to make monthly escrow deposits for real estate taxes, mortgage insurance and property insurance. As of March 31, 2016, the required monthly mortgage escrow account for escrow deposit was $65,415; however, the required amount is subject to periodic change to meet the needs of actual disbursements for these items. Escrow deposits are restricted to their described purpose and the release of these funds is authorized by the mortgage company upon submission of invoices for real estate taxes, mortgage insurance and property insurance. PBL and DIL are also required to make residual receipt deposits for surplus cash on hand at the end of a reporting period. The aggregate balance of the restricted deposits for mortgage escrows and residual receipts was $755,457 and $813,450 as of March 31, 2016 and 2015, respectively.

Note 8. Restricted Deposits for Replacement Reserves and Repair Reserve

The HUD-insured mortgage notes payable, described in Note 9, require the Organization to make monthly deposits to the reserves for replacements in the amount of $18,658. Withdrawals from these reserves, whether for the purpose of effecting replacement of structural elements and mechanical equipment of the project or for any other purpose, may be made only after receiving approval in writing of the Secretary of HUD. PMC and BLR also have separate repair deposit balances restricted for certain repair projects. Activity in the restricted deposits for replacement reserves, including the repair deposit of BLR, during the years ended March 31, 2016 and 2015, included the following:

	2016	2015
Replacement reserves balance at beginning of year	$ 2,036,977	$ 1,445,041
Total of monthly deposits	220,950	212,033
Initial deposit for new reserve account	440,495	560,000
Disbursement from replacement reserve	(440,495)	(181,867)
Interest earned on replacement reserve account	1,721	1,770
Replacement reserves balance at end of year	2,259,648	2,036,977
BLR repair deposit balance at beginning of year	14,490	-
Initial deposit	-	14,490
BLR repair deposit balance at end of year	14,490	14,490
Total restricted deposits for replacement and repair reserves	$ 2,274,138	$ 2,051,467

Note 9. Long-Term Debt and Pledged Assets

Long-term debt and pledged assets consisted of the following as of March 31, 2016 and 2015:

Frances House, Inc.		
First Mid-Illinois Bank & Trust, N.A., mortgage note payable, 4.25%, due in monthly installments of $151,740, including interest, with the remaining balance due September 28, 2017, collateralized by substantially all of the assets of Liberty Estates of Danville, Liberty Estates of Peoria, Liberty Estates of Peru, and Liberty Estates of Freeport, approximately $23,893,000 book value.	$ 17,142,408	$ 18,197,644
Danville Independence, LLC		
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 3.50%, due in monthly installments of $56,175, including interest, with the remaining balance due September 1, 2043, collateralized by substantially all of the assets of the related LLC, approximately $12,218,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act.	12,285,281	12,558,697
Peru Becker, Ltd., NFP		
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 3.80%, due in monthly installments of $90,414, including interest, with the remaining balance due August 1, 2044, collateralized by substantially all of the assets located at the premises of the skilled nursing facility, sheltered care and assisted living facility known as Manor Court of Peru and Hawthorne Inn of Peru, approximately $18,987,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act.	19,612,680	20,010,192
Subtotal carried forward	49,040,369	50,766,533

(Continued)

Note 9. Long-Term Debt and Pledged Assets (Continued)

Borrower and Description of Debt	2016	2015
Subtotal carried forward	$ 49,040,369	$ 50,766,533
Peoria Manor Court, Ltd., NFP		
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 3.55%, due in monthly installments of $49,663, including interest, with the remaining balance due January 1, 2045, collateralized by substantially all of the assets located at the premises of the skilled nursing facility and assisted living facility known as Manor Court of Peoria, approximately $11,430,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act.	10,746,514	10,270,377
Brandon Lumsden Road SNF, LLC		
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 4.48%, due in monthly installments of $69,961, including interest, with the remaining balance due May 1, 2044. The Organization and lessee, an unrelated party, have granted a security interest in substantially all of their assets, approximately $22,774,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act.	13,421,412	13,653,981
	73,208,295	74,690,891
Less current maturities	2,258,308	2,114,129
Long-term portion	$ 70,949,987	$ 72,576,762

Note 9. Long-Term Debt and Pledged Assets (Continued)

Scheduled maturities of long-term debt as of March 31, 2016, were as follows:

Year Ending March 31	Amount
2017	$ 2,258,308
2018	17,237,382
2019	1,242,557
2020	1,288,701
2021	1,336,578
Thereafter	49,844,769
	$ 73,208,295

In connection with certain bank notes, the Organization has agreed to certain restrictive covenants, including but not limited to: (1) minimum fixed charge coverage ratio; (2) minimum current ratio; and (3) annual minimum tangible net worth.

HUD-insured debt: The Organization's subsidiaries' loans with HUD-insured financing have certain regulatory and compliance requirements, including but not limited to, required deposits (Notes 7 and 8) and reporting requirements.

Note 10. Administrative and Support Service Agreements

Administrative services: The Organization has administrative service agreements that are renewed annually with RFMS, Inc. (RFMS), an unrelated company. However, RFMS is a related party through common ownership with certain facility lessors, including Edwin Enterprises, LLC, LB Properties, Inc., and Mid-Illini Healthcare, Inc., as disclosed in Note 16. RFMS 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: Frances House, Inc. and Residential Alternatives of Illinois, Inc. are two of eight not-for-profit entities that are members of a limited liability company, LTC Support Services, LLC (LTC). The purpose of LTC is to support its members' operations by providing consulting services to its members and others. The Organization entered into a contractual agreement with this related party to obtain consulting 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.

Fees incurred under the administrative and support services agreements are included in general and administrative expenses for the years ended March 31, 2016 and 2015, and were as follows:

	2016	2015
RFMS, Inc., administrative services	$ 2,704,082	$ 2,798,614
LTC Support Services, LLC, support services	1,927,190	2,098,789
	$ 4,631,272	$ 4,897,403

Note 11. Employee Benefit Plans

Medical benefit plan: The Organization has adopted a multiple-employer health and welfare 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 is 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 VEBA 501(c)(9) trust, 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. Qualifying expenses are paid from the related participants' contributions. Expenses relating to the medical benefit plan totaled approximately $1,550,000 and $1,588,000 for the years ended March 31, 2016 and 2015, 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 President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is also a member of the Board of Trustees for this plan. The Organization's share of expenses relating to this plan totaled approximately $926,000 and $1,215,000 for the years ended March 31, 2016 and 2015, respectively.

Retirement savings plan: The Organization has adopted a multiple-employer 401(k) retirement savings plan (the Plan) covering substantially all employees. The President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is employed as a broker for the company that administers the Plan. The Plan's administrator is an unrelated party. Plan management consists of employees of LTC, a related party as described in Note 10, and RFMS, an unrelated 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 two years of service at 20 percent per year. Expenses related to this Plan totaled approximately $176,000 and $245,000 for the years ended March 31, 2016 and 2015, respectively.

Note 12. Provider Participation Fees

The Illinois Department of Public Aid assesses provider participation fees on Illinois health care providers receiving Medicaid payments. Provider participation fees totaled approximately $2,751,000 and $2,806,000 for the years ended March 31, 2016 and 2015, respectively.

Note 13. Long-Term Receivables

Note receivable due from Hometown Community Bancorp, Inc.: In March 2012, the Organization invested $1,000,000 in a subordinated promissory note issued by Hometown Community Bancorp, Inc. in a private placement. The note bears interest at the rate of 6 percent per annum that is paid quarterly for a period of seven years. The principal will be repaid in installments of 20 percent of the original principal amount, with the first payment having occurred in March 2015. The remaining installment payments will occur in four equal annual principal payments on the fourth, fifth, sixth and seventh annual March anniversary of the note with the final principal and interest due in March 2019. The note is unsecured and subordinated to the other debt of Hometown Community Bancorp, Inc. and has not been registered with the Securities and Exchange Commission. The notes were only offered to certain investors who met the criteria for "accredited investors" under Regulation D of the Securities and Exchange Commission and, therefore, transfer of the notes are restricted by state and federal securities laws. The private placement memorandum associated with the note indicates that this investment is speculative and illiquid, in that there is no public market for the notes and that a public market is not expected to develop for the notes and that investors should expect to hold the notes for the entire term of the notes. The balance of the subordinated promissory note as of March 31, 2016 and 2015, was $600,000 and $800,000, respectively.

When assessing the credit quality of the note receivable, management considers the financial condition of the bank, as well as any past due amounts. As of March 31, 2016 and 2015, management determined no allowance related to the note receivable was necessary.

Standby loan agreement receivable due from Achievement Unlimited, Inc.: FHI entered into a standby loan agreement with Achievement Unlimited, Inc. (AUI) in December 2012. Through this agreement, FHI has agreed to advance, from time-to-time, working capital funds to AUI. The unsecured agreement provides for a credit limit up to $1,000,000. Interest shall be reset monthly based on the applicable federal rate for short-term loans (0.65 percent as of March 31, 2016). The agreement expires December 20, 2017. No advances or payments have been made as of March 31, 2016 or 2015.

Note 14. 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 15. Concentration 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 from these 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 and resident accounts receivable as of March 31, 2016 and 2015, by payor, as a percentage of total net resident service revenue and resident accounts receivable, respectively, were as follows:

	Net Resident Service Revenue		Resident Accounts Receivable	
	2016	2015	2016	2015
Medicare	27%	26%	27%	20%
Medicaid	30%	30%	43%	48%
Private	43%	44%	30%	32%
	100%	100%	100%	100%

The Organization recognizes resident service revenue associated with services provided to residents who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured residents, the Organization recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a provision for bad debts related to uninsured patients in the period the services are provided.

Note 16. Lease Commitments, Total Rental Expense and Subsequent Event

RAI leases some of its facilities from unrelated leasing companies under agreements that require monthly rentals plus the payment of real property taxes, insurance and maintenance costs. Monthly lease payments of certain leases are adjusted periodically according to the lease agreement based on 50 percent of the change in the consumer price index (CPI). Certain lease agreements contain options to renew for additional five-year periods. The terms of these leases as of March 31, 2016, were as follows:

Lessor and Facility Name	Monthly Lease Payment	Expiration of Lease
Edwin Enterprises, LLC:		
Liberty Estates of Streator**	$ 45,419	August 2016
Windmill Manor	90,812	April 2019
LB Properties, Inc.:		
Liberty Estates of Geneseo	40,948	August 2018
Windmill Pointe Estates	40,555	July 2017
Mid-Illini Healthcare, Inc.:		
Manor Court of Clinton	114,500	April 2020
Northwest Illinois CILA, LLC:		
Woodburn Court	3,500	May 2020
	$ 335,734	

** During the fiscal year ended March 31, 2016, RAI entered into a purchase and sale agreement with Edwin Enterprises, LLC to purchase Liberty Estates of Streator for the aggregate price of $5,600,000. The sale closed subsequent to year-end in July 2016.

Minimum rental commitments under facility leases, excluding real property taxes, insurance and maintenance, as of March 31, 2016, are due as follows:

Year Ending March 31	Amount
2017	$ 3,710,875
2018	3,159,340
2019	2,710,484
2020	1,506,812
	$ 11,087,511

Total rental expense for the years ended March 31, 2016 and 2015, including real property taxes, insurance and maintenance costs, were approximately $4,988,000 and $4,897,000, respectively.

Note 17. Functional Expense Classifications

Operating and nonoperating expenses of the Organization according to their functional categories for the years ended March 31, 2016 and 2015, were as follows:

	2016	2015
Program activities	$ 93,082,041	$ 94,936,207
Management and general	4,838,241	4,757,182
	$ 97,920,282	$ 99,693,389

Note 18. Professional Liability Insurance and Litigation Contingencies

Professional liability insurance: The Organization is covered by various professional liability insurance policies on either an occurrence or claims-made basis. Each entity 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 19. Accrued Expenses

Accrued expenses consisted of the following as of March 31, 2016 and 2015:

	2016	2015
Wages and other related payroll	$ 2,654,422	$ 2,443,692
Real estate taxes	2,414,245	2,489,360
Other	867,943	991,265
	$ 5,936,610	$ 5,924,317

Note 20. Construction in Progress Commitments

The Organization had construction projects in process that totaled approximately $3,697,000 and $49,000 as of March 31, 2016 and 2015, respectively. These projects are being funded through available unrestricted cash. The following is a summary of construction in progress and construction commitments as of March 31, 2016:

Project Location and Description	Costs Incurred Through March 31, 2016	Approximate Total Project Cost	Projected Completion Date
Miscellaneous upgrades	$ 128,899	$ 264,751	August 2016
BLR physical therapy and bed additions	3,567,755	4,381,485	August 2016
	$ 3,696,654	$ 4,646,236	

Note 21. Fair Value Disclosures

Fair Value of Financial Instruments

The carrying values and estimated fair values of the Organization's financial instruments are as follows:

	March 31, 2016		March 31, 2015	
	Carrying Value	Estimated Fair Value	Carrying Value	Estimated Fair Value
Financial assets:				
Cash	$ 39,184,757	$ 39,184,757	$ 19,477,948	$ 19,477,948
Resident receivables	11,873,588	11,873,588	15,982,393	15,982,393
Restricted deposits for mortgage escrows and residual receipts	755,457	755,457	813,450	813,450
Restricted deposits for replacement reserves	2,259,648	2,259,648	2,036,977	2,036,977
Restricted deposits for repair reserve	14,490	14,490	14,490	14,490
Investment in available-for-sale securities	36,700,977	36,700,977	37,025,582	37,025,582
Financial liabilities:				
Mortgage notes payable	$ 73,208,295	$ 70,995,447	$ 74,690,891	$ 70,656,246
Construction payable	3,567,755	3,567,755	-	-
Accounts payable	3,057,592	3,057,592	2,593,337	2,593,337

Note 21. Fair Value Disclosures (Continued)

Fair Value Measurements

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 Organization 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 instruments measured at fair value:

Investments in Available-for-sale Securities: The fair value of investments in available-for-sale securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers.

Note 21. Fair Value Disclosures (Continued)

Assets Measured at Fair Value on a Recurring Basis

Assets measured at fair value on a recurring basis as of March 31, 2016, are as follows:

	Total	Level 1	Level 2	Level 3
Investments in available-for-sale securities:				
Common stock	$ 5,482,269	$ 5,482,269	$ -	$ -
Exchange traded funds	5,579,578	5,579,578	-	-
Real estate and unit investment trusts	3,660,532	3,660,532	-	-
Mutual funds primarily invested in equity securities	13,755,305	13,755,305	-	-
Mutual funds primarily invested in investment grade bonds	6,062,712	6,062,712	-	-
Closed-end mutual funds	2,160,581	2,160,581	-	-
	$ 36,700,977	$ 36,700,977	$ -	$ -

Assets measured at fair value on a recurring basis as of March 31, 2015, are as follows:

	Total	Level 1	Level 2	Level 3
Investments in available-for-sale securities:				
Common stock	$ 3,696,018	$ 3,696,018	$ -	$ -
Exchange traded funds	4,988,905	4,988,905	-	-
Real estate and unit investment trusts	6,944,070	6,944,070	-	-
Mutual funds primarily invested in equity securities	14,135,175	14,135,175	-	-
Mutual funds primarily invested in investment grade bonds	5,761,110	5,761,110	-	-
Mutual funds primarily invested in U.S. government securities	1,500,304	1,500,304	-	-
	$ 37,025,582	$ 37,025,582	$ -	$ -

Note 22. Subsequent Events

Management has evaluated subsequent events through September 21, 2016, the date on which the consolidated financial statements were available to be issued, in preparing the consolidated financial statements, and notes thereto, for the year ended March 31, 2016.

RSM

RSM US LLP

Independent Auditor's Report
on the Supplementary Information

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

We have audited the consolidated financial statements of Frances House, Inc. and Subsidiaries (the Organization) as of and for the years ended March 31, 2016 and 2015, and have issued our report thereon, dated September 21, 2016, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole.

The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

Galesburg, Illinois
September 21, 2016

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Frances House, Inc. and Subsidiaries

Consolidating Balance Sheet
March 31, 2016

Assets	Frances House, Inc.	Pioneer Concepts, Inc.	Pinnacle Opportunities, Inc.
Current assets:			
Cash	$ 16,087,236	$ 7,232,564	$ 1,978,345
Fiduciary trust accounts	-	-	-
Receivables:			
Resident accounts, net	1,388,081	976,884	817,556
Other	12,641	-	-
Current maturities of mortgage notes receivable, intercompany	241,446	-	-
Intercompany receivables	21,999,528	9,952,766	1,744,839
Prepaid expenses	19,522	44,669	29,021
Total current assets	39,748,454	18,206,883	4,569,761
Long-term investments:			
Investments in available-for-sale securities	25,546,151	4,792,902	1,037,784
Other	10,000	-	-
	25,556,151	4,792,902	1,037,784
Property and equipment:			
Land	2,686,620	519,315	227,807
Land improvements	1,028,793	212,505	61,998
Buildings and improvements	47,133,971	5,095,358	3,386,670
Equipment, furniture and fixtures	1,540,658	347,590	452,847
Vehicles	924,159	371,212	410,617
Construction in progress	12,371	7,855	-
	53,328,572	8,553,835	4,540,139
Less accumulated depreciation	18,496,537	4,245,688	2,905,008
	34,832,035	2,308,147	1,635,131
Long-term receivable and other assets:			
Restricted cash held in escrow	-	-	-
Subordinated promissory note receivable	600,000	-	-
Mortgage notes receivable, intercompany	6,247,755	-	-
Deferred financing costs, net	64,980	-	-
Restricted deposits for mortgage escrow and residual receipts	-	-	-
Restricted deposits on repair reserve	-	-	-
Restricted deposits for replacement reserves	-	-	-
	6,912,735	-	-
Total assets	$ 107,049,375	$ 25,307,932	$ 7,242,676

Sole Member Lessor Subsidiaries	Residential Alternatives of Illinois, Inc.	Intercompany Eliminations	Consolidated Totals
$ 645,292	$ 13,241,320	$ -	$ 39,184,757
-	96,538	-	96,538
-	8,691,067	-	11,873,588
731,541	110,291	-	854,473
-	-	(241,446)	-
258,366	-	(33,955,499)	-
67,531	235,950	-	396,693
1,702,730	22,375,166	(34,196,945)	52,406,049
-	5,324,140	-	36,700,977
-	10,000	-	20,000
-	5,334,140	-	36,720,977
4,356,000	273,810	-	8,065,552
3,074,853	246,315	-	4,624,464
70,379,610	18,752,091	-	144,747,900
2,614,703	4,125,279	-	9,081,077
-	780,525	-	2,486,513
3,567,755	108,673	-	3,696,654
83,992,921	24,286,693	-	172,702,160
19,456,982	8,202,805	-	53,307,020
64,535,939	16,083,888	-	119,395,140
-	250,000	-	250,000
-	-	-	600,000
-	25,919	(6,273,674)	-
2,532,689	-	-	2,597,669
755,457	-	-	755,457
14,490	-	-	14,490
2,259,646	-	-	2,259,648
5,562,284	275,919	(6,273,674)	6,477,264
$ 71,800,953	$ 44,069,113	$ (40,470,619)	$ 214,999,430

Frances House, Inc. and Subsidiaries

Consolidating Balance Sheet (Continued)
March 31, 2016

Liabilities and Net Assets	Frances House, Inc.	Pioneer Concepts, Inc.	Pinnacle Opportunities, Inc.
Current liabilities:			
Current maturities of long-term debt	$ 1,103,103	$ -	$ -
Accounts payable	389,495	244,497	137,002
Construction payable	-	-	-
Accrued expenses	469,130	306,319	195,439
Deferred revenue	22,000	20,000	23,000
Amounts refundable to residents	-	-	-
Due to third-party payors	226,000	225,000	164,000
Due to residents, trust accounts	-	-	-
Intercompany payables	11,192,605	-	706,305
Total current liabilities	13,402,333	795,816	1,225,746
Long-term debt, net of current maturities	16,065,224	-	-
Long-term intercompany payables	-	-	-
Resident security deposits	-	-	-
Total liabilities	29,467,557	795,816	1,225,746
Net assets (deficit), unrestricted	77,581,818	24,512,116	6,016,930
Total liabilities and net assets	$ 107,049,375	$ 25,307,932	$ 7,242,676

Sole Member Lessor Subsidiaries	Residential Alternatives of Illinois, Inc.	Intercompany Eliminations	Consolidated Totals
$ 1,155,205	$ 241,446	$ (241,446)	$ 2,258,308
9,034	2,277,564	-	3,057,592
3,567,755	-	-	3,567,755
687,162	4,278,560	-	5,936,610
-	756,000	-	821,000
-	254,000	-	254,000
-	598,000	-	1,213,000
-	96,538	-	96,538
7,294,382	558,411	(19,751,703)	-
12,713,538	9,060,519	(19,993,149)	17,204,803
54,910,682	6,247,755	(6,273,674)	70,949,987
14,203,796	-	(14,203,796)	-
-	1,223,494	-	1,223,494
81,828,016	16,531,768	(40,470,619)	89,378,284
(10,027,063)	27,537,345	-	125,621,146
$ 71,800,953	$ 44,069,113	$ (40,470,619)	$ 214,999,430

Frances House, Inc. and Subsidiaries

Consolidating Statement of Operations
Year Ended March 31, 2016

	Frances House, Inc.	Pioneer Concepts, Inc.	Pinnacle Opportunities, Inc.
Operating revenue:			
Net resident services and rental income, net of contractual allowances and discounts	$ 12,687,933	$ 7,087,428	$ 4,359,978
(Provision for) recovery of doubtful accounts	(2,381)	-	(2,124)
Net resident service revenue	12,685,552	7,087,428	4,357,854
Leasing	3,424,584	-	-
Other	223,077	79,763	107,016
Total operating revenue	16,333,213	7,167,191	4,464,870
Operating expenses:			
Program support	3,379,805	2,294,947	2,016,801
Nursing services	569,244	414,499	267,707
Dietary	1,728,955	1,029,549	652,988
General and administrative	2,471,127	1,347,429	746,631
Operations and maintenance	1,123,043	731,132	359,739
Provider participation fees	713,421	380,583	246,793
Housekeeping	506,846	302,626	171,012
Depreciation	2,126,284	257,527	249,464
Special services	90,821	45,866	13,341
Laundry	43,422	45,596	18,769
Total operating expenses	12,752,968	6,849,754	4,743,245
Operating income (loss)	3,580,245	317,437	(278,375)
Nonoperating income (expense):			
Investment income (expense)	4,079,656	(85,349)	(115,870)
Interest expense	(765,640)	-	-
Contributions received	1,534	-	-
Contributions made	-	-	-
	3,315,550	(85,349)	(115,870)
Excess (deficiency) of revenue over expenses	6,895,795	232,088	(394,245)
Unrealized gains (losses) on investments	(3,664,034)	206,121	(97,799)
Increase (decrease) in unrestricted net assets	3,231,761	438,209	(492,044)
Net assets (deficit), unrestricted:			
Beginning of year	74,350,057	24,073,907	6,508,974
End of year	$ 77,581,618	$ 24,512,116	$ 6,016,930

Sole Member Lessor Subsidiaries	Residential Alternatives of Illinois, Inc.	Intercompany Eliminations	Consolidated Totals
$ -	$ 81,010,533	$ -	$ 105,145,872
-	(1,880,074)	-	(1,884,579)
-	79,130,459	-	103,261,293
5,027,606	-	(7,022,992)	1,429,198
232,637	684,627	-	1,327,120
5,260,243	79,815,086	(7,022,992)	106,017,611
-	1,266,018	-	8,957,571
-	33,616,889	-	34,868,339
-	7,706,323	-	11,117,815
722,803	8,322,295	-	13,610,285
497,912	17,079,026	(7,022,992)	12,767,862
-	1,409,972	-	2,750,769
-	2,113,727	-	3,094,211
3,342,720	1,089,478	-	7,065,473
-	30,774	-	180,802
-	529,584	-	637,371
4,563,435	73,164,088	(7,022,992)	95,050,498
696,808	6,650,998	-	10,967,113
1,749	169,107	(430,774)	3,618,519
(2,100,652)	(433,702)	430,774	(2,869,220)
-	50,935	-	52,469
-	(564)	-	(564)
(2,098,903)	(214,224)	-	801,204
(1,402,095)	6,436,774	-	11,768,317
-	(23,874)	-	(3,579,586)
(1,402,095)	6,412,900	-	8,188,731
(8,624,968)	21,124,445	-	117,432,415
$ (10,027,063)	$ 27,537,345	$ -	$ 125,621,146

Frances House, Inc. and Subsidiaries

Consolidated Financial Report
March 31, 2015

ATTACHMENT-27B

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RSM

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Independent Auditor's Report

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

Report on the Financial Statements
We have audited the accompanying consolidated financial statements of Frances House, Inc. and Subsidiaries (Organization) which comprise the consolidated balance sheets as of March 31, 2015 and 2014, and the related consolidated statements of operations and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these consolidated 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Frances House, Inc. and Subsidiaries as of March 31, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

RSM US LLP

Galesburg, Illinois
November 11, 2015

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Frances House, Inc. and Subsidiaries

Consolidated Balance Sheets
March 31, 2015 and 2014

Assets	**2015**	2014
Current Assets		
Cash	**$ 19,477,948**	$ 26,784,573
Fiduciary trust accounts	**96,538**	89,362
Receivables:		
Resident accounts, less allowance for doubtful accounts, 2015 $2,154,303; 2014 $975,000	**15,982,393**	14,045,165
Other	**969,501**	1,170,727
Prepaid expenses	**468,790**	490,378
Total current assets	**36,995,170**	42,580,205
Long-Term Investments		
Investments in available-for-sale securities (Note 3)	**37,025,582**	33,001,147
Other	**20,000**	20,000
	37,045,582	33,021,147
Property and Equipment		
Land	**8,065,552**	7,867,552
Land improvements	**4,624,464**	4,745,789
Buildings and improvements	**143,689,191**	136,142,274
Equipment, furniture and fixtures	**8,759,819**	8,928,518
Vehicles	**2,486,197**	2,512,968
Construction in progress	**49,394**	1,067,308
	167,674,617	161,264,409
Less accumulated depreciation	**46,794,473**	41,765,967
	120,880,144	119,498,442
Long-Term Receivables and Other Assets		
Assets held for sale (Note 5)	**2,680,658**	-
Subordinated promissory note receivable (Note 12)	**800,000**	1,000,000
Deferred financing costs, net of accumulated amortization, 2015 $529,967; 2014 $442,041	**2,253,390**	2,384,146
Restricted deposits for mortgage escrow and residual receipts (Note 6)	**813,450**	605,050
Restricted deposits on repair reserve (Note 7)	**14,490**	-
Restricted deposits for replacement reserves (Note 7)	**2,036,977**	1,445,041
	8,598,965	5,434,237
Total assets	**$ 203,519,861**	$ 200,534,031

See Notes to Consolidated Financial Statements.

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Liabilities and Net Assets	2015	2014
Current Liabilities		
Current maturities of long-term debt (Note 8)	$ 2,114,129	$ 17,834,572
Accounts payable	2,593,337	2,974,324
Construction payable	-	1,043,611
Accrued expenses (Note 18)	5,924,317	5,701,446
Deferred revenue	397,000	483,000
Amounts refundable to residents	242,000	132,000
Due to third-party payors	865,000	548,000
Due to residents, trust accounts	96,538	89,362
Total current liabilities	12,232,321	28,806,315
Long-Term Debt, net of current maturities (Note 8)	72,576,762	61,037,344
Resident Security Deposits	1,278,363	1,258,840
Total liabilities	86,087,446	91,102,499
Commitments and Contingencies (Notes 4, 5, 6, 7, 8, 9, 10, 13, 14, 15, and 17)		
Net Assets, unrestricted	117,432,415	109,431,532
Total liabilities and net assets	$ 203,519,861	$ 200,534,031

ATTACHMENT-27B

Frances House, Inc. and Subsidiaries

Consolidated Statements of Operations
Years Ended March 31, 2015 and 2014

	2015	2014
Operating revenue:		
Net resident services and rental income, net of contractual allowances and discounts	$ 105,395,706	$ 97,700,322
Provision for doubtful accounts	(2,142,911)	(642,200)
Net resident service revenue	103,252,795	97,058,122
Leasing	1,192,100	1,572,000
Other	641,027	680,744
Total operating revenue	105,085,922	99,310,866
Operating expenses:		
Program support	8,305,628	7,980,356
Nursing services	36,130,323	32,501,858
Dietary	11,399,211	10,620,699
General and administrative	13,948,494	11,468,679
Operations and maintenance	12,880,265	11,521,694
Provider participation fees	2,805,515	2,852,632
Housekeeping	3,136,517	3,020,112
Depreciation	6,779,268	6,626,917
Special services	158,483	120,167
Laundry	740,970	736,699
Loss on debt extinguishment	355,614	-
Total operating expenses	96,640,288	67,449,813
Operating income	8,445,634	11,861,053
Nonoperating income (expense):		
Investment income	4,812,741	1,027,637
Interest expense	(3,052,601)	(3,360,009)
Contributions received	14,238	35,993
Contributions made	(500)	(20,489)
	1,773,878	(2,316,868)
Excess of revenue over expenses	10,219,512	9,544,185
Unrealized (losses) gains on investments	(2,218,629)	2,570,436
Increase in unrestricted net assets	8,000,883	12,114,621
Net assets, unrestricted:		
Beginning of year	109,431,532	97,316,911
End of year	$ 117,432,415	$ 109,431,532

See Notes to Consolidated Financial Statements.

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Frances House, Inc. and Subsidiaries

Consolidated Statements of Cash Flows
Years Ended March 31, 2015 and 2014

	2015	2014
Cash Flows from Operating Activities		
Increase in unrestricted net assets	$ 8,000,883	$ 12,114,621
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Net unrealized losses (gains) on investments	2,218,629	(2,570,436)
Realized gains on sale of securities	(1,740,332)	(80,562)
Reinvested dividends	(2,656,027)	(596,869)
Depreciation	6,779,268	6,626,917
Amortization	87,927	118,426
Provision for doubtful resident accounts	2,142,911	642,200
Recovery of doubtful long-term receivables	-	(1,650,000)
Loss on debt extinguishment	355,614	-
Change in working capital components:		
(Increase) decrease in:		
Resident receivables	(4,080,139)	1,421,575
Other receivables	201,226	(469,849)
Prepaid expenses	21,588	45,101
(Decrease) increase in:		
Accounts payable	(380,987)	58,808
Accrued expenses	222,871	(197,296)
Deferred revenue	(86,000)	7,484
Amounts refundable to residents	110,000	(34,005)
Due to third-party payors	317,000	(108,545)
Net cash provided by operating activities	11,514,432	15,327,570
Cash Flows from Investing Activities		
Proceeds from sale of investments in available-for-sale	8,967,392	683,502
Purchase of investments in available-for-sale securities	(10,814,097)	(10,977,045)
Purchase of property and equipment, excluding construction costs	(10,003,130)	(1,163,052)
Disbursements for construction costs	(838,498)	(23,697)
Proceeds received on subordinated promissory note receivable	200,000	-
Collections on standby loan agreements receivable	-	2,225,000
Collections on refundable balance receivable	-	1,850,000
Net deposits to restricted deposit accounts	(814,826)	(256,876)
Net cash used in investing activities	(13,303,159)	(7,662,168)

(Continued)

Frances House, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (Continued)
Years Ended March 31, 2015 and 2014

	2015	2014
Cash Flows from Financing Activities		
Increase (decrease) in resident security deposits	$ 19,523	$ (1,899)
Payment of debt acquisition costs	(405,994)	(1,486,578)
Reimbursement of debt financing costs	93,209	59,400
Disbursements on construction payable	(1,043,611)	(2,743,756)
Proceeds from long-term debt	13,840,000	1,682,717
Principal payments on long-term debt	(18,021,025)	(1,930,420)
Net cash used in financing activities	(5,517,898)	(4,420,536)
Net (decrease) increase in cash	(7,306,625)	3,244,866
Cash:		
Beginning	26,784,573	23,539,707
Ending	$ 19,477,948	$ 26,784,573
Supplemental Disclosure of Cash Flow Information		
Cash payments for interest	$ 3,004,048	$ 3,383,423
Supplemental Schedule of Noncash Investing and Financing Activities		
Construction in progress financed through construction payable	$ -	$ 1,050,461

See Notes to Consolidated Financial Statements.

ATTACHMENT-27B

Note 1. Nature of Activities

Frances House, Inc. (FHI) is an Illinois not-for-profit organization that individually and through its sole-member subsidiaries owns and/or operates a variety of long-term health care facilities that provide residential and health care services to both a geriatric and developmentally disabled population in Illinois, Iowa and Florida. FHI 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 three Community Integrated Living Arrangement (CILA) facilities, and twenty-nine 16-bed facilities, including certain 16-bed group homes that are all classified as intermediate care facilities for the developmentally disabled and are located in the northern half of the State of Illinois. A significant portion of the residential-care services provided are paid by a third-party agency, primarily the Illinois Department of Healthcare and Family Services (DHS) as part of the Medicaid program and a smaller portion of this care is provided through purchase of services contracts with DHS. The following entities own and operate these facilities:

- Frances House, Inc. (FHI) has sixteen 16-bed facilities, including two 16-bed group home facilities. Subsequent to year end, one 8-bed CILA, operated by FHI, commenced operations.
- Pinnacle Opportunities, Inc. (PIN), whose sole corporate member is FHI, has one 8-bed CILA facility, and five 16-bed facilities, including two 16-bed group home facilities.
- Pioneer Concepts, Inc. (PIO), whose sole corporate member is FHI, has two 8-bed CILA facilities, and eight 16-bed facilities, including two 16-bed group home facilities.

Geriatric Operations: FHI is the sole corporate member of Residential Alternatives of Illinois, Inc. (RAI), an Illinois not-for-profit organization that operates skilled nursing facilities, described on the next page, 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.

FHI is also the sole member of the following subsidiaries that own and lease the property of certain long-term care geriatric facilities located in Illinois and Florida, leased and operated by RAI:

- Hawthorne Inn of Princeton, LLC (HIP)
- Danville Independence, LLC (DIL)
- Peoria Manor Court, Ltd., NFP (PMC)
- Peru Becker, Ltd., NFP (PBL)
- Brandon Lumsden Road SNF, LLC (BLR)

DIL, PMC, PBL and BLR have HUD-insured mortgages on their respective facilities and, therefore, these four entities have separate single audits of their individual financial statements.

Note 1. Nature of Activities (Continued)

As noted above, RAI operates skilled nursing facilities, retirement living centers and assisted living facilities located in Illinois and Iowa. The names of the facilities and the number of bed/units are as follows:

Facility Type and Name	Number of Beds/Units	FHI or FHI Sole-Member Subsidiary Facility Owner	Location
Skilled Nursing Facilities:			
Freeport Rehab & Health Care Center	109	Residential Alternatives of Illinois, Inc.	Freeport, IL
Hawthorne Inn of Danville **	80	Danville Independence, LLC	Danville, IL
Manor Court of Clinton **	134	Unrelated lessor	Clinton, IL
Manor Court of Freeport **	96	Residential Alternatives of Illinois, Inc.	Freeport, IL
Manor Court of Peoria	50	Peoria Manor Court, Ltd., NFP	Peoria, IL
Manor Court of Peru **	94	Peru Becker, Ltd., NFP	Peru, IL
Manor Court of Princeton **	125	Hawthorne Inn of Princeton, LLC	Princeton, IL
Windmill Manor	120	Unrelated lessor	Coralville, IA
	808		
Sheltered Care Facilities:			
Hawthorne Inn of Danville **	60	Danville Independence, LLC	Danville, IL
Manor Court of Freeport **	16	Residential Alternatives of Illinois, Inc.	Freeport, IL
Manor Court of Peru **	38	Peru Becker, Ltd., NFP	Peru, IL
	112		
Supportive Living Facilities:			
Hawthorne Inn of Freeport	37	Residential Alternatives of Illinois, Inc.	Freeport, IL
Manor Court of Clinton **	27	Unrelated lessor	Clinton, IL
Manor Court of Princeton **	27	Hawthorne Inn of Princeton, LLC	Princeton, IL
	91		
Assisted Living Facilities:			
Liberty Estates of Geneseo **	30	Unrelated lessor	Geneseo, IL
Hawthorne Inn of Peoria	52	Peoria Manor Court, Ltd., NFP	Peoria, IL
Hawthorne Inn of Peru	52	Peru Becker, Ltd., NFP	Peru, IL
Liberty Estates of Streator **	30	Unrelated lessor	Streator, IL
Windmill Pointe Estates**	44	Unrelated lessor	Coralville, IA
	208		
Independent Living Facilities:			
Liberty Estates of Danville	82	Frances House, Inc.	Danville, IL
Liberty Estates of Freeport	69	Frances House, Inc.	Freeport, IL
Liberty Estates of Geneseo **	34	Unrelated lessor	Geneseo, IL
Liberty Estates of Peoria	81	Frances House, Inc.	Peoria, IL
Liberty Estates of Peru	69	Frances House, Inc.	Peru, IL
Liberty Estates of Streator **	30	Unrelated lessor	Streator, IL
Windmill Pointe Estates**	43	Unrelated lessor	Coralville, IA
	408		

** Denotes a combination facility that has more than one type of facility in the same building.

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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 as 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, FHI is the also the sole member of the following subsidiaries, 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 operations as of March 31, 2015:

- Clinton Park Lane, Ltd., NFP*
- Freeport Navajo, Ltd., NFP*
- Freeport Manor Court, Ltd., NFP
- Geneseo South Chicago, Ltd., NFP*
- Manor Court of Princeton, Ltd., NFP
- Peoria Stalworth, Ltd., NFP
- Streator Eastwood, Ltd., NFP*

* Dissolved subsequent to year-end

Income taxes: Frances House, Inc. and Subsidiaries are exempt from income taxes under Sections 501(c)(3) or 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 years before 2011.

Fiduciary trust accounts: Cash held for residents and the related liability, due to residents, consists of cash that RAI holds for its residents when they request RAI to do so. Such cash consists 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: The Organization extends credit for routine services provided to the residents of its facilities. 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.

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 14, is mitigated by the taxing authority of the governmental entities funding the programs.

Note 2. Significant Accounting Policies (Continued)

The allowance for doubtful accounts represents an amount considered by management to cover potential credit losses. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. For receivables associated with private pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Organization's allowance for doubtful accounts for the year ended March 31, 2015 increased by 121%. The increase in allowance is a result of a revision of management's policies and an increase in accounts receivable. In the year ended March 31, 2015, management increased their estimated loss rate percentages applied to the aging of accounts receivable balances based on prior experience.

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 13. 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 14.

Resident security deposits: Refundable security deposits paid by residents upon entering into a rental agreement are reflected as a noncurrent liability in the accompanying consolidated balance sheets.

Deferred revenue: Deferred revenue are amounts that have been paid in advance for resident services. The deferred revenue will be recognized as resident services revenue as the related services are provided and thereby earned. All deferred revenue is classified as current as it is expected to be earned within the next year.

Pledges and contributions: Pledges and contributions are considered to be available for unrestricted use unless specifically restricted by the 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 consolidated statements of operations 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.

Note 2. Significant Accounting Policies (Continued)

Long-term receivables: Long-term receivables consist of a subordinated promissory note receivable due from an unrelated party. These long-term receivables are considered financing receivables and are stated at the amount of unpaid principal, reduced by an allowance for loan losses, if applicable. Interest income is recognized over the life of the loan using the simple interest method, except for the refundable balance receivable that does not have interest associated with it. Amounts disbursed for and collected on long-term receivables are included in net cash provided from investing activities in the consolidated statements of cash flows.

The allowance for uncollectible amounts represents the Organization's best estimate of the amount of credit losses in the Organization's existing long-term receivables. The allowance is determined on an individual receivable basis if it is probable that the Organization will not collect the entire principal amount contractually due. The Organization considers the other party's financial condition, historical payment patterns, contractual obligations as required by the terms of the long-term receivables, and the other party's source of funds for repayment of the receivables in considering the probability of default. The impairment is measured based on the present value of the expected future cash flows discounted at the loan's effective interest rate. The Organizetion does not accrue interest when a receivable is considered impaired. When the ultimate collectability of the principal balance of the impaired receivable is in doubt, all cash receipts on impaired receivables are applied to reduce the principal amount of such receivables until the principal has been recovered and recognized as interest income thereafter. Impairment losses are charged against the allowance and increases in the allowance are charged to provision for uncollectible receivable expense. Long-term receivables are written off against the allowance when all possible means of collection have been exhausted and the potential for recovery is considered remote. The Organization resumes accrual of interest when it is probable that the Organization will collect the remaining principal and interest of an impaired receivable. There was no allowance recorded as of March 31, 2015 and 2014 related to the long-term receivables.

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

Construction in progress primarily represents additions to facilities. Such assets are not depreciated until they are placed into service.

Note 2. Significant Accounting Policies (Continued)

Investments: The Organization classifies all available-for-sale securities as long-term investments. The Organization has had limited trading activity with available-for-sale securities.

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 is 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 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 of the cost.

When an other-than-temporary impairment loss is determined to have occurred on equity securities, the losses are recognized in excess of revenue over expenses. The way in which impairment losses on fixed income securities are recognized in the consolidated 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 revenue 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 the credit loss portion in excess of revenue over expenses and the noncredit loss portion in other changes in net assets and is excluded from excess of revenue over expenses.

Fair value of financial instruments: The estimated fair values of the Organization's short-term financial instruments, including cash, accounts receivable, restricted 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 prices. The fair value of the long-term debt is estimated based on current rates available to the Organization for debt with similar terms and remaining maturities. See Note 20 for additional fair value information.

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 and communicated to the donee.

Note 2. Significant Accounting Policies (Continued)

Insurance claims and related insurance recoveries: The Organization does not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability is determined without consideration of insurance recoveries. The Organization recognizes an insurance receivable at the same time that it recognizes the liability, measured on the same basis as the liability, subject to the need for a valuation allowance for uncollectible amounts.

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 amount 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 consolidated statements of operations include excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments.

Recently issued accounting standards: In June 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2013-06, *Not-for-Profit Entities* (ASC Topic 958) – *Services Received from Personnel of an Affiliate.* ASU 2013-06 requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. It states that said services should be measured at the cost recognized by the affiliate for the personnel providing those services. ASU 2013-06 is effective for entities with fiscal years beginning after June 15, 2014 and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2016. Management is currently evaluating the impact that adoption will have on the Organization's consolidated financial statements.

In April 2014, the FASB issued new accounting guidance on the *Presentation of Financial Statements* (Topic 205) and *Property, Plant and Equipment* (Topic 360) (ASU 2014-08). The amendment changes the criteria for reporting discontinued operations and enhancing convergence of the FASB's and the International Accounting Standard Board's (IASB) reporting requirements for discontinued operations. This guidance is effective for all disposals or classifications as held for sale of components of an entity that occur within annual periods beginning on or after December 15, 2014. Management has not completed the process of evaluating the effect that will result from adopting the guidance in ASU 2014-08 on its March 31, 2016 consolidated financial statements. The Organization is, therefore, unable to disclose the effect that adopting the guidance will have on its consolidated financial position and the consolidated results of operations when such guidance is adopted.

Note 2. Significant Accounting Policies (Continued)

Recently issued accounting standards (continued): In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. The Organization will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. This standard was amended by ASU 2015-14 *Revenue from Contracts with Customers (Topic 606)*. This amendment deferred the effective date of ASU 2014-09 for all entities by one year. Therefore, this standard will be effective for annual reporting periods beginning after December 15, 2018, using either of two methods: *(a)* retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09; or *(b)* retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. The Organization has not yet selected a transition method and is currently evaluating the impact of the pending adoption of ASU 2014-09 on the consolidated financial statements.

In February 2015, the FASB issued ASU 2015-02, *Consolidation* (ASC Topic 810) *Amendments to the Consolidations Analysis*. ASU 2015-02 addresses guidance intended to improve targeted areas of consolidation guidance for legal entities. Specifically, this amendment modifies the evaluation of whether a limited partnership, or similar legal entities, are variable interest entities. This standard will be effective for annual periods beginning after December 15, 2016, and therefore is expected to be adopted by the Organization for the year ending March 31, 2018. Management is currently evaluating the impact that adoption will have on the Organization's consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03, *Interest – Imputation of Interest* (ASC Subtopic 835-30) – *Simplifying the Presentation of Debt Issuance Costs*. ASU 2015-03 requires that debt issuance costs related to a recognized debt liability be presented in the balance sheet as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. ASU 2015-03 is effective for entities with fiscal years beginning after December 15, 2015 and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2017. Management is currently evaluating the impact that adoption will have on the Organization's consolidated financial statements.

Note 3. Investments in Available-for-Sale Securities

Investments in available-for-sale securities as of March 31, 2015 and 2014, consisted of the following:

	2015		2014	
Described by Asset Type	Fair Value	Cost Basis	Fair Value	Cost Basis
Common stock	$ 3,696,018	$ 3,312,579	$ 1,798,349	$ 1,642,664
Exchange-traded funds	4,988,905	4,803,640	3,631,181	3,541,362
Real estate and unit investment trusts	6,944,070	7,452,992	3,874,637	3,935,607
Mutual funds primarily invested in equity securities	14,135,175	8,265,904	15,594,148	7,583,149
Mutual funds primarily investad in investment grade bonds	5,761,110	5,666,909	6,598,858	6,583,423
Mutual funds primarily invested in U.S. govemment securities	1,500,304	1,613,865	1,503,974	1,586,620
	$ 37,025,582	$ 31,115,889	$ 33,001,147	$ 24,872,825

Additional disclosures regarding fair value of the investments are found in Note 20.

Net realized gain on investments for the years ended March 31, 2015 and 2014, respectively, was $1,740,331 and $80,562. These amounts are reported in the consolidated statements of operations as a part of investment income.

Components of net investment income are as follows for the years ended March 31, 2015 and 2014:

	2015	2014
Interest and dividends	$ 3,072,410	$ 947,075
Realized gains on available-for-sale investments	1,740,331	80,562
	$ 4,812,741	$ 1,027,637

Interest and dividend income is earned from investments in marketable securities, notes receivable, deposits restricted for replacement reserves, and cash.

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.

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Note 3. Investments in Available-For-Sale Securities (Continued)

The following tables show 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 a continuous loss position, as of March 31, 2015 and 2014:

	Less Than 12 Months		12 Months or Greater		Total	
March 31, 2015	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Real estate and investment trusts	$ 6,944,070	$ 547,076	$ -	$ -	$ 6,944,070	$ 547,076
Mutual funds primarily invested in U.S. government securities	-	-	1,500,304	113,560	1,500,304	113,560
	$ 6,944,070	$ 547,076	$ 1,500,304	$ 113,560	$ 8,444,374	$ 660,636

	Less Than 12 Months		12 Months or Greater		Total	
March 31, 2014	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Real estate and investment trusts	$ 3,874,637	$ 60,970	$ -	$ -	$ 3,874,637	$ 60,970
Mutual funds primarily invested in U.S. government securities	-	-	1,503,974	82,846	1,503,974	82,646
	$ 3,874,637	$ 60,970	$ 1,503,974	$ 82,646	$ 5,378,611	$ 143,616

As of March 31, 2015 and 2014, there were 10 and 12 real estate and investment trust securities in an unrealized loss position less than 12 months, respectively. As of March 31, 2015 and 2014, there were 2 mutual funds primarily invested in U.S. government securities in an unrealized loss position greater than 12 months, respectively.

Based on the Organization's assessment of the near-term prospects of the issuers of marketable 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 cost, the Organization does not consider these investments to be other-than-temporarily impaired as of March 31, 2015 and 2014.

Note 4. Investment Margin Borrowing Account

FHI has a line of credit with Pershing LLC in the amount of $8,000,000. Through this agreement, FHI may borrow funds from time-to-time, not to exceed the principal balance for the purpose of an investment margin borrowing account. The broker for this arrangement is Benjamin F. Edwards & Co. This note is secured by an investment account held on deposit with Benjamin F. Edwards & Co. with a fair market value of approximately $19,896,000 as of March 31, 2015. The agreement bears interest at 0.75% above the 30-day LIBOR rate (effective total rate of 0.93% as of March 31, 2015). As of March 31, 2015 and 2014, there were no borrowed amounts owed on this agreement. During the year ended March 31, 2015, no amount was borrowed or repaid against this agreement.

Note 5. Assets Held for Sale and Subsequent Event

The Organization determined during the year ended March 31, 2015, that they would seek a buyer for Freeport Rehab and Health Care Center (FRHCC), a 109 bed unit skilled nursing facility operated by Residential Alternatives of Illinois, Inc. and located in Freeport, Illinois. Assets held for sale are recorded at the lower of net book value or fair value less estimated selling costs. The carrying value of the assets as of March 31, 2015, was $2,680,658. On April 20, 2015, the FRCC was sold to an unrelated third party for $3,000,000. After considering selling costs, the gain on the sale was inconsequential.

Note 6. Restricted Deposits for Mortgage Escrows and Residual Receipts

The HUD insured mortgage notes payable described in Note 8, requires the Organization to make monthly escrow deposits for real estate taxes, mortgage insurance and property insurance. As of March 31, 2015, the required monthly mortgage escrow account for escrow deposit was $78,084; however, the required amount is subject to periodic change to meet the needs of actual disbursements for these items. Escrow deposits are restricted to their described purpose and the release of these funds is authorized by the mortgage company upon submission of invoices for real estate taxes, mortgage insurance and property insurance. PBL and DIL are also required to make residual receipt deposits for surplus cash on hand at the end of a reporting period. The aggregate balance of the restricted deposits for mortgage escrows and residual receipts was $813,450 and $605,050 as of March 31, 2015 and 2014, respectively.

Note 7. Restricted Deposits for Replacement Reserves and Repair Reserve

The HUD insured mortgage notes payable, described in Note 8, requires the Organization to make monthly deposits to the reserves for replacements in the amount of $18,658. Withdrawals from these reserves, whether for the purpose of effecting replacement of structural elements and mechanical equipment of the project or for any other purpose, may be made only after receiving approval in writing of the Secretary of HUD. PMC and BLR also have separate repair deposit balances restricted for certain repair projects. Activity in the restricted deposits for replacement reserves, including the repair deposit of PMC and BLR, during the years ended March 31, 2015 and 2014 included the following:

	2015	2014
Replacement reserves balance at beginning of year	$ 1,445,041	$ 1,295,532
Total of monthly deposits	212,033	148,425
Initial deposit for new reserve account	560,000	493,853
Disbursement from replacement reserve	(181,867)	(493,853)
Interest earned on replacement reserve account	1,770	1,084
Replacement reserves balance at end of year	2,036,977	1,445,041
PMC and BLR repair deposit balance at the beginning of year	-	586
Initial deposit	14,490	-
Approved withdrawals released	-	(586)
PMC and BLR repair deposit balance at end of year	14,490	-
Total restricted deposits for replacement and repair reserves	$ 2,051,467	$ 1,445,041

Note 8. Long-Term Debt, Pledged Assets and Subsequent Event

Long-term debt and pledged assets consisted of the following as of March 31, 2015 and 2014:

Borrower and Description of Debt	2015	2014
Frances House, Inc.		
First Mid-Illinois Bank & Trust, N.A., mortgage note payable, refinanced September 2012, 4.25%, due in monthly installments of $151,740, including interest, with the remaining balance due September 28, 2017, collateralized by substantially all of the assets of Liberty Estates of Danville, Liberty Estates of Peoria, Liberty Estates of Peru and Liberty Estates of Freeport, approximately $25,106,000 book value.	$ 18,197,644	$ 19,210,334
Danville Independence, LLC		
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, refinanced in February 2013, 3.50%, due in monthly installments of $56,175, including interest, with the remaining balance due September 1, 2043, collateralized by substantially all of the assets of the related LLC, approximately $12,564,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act.	12,558,697	12,823,453
Peru Becker, Ltd., NFP		
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, refinanced May 2013, 3.80%, due in monthly installments of $90,414, including interest, with the remaining balance due August 1, 2044, collateralized by substantially all of the assets located at the premises of the skilled nursing facility, sheltered care and assisted living facility known as Manor Court of Peru and Hawthorne Inn of Peru, approximately $19,632,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act.	20,010,192	20,394,029
Subtotal carried forward	50,766,533	52,427,816

(Continued)

Note 8. Long-Term Debt, Pledged Assets and Subsequent Event (Continued)

Borrower and Description of Debt	2015	2014
Subtotal carried forward	$ 50,766,533	$ 52,427,816
Peoria Manor Court, Ltd., NFP		
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 4.90%, due in monthly installments of $54,642, including interest, with the remaining balance due January 1, 2045, collateralized by substantially all of the assets located at the premises of the skilled nursing facility and assisted living facility known as Manor Court of Peoria, approximately $11,378,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act.	10,270,377	10,418,858
Brandon Lumsden Road SNF, LLC		
Hawthorne Care Center of Brandon, LLC, installment contract payable	-	10,134,963
Hawthorne Inn of Brandon, LLC, installment contract payable	-	5,890,279
Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 4.48%, due in monthly installments of $69,961, including interest, with the remaining balance due May 1, 2044. The Organization and lessee, an unrelated party, have granted a security interest in substantially all of their assets, approximately $18,908,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act.	13,653,981	-
	74,690,891	78,871,916
Less current maturities	2,114,129	17,834,572
Long-term portion	$ 72,576,762	$ 61,037,344

Note 8. Long-Term Debt, Pledged Assets and Subsequent Event (Continued)

Scheduled maturities of long-term debt as of March 31, 2015 were as follows:

Year Ending March 31	Amount
2016	$ 2,114,129
2017	2,204,068
2018	17,184,007
2019	1,189,124
2020	1,235,874
Thereafter	50,763,689
	$ 74,690,891

In connection with certain bank notes, the Organization has agreed to certain restrictive covenants, including but not limited to: (1) minimum fixed charge coverage ratio; (2) minimum current ratio; and (3) annual minimum tangible net worth, step-up.

Subsequent to March 31, 2015, the Organization refinanced Peoria Manor Court, Ltd., NFP's mortgage note payable with Cambridge Realty Capital, Ltd. Under the terms of the refinanced mortgage note payable, the Organization negotiated a note payable of $10,905,000 with a fixed interest rate of 3.55% that is due in monthly installments of $49,663, with the remaining balance due January 1, 2045.

During November 2009, FHI obtained a standby loan agreement with Community Living Options, Inc. (CLO), and unrelated party. Through this agreement CLO had agreed to advance, from time-to-time, working capital funds to FHI. The unsecured agreement provided for a credit limit of up to $2,800,000 and expired November 30, 2014.

HUD Insured debt: The Organization's subsidiaries' loans with HUD insured financing have certain regulatory and compliance requirements, including but not limited to, required deposits (Notes 6 and 7) and reporting requirements.

Note 9. Administrative and Support Service Agreements

Administrative services: The Organization has administrative service agreements that are renewed annually with RFMS, Inc. (RFMS), an unrelated company. RFMS is a related party through common ownership with the three facility lessors, including Edwin Enterprises, LLC, LB Properties, Inc., and Mid-Illini Healthcare, Inc., as disclosed in Note 15. RFMS provides administrative services for cash management, accounting and financial reporting, payroll and employee benefits, information technology, and other general operational and financial management services.

Note 9. Administrative and Support Service Agreements (Continued)

Support Services: Frances House, Inc. and Residential Alternatives of Illinois, Inc. are two of eight not-for-profit entities that are members of a limited liability company, LTC Support Services, LLC (LTC). The purpose of LTC is to support its members' operations by providing consulting services to its members and others. The Organization entered into a contractual agreement with this related party to obtain consulting 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.

Fees incurred under the administrative and support services agreements are included in general and administrative expenses for the years ended March 31, 2015 and 2014 and were as follows:

	2015	2014
RFMS, Inc., administrative services	$ 2,798,614	$ 2,751,028
LTC Support Services, LLC, support services	2,098,789	1,808,550
	$ 4,897,403	$ 4,559,578

Note 10. Employee Benefit Plans

Medical benefit plan: The Organization has adopted a multiple-employer health and welfare 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 is 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 VEBA 501(c)(9) trust, 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, an unrelated organization. Qualifying expenses are paid from the related participants contributions. Expenses relating to the medical benefit plan totaled approximately $1,588,000 and $1,424,000 for the years ended March 31, 2015 and 2014, 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 President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is also a member of the Board of Trustees for this plan. The Organization's share of expenses relating to this plan totaled approximately $1,215,000 and $1,300,000 for the years ended March 31, 2015 and 2014, respectively.

Note 10. Employee Benefit Plans (Continued)

Retirement savings plan: The Organization has adopted a multiple-employer 401(k) retirement savings plan (Plan) covering substantially all employees. The President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is employed as a broker for the company that administers the Plan. The Plan's administrator is an unrelated party. Plan management consists of employees of LTC, a related party as described in Note 9, and RFMS, an unrelated organization. The Plan is funded by (a) participant contributions and (b) 50% matching by the Organization of participant's eligible contributions up to 5% of the participant's compensation. Participant contributions are fully vested at the time they are made. Employer contributions begin vesting after two years of service at 20% per year. Expenses related to this Plan totaled approximately $245,000 and $228,000 for the years ended March 31, 2015 and 2014, respectively.

Note 11. Provider Participation Fees

The Illinois Department of Public Aid assesses provider participation fees on Illinois health care providers receiving Medicaid payments. Provider participation fees totaled approximately $2,806,000 and $2,853,000 for the years ended March 31, 2015 and 2014, respectively.

Note 12. Long-Term Receivables

Note receivable due from Hometown Community Bancorp, Inc.: In March 2012, the Organization invested $1,000,000 in a subordinated promissory note issued by Hometown Community Bancorp, Inc. in a private placement. The note bears interest at the rate of 6% per annum that is paid quarterly for a period of seven years. The principal will be repaid in installments of 20% of the original principal amount, with the first payment having occurred in March 2015. The remaining installment payments will occur in four equal annual principal payments on the fourth, fifth, sixth and seventh annual March anniversary of the note with the final principal and interest due in March 2019. The note is unsecured and subordinated to the other debt of Hometown Community Bancorp, Inc. and has not been registered with the Securities and Exchange Commission. The notes were only offered to certain investors who met the criteria for "accredited investors" under Regulation D of the Securities and Exchange Commission and therefore, transfer of the notes are restricted by state and federal securities laws. The private placement memorandum associated with the note indicates that this investment is speculative and illiquid, in that there is no public market for the notes and that a public market is not expected to develop for the notes and that investors should expect to hold the notes for the entire term of the notes. The balance of the subordinated promissory note as of March 31, 2015 and 2014 was $800,000 and $1,000,000, respectively.

When assessing the credit quality of the note receivable, management considers the financial condition of the bank, as well as any past due amounts. As of March 31, 2015 and 2014, management determined no allowance related to the note receivable was necessary.

Standby loan agreement receivable due from Achievement Unlimited, Inc.: FHI entered into a standby loan agreement with Achievement Unlimited, Inc. (AUI) in December 2012. Through this agreement, FHI has agreed to advance, from time-to-time, working capital funds to AUI. The unsecured agreement provides for a credit limit up to $1,000,000. Interest shall be reset monthly based on the applicable federal rate for short-term loans (0.40% as of March 31, 2015). The agreement expires December 20, 2017. No advances or payments have been made as of March 31, 2015 or 2014.

Note 12. Long-Term Receivables (Continued)

Activity in the allowance for long-term receivables: The Organization evaluates credit quality indicators on long-term receivables based on the delinquency status and other factors associated with each receivable. None of the long-term receivables as of March 31, 2015 and 2014 were considered to be past due and none of the long-term receivables are considered impaired. There was no allowance activity for the long-term receivables account for the year ended March 31, 2015. Activity in the allowance for long-term receivables account for the year ended March 31, 2014 was as follows:

	2014
Beginning balance	$ 1,650,000
Provision	-
Recoveries	(1,650,000)
Ending balance	$ -

Note 13. 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 14. Concentration 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 from these 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 and resident accounts receivable as of March 31, 2015 and 2014, by payor, as a percentage of total net resident service revenue and resident accounts receivable, respectively, were as follows:

	Net Resident Service Revenue		Resident Accounts Receivable	
	2015	2014	2015	2014
Medicare	26%	23%	20%	20%
Medicaid	30%	32%	48%	47%
Private	44%	45%	32%	33%
	100%	100%	100%	100%

The Organization recognizes resident service revenue associated with services provided to residents who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured residents, the Organization recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, were as follows:

	Net Resident Service Revenue	
	2015	2014
Medicare	$ 27,317,805	$ 22,942,617
Medicaid	32,137,038	30,522,041
	45,940,863	44,235,664
	$ 105,395,706	$ 97,700,322

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Note 15. Lease Commitments, Total Rental Expense and Subsequent Event

RAI leases some of its facilities from unrelated leasing companies under agreements that require monthly rentals plus the payment of real property taxes, insurance and maintenance costs. Monthly lease payments of certain leases are adjusted periodically according to the lease agreement based on 50% of the change in the consumer price index (CPI). Certain lease agreements contain options to renew for additional five-year periods. The terms of these leases as of March 31, 2015 were as follows:

Lessor and Facility Name	Monthly Lease Payment	Expiration of Lease
Edwin Enterprises, LLC:		
Liberty Estates of Streator	$ 45,419	February 2016
Windmill Manor	90,812	April 2019
LB Properties, Inc.:		
Liberty Estates of Geneseo	40,948	August 2018
Windmill Pointe Estates	40,555	July 2017
Mid-Illini Healthcare, Inc.:		
Manor Court of Clinton	101,253	April 2015
	$ 318,987	

Minimum rental commitments under facility leases, excluding real property taxes, insurance and maintenance as of March 31, 2015 are due as follows:

Year Ending March 31	Amount
2016	$ 3,963,142
2017	3,483,780
2018	3,159,340
2019	2,710,484
2020	1,506,812
Thereafter	7,000
	$ 14,830,558

The Manor Court of Clinton lease was renewed subsequent to year end with a revised monthly rent payment of $114,500 and a lease expiration date of April 1, 2020. The revised rent payment is reflected in rent expense commitment schedule above.

Frances House, Inc. opened and commenced operation of an 8-bed CILA, Woodburn Court, subsequent to year end. The CILA property, located in Sterling, Illinois, is leased by Northwest Illinois CILA, LLC, an unrelated party. The lease commenced June 1, 2015 and has a five year lease agreement with two, five year each, optional renewal periods. Monthly payments equal $3,500 for the first five years. The original term of the lease expires May 31, 2020. The rental commitments of this lease are reflected in the rent expense commitment schedule above.

Total rental expense for the years ended March 31, 2015 and 2014, including real property taxes, insurance and maintenance costs, were approximately $4,897,000 and $4,572,000, respectively.

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Note 16. Functional Expense Classifications

Operating and nonoperating expenses of the Organization according to their functional categories for the years ended March 31, 2015 and 2014 are as follows:

	2015	2014
Program activities	$ 94,936,207	$ 87,908,189
Management and general	4,757,182	2,922,122
	$ 99,693,389	$ 90,830,311

Note 17. Professional Liability Insurance and Litigation Contingencies

Professional liability insurance: The Organization is covered by professional liability insurance on a claims-made basis. Each entity 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 18. Accrued Expenses

Accrued expenses consisted of the following as of March 31, 2015 and 2014:

	2015	2014
Wages and other related payroll	$ 2,443,692	$ 2,293,473
Real estate taxes	2,489,360	2,327,029
Other	991,265	1,080,944
	$ 5,924,317	$ 5,701,446

Note 19. Construction in Progress Commitments

The Organization had construction projects in process that totaled approximately $49,000 and $1,067,000 as of March 31, 2015 and 2014, respectively. These projects are being funded through available unrestricted cash. The following is a summary of construction in progress and construction commitments as of March 31, 2015:

Project Location and Description	Costs Incurred Through March 31, 2015	Approximate Total Project Cost	Projected Completion Date
Miscellaneous upgrades	$ 49,394	$ 49,394	June 2015

Note 20. Fair Value Disclosures

Fair Value of Financial Instruments

The carrying values and estimated fair values of the Organization's financial instruments are as follows:

	March 31, 2015		March 31, 2014	
	Carrying Value	Estimated Fair Value	Carrying Value	Estimated Fair Value
Financial assets:				
Cash	$ 19,477,948	$ 19,477,948	$ 26,784,573	$ 26,784,573
Resident receivables	15,982,393	15,982,393	14,045,165	14,045,165
Restricted deposits for mortgage escrows and residual receipts	813,450	813,450	605,050	605,050
Restricted deposits for replacement reserves	2,036,977	2,036,977	1,445,041	1,445,041
Restricted deposits for repair reserve	14,490	14,490	-	-
Investment in available-for-sale securities	37,025,582	37,025,582	33,001,147	33,001,147
Financial liabilities:				
Mortgage notes payable	$ 74,690,891	$ 70,656,246	$ 78,871,916	$ 80,569,272
Construction payable	-	-	1,043,611	1,043,611
Accounts payable	2,593,337	2,593,337	2,974,324	2,974,324

Fair Value Measurements

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 Organization 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 instruments measured at fair value:

Investments in Available-for-sale Securities: The fair value of investments in available-for-sale securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers.

Note 20. Fair Value Disclosures (Continued)

Assets Measured at Fair Value on a Recurring Basis

Assets measured at fair value on a recurring basis as of March 31, 2015, are as follows:

	Total	Level 1	Level 2	Level 3
Investments in available-for-sale securities:				
Common stock - manufacturing	$ 579,175	$ 579,175	$ -	$ -
Common stock - technology	428,678	428,678	-	-
Common stock - pharmaceuticals	368,071	368,071	-	-
Common stock - insurance	167,837	167,837	-	-
Common stock - oil & gas	318,046	316,046	-	-
Common stock - beverages	130,147	130,147	-	-
Common stock - building material	76,610	76,610	-	-
Common stock - utilities	203,343	203,343	-	-
Common stock - services	593,941	593,941	-	-
Common stock - personal products	207,521	207,521	-	-
Common stock - financial	79,049	79,049	-	-
Common stock - other	545,600	545,600	-	-
Exchange traded funds	4,988,905	4,988,905	-	-
Real estate and unit investment trusts	6,944,070	6,944,070	-	-
Mutual funds primarily invested in equity securities	14,135,175	14,135,175	-	-
Mutual funds primarily invested in investment grade bonds	5,761,110	5,761,110	-	-
Mutual funds primarily invested in U.S. government securities	1,500,304	1,500,304	-	-
	$ 37,025,582	$ 37,025,582	$ -	$ -

Note 20. Fair Value Disclosures (Continued)

Assets Measured at Fair Value on a Recurring Basis (Continued)

Assets measured at fair value on a recurring basis as of March 31, 2014, are as follows:

	Total	Level 1	Level 2	Level 3
Investments in available-for-sale securities:				
Common stock - manufacturing	$ 207,544	$ 207,544	$ -	$ -
Common stock - technology	256,089	256,089	-	-
Common stock - pharmaceuticals	185,703	185,703	-	-
Common stock - insurance	38,607	38,607	-	-
Common stock - oil & gas	205,790	205,790	-	-
Common stock - beverages	26,564	26,564	-	-
Common stock - building material	15,402	15,402	-	-
Common stock - utilities	195,227	195,227	-	-
Common stock - services	240,692	240,692	-	-
Common stock - personal products	131,941	131,941	-	-
Common stock - other	294,789	294,789	-	-
Exchange traded funds	3,631,181	3,631,181	-	-
Real estate and unit investment trusts	3,874,637	3,874,637	-	-
Mutual funds primarily invested in equity securities	15,594,148	15,594,148	-	-
Mutual funds primarily invested in investment grade bonds	6,598,858	6,598,858	-	-
Mutual funds primarily invested in U.S. government securities	1,503,975	1,503,975	-	-
	$ 33,001,147	$ 33,001,147	$ -	$ -

Note 21. Subsequent Events

Management has evaluated subsequent events through November 11, 2015, the date on which the consolidated financial statements were available to be issued, in preparing the consolidated financial statements, and notes thereto, for the year ended March 31, 2015.

RSM

RSM US LLP

Independent Auditor's Report
on the Supplementary Information

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

We have audited the consolidated financial statements of Frances House, Inc. and Subsidiaries as of and for the years ended March 31, 2015 and 2014, and have issued our report thereon which contains an unmodified opinion on those consolidated financial statements. See page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating and other supplementary information is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating and other supplementary information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

RSM US LLP

Galesburg, Illinois
November 11, 2015

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ATTACHMENT-27B

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Frances House, Inc. and Subsidiaries

Consolidating Balance Sheet
March 31, 2015

Assets	Frances House, Inc.	Pioneer Concepts, Inc.	Pinnacle Opportunities, Inc.
Current Assets			
Cash	$ 6,030,024	$ 6,409,114	$ 1,986,640
Fiduciary trust accounts	-	-	-
Receivables:			
Resident accounts, net	2,053,903	1,283,100	841,763
Other	9,023	-	-
Current maturities of mortgage notes receivable, intercompany	337,380	-	-
Intercompany receivables	22,901,343	9,952,766	910,000
Prepaid expenses	17,408	45,263	31,087
Total current assets	31,349,081	17,690,243	3,769,490
Long-Term Investments			
Investments in available-for-sale securities	25,030,491	4,707,198	2,089,226
Other	10,000	-	-
	25,040,491	4,707,198	2,089,226
Property and Equipment			
Land	2,688,620	519,315	227,807
Land improvements	1,028,793	212,505	61,998
Buildings and improvements	47,051,539	4,903,436	3,360,446
Equipment, furniture and fixtures	1,423,107	322,854	396,113
Vehicles	873,143	371,212	410,617
Construction in progress	28,624	-	-
	53,093,826	6,329,322	4,456,981
Less accumulated depreciation	16,476,137	4,017,786	2,666,178
	36,617,689	2,311,536	1,790,803
Long-Term Receivables and Other Assets			
Assets held for sale	-	-	-
Subordinated promissory note receivable	800,000	-	-
Mortgage notes receivable, intercompany	9,780,133	-	-
Deferred financing costs, net	161,399	-	-
Restricted deposits for mortgage escrow and residual receipts	-	-	-
Restricted deposits on repair reserve	-	-	-
Restricted deposits for replacement reserves	-	-	-
	10,741,532	-	-
Total assets	$ 103,748,793	$ 24,708,977	$ 7,649,519

ATTACHMENT-27B

Sole Member Lessor Subsidiaries	Residential Alternatives of Illinois, Inc.	Intercompany Eliminations	Consolidated Totals
$ 500,557	$ 4,551,613	$ -	$ 19,477,948
-	96,538	-	96,538
-	11,803,627	-	15,982,393
872,388	88,090	-	969,501
-	-	(337,380)	-
221,576	-	(33,985,685)	-
87,564	287,468	-	468,790
1,682,085	16,827,336	(34,323,065)	36,995,170
-	5,198,667	-	37,025,582
-	10,000	-	20,000
-	5,208,667	-	37,045,582
4,356,000	273,810	-	8,065,552
3,074,853	246,315	-	4,624,464
70,379,610	17,994,160	-	143,689,191
2,614,703	4,003,042	-	8,759,819
-	831,225	-	2,486,197
-	20,770	-	49,394
80,425,166	23,369,322	-	167,674,617
16,114,262	7,520,110	-	46,794,473
64,310,904	15,849,212	-	120,880,144
-	2,680,658	-	2,680,658
-	-	-	800,000
-	-	(9,780,133)	-
2,091,991	-	-	2,253,390
813,450	-	-	813,450
14,490	-	-	14,490
2,036,977	-	-	2,036,977
4,956,908	2,680,658	(9,780,133)	8,598,965
$ 70,949,897	$ 40,565,873	$ (44,103,198)	$ 203,519,861

Frances House, Inc. and Subsidiaries

Consolidating Balance Sheet (Continued)
March 31, 2015

Liabilities and Net Assets	Frances House, Inc.	Pioneer Concepts, Inc.	Pinnacle Opportunities, Inc.
Current Liabilities			
Current maturities of long-term debt	$ 1,054,710	$ -	$ -
Accounts payable	199,019	184,301	95,700
Accrued expenses	428,307	281,769	215,540
Deferred revenue	26,000	23,000	26,000
Amounts refundable to residents	-	-	-
Due to third-party payors	190,000	146,000	97,000
Due to residents, trust accounts	-	-	-
Intercompany payables	10,357,766	-	706,305
Total current liabilities	12,255,802	635,070	1,140,545
Long-Term Debt, net of current maturities	17,142,934	-	-
Long-Term Intercompany Payables	-	-	-
Resident Security Deposits	-	-	-
Total liabilities	29,398,736	635,070	1,140,545
Net Assets (Deficit), unrestricted	74,350,057	24,073,907	6,508,974
Total liabilities and net assets	$ 103,748,793	$ 24,708,977	$ 7,649,519

ATTACHMENT-27B

Sole Member Lessor Subsidiaries	Residential Alternatives of Illinois, Inc.	Intercompany Eliminations	Consolidated Totals
$ 1,059,419	$ 337,380	$ (337,380)	$ 2,114,129
9,034	2,105,283	-	2,593,337
672,590	4,326,111	-	5,924,317
-	322,000	-	397,000
-	242,000	-	242,000
-	432,000	-	865,000
-	96,538	-	96,538
8,196,448	521,620	(19,782,139)	-
9,937,491	8,382,932	(20,119,519)	12,232,321
55,433,828	9,780,133	(9,780,133)	72,576,762
14,203,546	-	(14,203,546)	-
-	1,278,363	-	1,278,363
79,574,865	19,441,428	(44,103,198)	86,087,446
(8,624,968)	21,124,445	-	117,432,415
$ 70,949,897	$ 40,565,873	$ (44,103,198)	$ 203,519,861

Frances House, Inc. and Subsidiaries

Consolidating Statement of Operations
Year Ended March 31, 2015

	Frances House, Inc.	Pioneer Concepts, Inc.	Pinnacle Opportunities, Inc.
Operating revenue:			
Net resident services and rental income, net of contractual allowances and discounts	$ 11,822,824	$ 6,898,328	$ 4,482,477
(Provision for) recovery of doubtful accounts	80	(22,120)	(3,826)
Net resident service revenue	11,822,904	6,876,208	4,478,651
Leasing	2,809,584	-	-
Other	105,008	81,166	61,098
Total operating revenue	14,737,496	6,957,374	4,539,749
Operating expenses:			
Program support	3,086,964	2,172,859	1,789,307
Nursing services	441,177	369,067	237,990
Dietary	1,680,331	1,019,595	657,761
General and administrative	2,541,493	1,296,525	976,096
Operations and maintenance	934,358	723,626	392,878
Provider participation fees	704,106	395,511	251,784
Housekeeping	501,997	277,368	194,803
Depreciation	1,777,611	249,594	244,382
Special services	58,737	44,310	22,080
Laundry	38,525	32,117	24,474
Loss on debt extinguishment	-	-	-
Total operating expenses	11,765,299	6,580,572	4,791,555
Operating income (loss)	2,972,197	376,802	(251,806)
Nonoperating income (expense):			
Investment income (expense)	4,847,792	202,540	137,908
Interest expense	(808,190)	-	-
Contributions received	2,211	1,214	50
Contributions made	-	-	-
	4,041,813	203,754	137,958
Excess (deficiency) of revenue over expenses	7,014,010	580,556	(113,848)
Unrealized gains (losses) on investments	(2,243,019)	(44,012)	(102,367)
Increase (decrease) in unrestricted net assets	4,770,991	536,544	(216,215)
Net assets (deficit), unrestricted:			
Beginning of year	69,579,066	23,537,363	6,725,189
End of year	$ 74,350,057	$ 24,073,907	$ 6,508,974

ATTACHMENT-27B

Sole Member Lessor Subsidiaries	Residential Alternatives of Illinois, Inc.	Intercompany Eliminations	Consolidated Totals
$ -	$ 82,192,077	$ -	$ 105,395,706
-	(2,117,045)	-	(2,142,911)
-	80,075,032	-	103,252,795
5,452,392	-	(7,069,876)	1,192,100
-	393,755	-	641,027
5,452,392	80,468,787	(7,069,876)	105,085,922
-	1,256,498	-	8,305,628
-	35,082,089	-	36,130,323
-	8,041,524	-	11,399,211
535,164	8,599,216	-	13,948,494
618,908	17,280,371	(7,069,876)	12,880,265
-	1,454,114	-	2,805,515
-	2,162,349	-	3,136,517
3,331,907	1,175,774	-	6,779,268
-	33,356	-	158,483
-	645,854	-	740,970
355,614	-	-	355,614
4,841,593	75,731,145	(7,069,876)	96,640,288
610,799	4,737,642	-	8,445,634
1,795	240,178	(617,472)	4,812,741
(2,241,921)	(619,962)	617,472	(3,052,601)
-	10,763	-	14,238
-	(500)	-	(500)
(2,240,126)	(369,521)	-	1,773,878
(1,629,327)	4,368,121	-	10,219,512
-	170,769	-	(2,218,629)
(1,629,327)	4,538,890	-	8,000,883
(6,995,641)	16,585,555	-	109,431,532
$ (8,624,968)	$ 21,124,445	$ -	$ 117,432,415

ATTACHMENT-27B

Pinnacle Opportunities, Inc.

Schedule of Revenues and Expenses by Program
Year Ended March 31, 2015

	Program Type		
	C.I.L.A. - 24 Hour	Other	Total
Operating revenue:			
Net resident services revenue	$ 371,520	$ 4,110,957	$ 4,482,477
Other	10,534	50,564	61,098
Total operating revenue	382,054	4,161,521	4,543,575
Operating expenses:			
Program:			
Staff salaries	204,841	1,441,864	1,646,705
Payroll taxes and fringe benefits	34,136	240,285	274,421
Consultants and contract staff	580	28,807	29,387
Direct service equipment and supplies	8,348	69,403	77,751
Client transportation	9,378	50,676	60,054
Insurance	3,161	24,868	28,029
Telecommunications	3,451	24,162	27,613
Other	1,167	10,437	11,604
Total program	265,062	1,890,502	2,155,564
Support:			
Support salaries	-	387,753	387,753
Payroll taxes and fringe benefits	-	64,618	64,618
Dietary supplies	31,866	304,022	335,888
Housekeeping	8,970	66,174	75,144
Other	1,348	12,287	13,635
Total support	42,184	834,854	877,038
Occupancy:			
Staff salaries	11,388	49,569	60,957
Payroll taxes and fringe benefits	1,898	8,260	10,158
Building and equipment maintenance	16,144	191,935	208,079
Vehicle depreciation	-	13,043	13,043
Other depreciation	39,638	191,701	231,339
Other lease/rent/tax	-	58,657	58,657
Small equipment	3,451	38,892	42,343
Total occupancy	72,519	552,057	624,576

ATTACHMENT-27B

Pinnacle Opportunities, Inc.

Schedule of Revenues and Expenses by Program (Continued)
Year Ended March 31, 2015

	Program Type		
	C.I.L.A. - 24 Hour	Other	Total
Administrative and office:			
Staff salaries	$ 29,836	$ 188,089	$ 217,725
Payroll taxes and fringe benefits	4,939	31,345	36,284
Consultants and contract staff	43,211	393,109	436,320
Office supplies and small equipment	4,829	31,803	36,632
Allocated corporate expenses	-	25	25
Other	16,178	395,039	411,217
Total administrative and office	98,793	1,039,410	1,138,203
Total operating expenses	478,558	4,316,823	4,795,381
Operating loss	(96,504)	(155,302)	(251,806)
Nonoperating income:			
Interest income, unrealized gains and realized gains on unrestricted investments	-	35,591	35,591
Contributions made	-	-	-
	-	35,591	35,591
Decrease in unrestricted net assets	$ (96,504)	$ (119,711)	$ (216,215)

ATTACHMENT-27B

Pioneer Concepts, Inc.

Schedule of Revenues and Expenses by Program
Year Ended March 31, 2015

	Program Type		
	C.I.L.A. - 24 Hour	Other	Total
Operating revenue:			
Net resident services revenue	$ 549,560	$ 6,348,768	$ 6,898,328
Other	6,265	74,901	81,166
Total operating revenue	555,825	6,423,669	6,979,494
Operating expenses:			
Program:			
Staff salaries	324,556	1,773,643	2,098,199
Payroll taxes and fringe benefits	46,210	252,529	298,739
Consultants and contract staff	5,753	76,172	81,925
Direct service equipment and supplies	7,340	64,558	71,898
Client transportation	13,101	120,710	133,811
Insurance	4,853	48,150	53,003
Telecommunications	4,133	54,226	58,359
Other	2,218	23,928	26,146
Total program	408,164	2,413,916	2,822,080
Support:			
Support salaries	-	580,767	580,767
Payroll taxes and fringe benefits	-	82,688	82,688
Dietary supplies	46,384	509,342	555,726
Housekeeping	6,670	85,963	92,633
Other	-	17,266	17,266
Total support	53,054	1,276,026	1,329,080
Occupancy:			
Staff salaries	11,216	95,017	106,233
Payroll taxes and fringe benefits	1,597	13,528	15,125
Building and equipment maintenance	29,648	333,600	363,248
Vehicle depreciation	-	4,300	4,300
Other depreciation	7,307	237,987	245,294
Small equipment	4,680	53,587	58,267
Total occupancy	54,448	738,019	792,467

ATTACHMENT-27B

Pioneer Concepts, Inc.

Schedule of Revenues and Expenses by Program (Continued)
Year Ended March 31, 2015

	Program Type		
	C.I.L.A. - 24 Hour	Other	Total
Administrative and office:			
Staff salaries	$ 20,981	$ 333,684	$ 354,665
Payroll taxes and fringe benefits	2,987	47,510	50,497
Consultants and contract staff	74,582	593,262	667,844
Office supplies and small equipment	2,140	24,938	27,078
Allocated corporate expenses	-	28,440	28,440
Other	35,991	494,550	530,541
Total administrative and office	136,681	1,522,384	1,659,065
Total operating expenses	652,347	5,950,345	6,602,692
Operating income (loss)	(96,522)	473,324	376,802
Nonoperating income:			
Interest income, unrealized gains and realized gains on unrestricted investments	-	159,742	159,742
Increase (decrease) in unrestricted net assets	$ (96,522)	$ 633,066	$ 536,544

ATTACHMENT-27B

RSM

RSM US LLP

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Suite 1200
Peoria IL 61602

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August 9, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Ms. Avery:

RSM US LLP (f/k/a McGladrey LLP) has been the independent auditor of Frances House, Inc. and Subsidiaries (the Organization) consolidated financial statements for more than twenty years. Frances House, Inc. and Subsidiaries consolidated financial statements includes the accounts of Residential Alternatives of Illinois, Inc., a wholly owned subsidiary.

RSM US LLP issued an independent auditor's opinion on the Organization's March 31, 2016 consolidated financial statements on September 21, 2016. The Organization's consolidated balances sheet reported $39,184,757 of cash at March 31, 2016 and $36,700,977 of investments at March 31, 2016. Investment valuations were based on quoted market prices in active markets for identical assets.

RSM US LLP has been engaged to audit the Organization's March 31, 2017 consolidated financial statements. Management's March 31, 2017 consolidated balance sheet reported $36,544,324 of cash at March 31, 2017 and $40,618,015 of Investments at March 31, 2017.

At March 31, 2017 and 2016, the Organization's balance sheets report cash and investments exceeding the $17,640,000 management asserts will be required to fund the construction of a 92 bed skilled nursing facility in Rochelle, IL and management's projected $975,000 operating deficit after opening.

RSM US LLP

Thomas M. Farrell

Thomas M. Farrell
Partner

cc. Ronald J. Wilson

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ATTACHMENT-27C

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Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided.

As the proposed project meets item 2 above of the Financial Viability Waiver, this item is not germane.

ATTACHMENT-28

Economic Feasibility

A. Reasonableness of Financing Arrangements

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

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

Appended as **ATTACHMENT-30A,** is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

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

Appended as **ATTACHMENT-30A**, is a letter from the Owner addressing that the project is being funded completely with internal resources and does not require financing. Therefore this item is not germane.

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.

Salaries	$3,352,741	
Benefits	$575,856	
Supplies	$158,405	
Patient Days @ 90%		30,222
Total/Operating Cost/PT Day	$4,087,002	$135.23

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.

Depreciation	$740,000	
Interest Expense	$0.00	
Amortization	$0.00	
Real Estate Taxes	$165,000	
Patient Days @ 90%		30,222
Total/Operating Cost/PT Day	$905,000	$29.95

ATTACHMENT-30

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.
285 South Farnham Street
Galesburg, IL 61401

June 2, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certification of Need Application for
Residential Alternatives of Illinois, Inc.

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

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. Please see enclosed letter from RSM.

Respectfully,

Board Member or Officer

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 15 day of June, 2017
Christopher Davis
Signature of Notary
Seal

OFFICIAL SEAL
CHRISTOPHER DAVIS
NOTARY PUBLIC – STATE OF ILLINOIS
MY COMMISSION EXPIRES FEBRUARY 18, 2018

Notarization:
Subscribed and sworn to before me
this 2nd day of June, 2017
Verna J. Cox
Signature of Notary
Seal

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/14/19

ATTACHMENT-30A

FRANCES HOUSE, INC.
285 South Farnham Street
Galesburg, IL 61401

June 2, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certification of Need Application for
Frances House, Inc.

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

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. Please see enclosed letter from RSM.

Respectfully,

Board Member or Officer

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 2nd day of June, 2017

Verna J. Cox
Signature of Notary
Seal

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/14/19

Notarization:
Subscribed and sworn to before me
this 5th day of June, 2017

Verna J. Cox
Signature of Notary
Seal

OFFICIAL SEAL
VERNA J COX
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/14/19

ATTACHMENT-30A