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ORIGINAL

ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

LTC APPLICATION FOR PERMIT
July 2012 Edition

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JUN 05 2018
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.

McHenry Senior Partners, LLC (owner) and **TCO JV, LLC** (operator/licensee), propose to establish Transformative Health of McHenry, an 84-bed freestanding, skilled nursing and rehabilitation facility that will cater to meeting the short and long-term post-acute care placement and rehabilitation needs of the elderly, and post-acute care hospital patient population in Health Service Area (HSA) 8, Planning Area McHenry County.

The physical plant will be a modern one-story structure comprised of 60 private and 12 semi-private resident rooms, inpatient rehabilitation beds and related services and amenities in 55,000 gross square feet. The total cost is $17,412,660.

The facility is to be located on the Northeast corner of Bull Valley Road and Ridgeview Drive across the street from the campus of Centegra Hospital – McHenry, McHenry Illinois. The 5.57-acre site in direct proximity to the hospital campus fits nicely into its surroundings providing easy access for its residents to related health care services.

As an establishment project, this project is classified as "Substantive" according to 77 Illinois Administrative Code, Chapter 11, Section 1110.140b of subchapter a.

Facility/Project Identification

Facility Name: **Transformative Health of McHenry**
Street Address: **Northeast corner of Bull Valley Road and Ridgeview Drive**
City and Zip Code: **McHenry, Illinois 60051**
County: **McHenry** Health Service Area: **008** Health Planning Area: **McHenry**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **McHenry Senior Partners, LLC**
Address: **802 East 86th Street, Suite 200, Indianapolis, Indiana 46260**
Name of Registered Agent: **Illinois Corporation Service Company**
Name of Chief Executive Officer: **Thomas Smith, Manager**
CEO Address: **802 East 86th Street**
Telephone Number: **317-669-8404**

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: **Transformative Health of McHenry**		
Street Address: **Northeast corner of Bull Valley Road and Ridgeview Drive**		
City and Zip Code: **McHenry, Illinois 60051**		
County: **McHenry**	Health Service Area: **008**	Health Planning Area: **McHenry**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **TCO JV, LLC**
Address: **6840 West Touhy Avenue, Niles, IL 60714**
Name of Registered Agent: **Stephen N. Sher**
Name of Chief Executive Officer: **Gerry Jenich, Manager**
CEO Address: **6840 West Touhy Avenue, Niles, IL 60714**
Telephone Number: **847-647-6400**

Type of Ownership (Applicant/Co-Applicants)

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

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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.**
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Telephone Number: **(217) 544-1551**
E-mail Address: **cfoley@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Facility/Project Identification

Facility Name: **Transformative Health of McHenry**		
Street Address: **Northeast corner of Bull Valley Road and Ridgeview Drive**		
City and Zip Code: **McHenry, Illinois 60051**		
County: **McHenry**	Health Service Area: **008**	Health Planning Area: **McHenry**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Leo Brown Group**
Address: **802 East 86th Street, Indianapolis, Indiana 46240**
Name of Registered Agent:
Name of Chief Executive Officer: **Thomas Smith**
CEO Address: **802 East 86th Street, Indianapolis, Indiana 46240**
Telephone Number: **317-819-3212**

Type of Ownership (Applicant/Co-Applicants)

☐ 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.

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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**

Post Permit Contact

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

Name: **Gerry Jenich**
Title: **Manager**
Company Name: **TCO JV, LLC**
Address: **6840 West Touhy Avenue, Niles, IL 60714**
Telephone Number: **847-647-6400**
E-mail Address: **gerry.jenich@gmail.com**
Fax Number: **None**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **McHenry Senior Partners, LLC**
Address of Site Owner: **802 East 86th Street, Indianapolis, Indiana 46240**
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 DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: **TCO JV, LLC**
Address: **6840 West Touhy Avenue, Niles, IL 60714**

☐ 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 representative(s) of the applicant entity. The authorized representative(s) are:

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

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

SIGNATURE	SIGNATURE
PRINTED NAME	Gerry Jenich PRINTED NAME
PRINTED TITLE	MANAGER PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 7 day of May 2018
Signature of Notary	Signature of Notary
Seal	OFFICIAL SEAL LESA J. JAGUSCH Notary Public - State of Illinois My Commission Expires 8/08/2018 Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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SIGNATURE	SIGNATURE
Thomas C. Smith PRINTED NAME	PRINTED NAME
Manager PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 7th day of May 2018	Notarization: Subscribed and sworn to before me this _____ day of _____
Deborah D. Clark Signature of Notary	Signature of Notary
DEBORAH D CLARK Notary Public, State of Indiana Marion County Commission # 637774 My Commission Expires August 20, 2020 Seal	Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

SIGNATURE	SIGNATURE
GERRY JENSCH	
PRINTED NAME	PRINTED NAME
MANAGER	
PRINTED TITLE	PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7 day of May 2018

Signature of Notary

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

OFFICIAL SEAL
LESA J. JAGUSCH
Notary Public - State of Illinois
My Commission Expires 8/08/2018

Seal

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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Thomas C. Smith PRINTED NAME	PRINTED NAME
Manager PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 7th day of May 2018	Notarization: Subscribed and sworn to before me this _____ day of _____
Deborah D Clark Signature of Notary	Signature of Notary
DEBORAH D CLARK Notary Public, State of Indiana Marion County Commission # 637774 My Commission Expires August 20, 2020 NOTARY PUBLIC SEAL INDIANA Seal	Seal

*Insert EXACT legal name of the applicant

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

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

SIGNATURE	SIGNATURE
Thomas C. Smith PRINTED NAME	PRINTED NAME
Manager PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 21st day of May 2018	Notarization: Subscribed and sworn to before me this _____ day of _____
Deborah D. Clark Signature of Notary	Signature of Notary
DEBORAH D CLARK Notary Public, State of Indiana Marion County Commission # 637774 My Commission Expires August 20, 2020 NOTARY PUBLIC SEAL INDIANA Seal	Seal

*Insert 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**	**84**
☐ **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**	**2022**	**300**	**27,594**
☐ **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
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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

SPECIALIZED LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	**Subject**
Establishment of LTC Developmentally Disabled – (Adult)	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(g)	Establishment of Beds – Developmentally Disable -Adult
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of LTC Developmentally Disabled - Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
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Establishment of Chronic Mental Illness	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(f)	Zoning
	.720(g)	Establishment of Chronic Mental Illness
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of Long Term Medical Care for Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(e)	Long-Term Medical Care for Children-Category of Service
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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 GERMANE

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 GERMANE

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 GERMANE

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:**

$3,693,165	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;
$13,719,495	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.
$17,412,660	**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.

Combined (McHenry Senior Partners, LLC and TCO JV, LLC)

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				**2022**
Current Ratio				**2.28**
Net Margin Percentage				**6.7%**
Percent Debt to Total Capitalization				**73.5%**
Projected Debt Service Coverage				**5.25**
Days Cash on Hand				**44.47**
Cushion Ratio				**1.26**

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

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.

McHenry Senior Partners, LLC (Owner)

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				**2022**
Current Ratio				**5.34**
Net Margin Percentage				**2.0%**
Percent Debt to Total Capitalization				**77.3%**
Projected Debt Service Coverage				**1.48**
Days Cash on Hand				**369.25**
Cushion Ratio				**.79**

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

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.

TCO JV, LLC (Operator)

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				**2022**
Current Ratio				**1.64**
Net Margin Percentage				**6.5%**
Percent Debt to Total Capitalization				**0.0%**
Projected Debt Service Coverage				**N/A**
Days Cash on Hand				**15.52**
Cushion Ratio				**N/A**

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 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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing	$213.26		38,910				$8,297,864		$8,287,864
Contingency	$ 18.18		38,910				$ 707,455		$ 707,455
TOTALS	$231.44		38,910				$9,005,319		$9,005,319

* 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.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ 170,988	$ 70,707	$ 241,695
Site Survey and Soil Investigation	$ 53,059	$ 21,941	$ 75,000
Site Preparation	$ 307,475	$ 127,146	$ 434,621
Off Site Work	$ 0	$ 0	$ 0
New Construction Contracts	$ 8,297,865	$ 3,431,319	$ 11,729,184
Modernization Contracts	$ 0	$ 0	$ 0
Contingencies	$ 707,455	$ 292,545	$ 1,000,000
Architectural/Engineering Fees	$ 381,810	$ 157,885	$ 539,695
Consulting and Other Fees	$ 599,921	$ 248,079	$ 848,000
Movable or Other Equipment (not in construction contracts)	$ 495,218	$ 204,782	$ 700,000
Bond Issuance Expense (project related)	$ 0	$ 0	$ 0
Net Interest Expense During Construction (project related)	$ 866,253	$ 358,212	$ 1,224,465
Fair Market Value of Leased Space or Equipment	$ 0	$ 0	$ 0
Other Costs To Be Capitalized	$ 438,622	$ 181,378	$ 620,000
Acquisition of Building or Other Property (excluding land)	$ 0	$ 0	$ 0
TOTAL USES OF FUNDS	**$ 12,318,665**	**$ 5,093,995**	**$ 17,412,660**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$ 2,612,746	$ 1,080,419	$ 3,693,165
Pledges	$ 0	$ 0	$ 0
Gifts and Bequests	$ 0	$ 0	$ 0
Bond Issues (project related)	$ 0	$ 0	$ 0
Mortgages	$ 9,705,919	$ 4,013,576	$ 13,719,495
Leases (fair market value)	$ 0	$ 0	$ 0
Governmental Appropriations	$ 0	$ 0	$ 0
Grants	$ 0	$ 0	$ 0
Other Funds and Sources	$ 0	$ 0	$ 0
TOTAL SOURCES OF FUNDS	**$ 12,318,665**	**$ 5,093,995**	**$ 17,412,660**

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: $ 880,000
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 $ 1,000,000.

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): **January 2021**

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing	$7,829,365	0	24,730	24,730	0	0	0
Living/Dining/Activity	$1,611,463	0	5,090	5,090	0	0	0
Kitchen/Food Service	$918,122	0	2,900	2,900	0	0	0
P.T./O.T.	$1,393,013	0	4,400	4,400	0	0	0
Laundry	$348,253	0	1,100	1,100	0	0	0
Janitor Closets	$28,493	0	90	90	0	0	0
Clean/Soiled Utility	$94,978	0	300	300	0	0	0
Beauty/Barber	$94,978	0	300	300	0	0	0
Total Clinical	$12,318,665	0	38,910	38,910	0	0	0
NON-CLINICAL							
Office/Administration	$851,637	0	2,690	2,690	0	0	0
Employee Lounge/	$150,382	0	475	475	0	0	0
Locker/Training	$140,884		445	445			
Mechanical/Electrical	$215,284	0	680	680	0	0	0
Lobby	$633,188	0	2,000	2,000	0	0	0
Storage/Maintenance	$386,244	0	1,220	1,220	0	0	0
Corridor/Public Toilets	$2,653,056	0	8,380	8,380	0	0	0
Stair/Elevators	$0	0	0	0	0	0	0
Housekeeping	$63,319	0	200	200	0	0	0
Total Non-clinical	$5,093,995	0	16,090	16,090	0	0	0
TOTAL	**$17,412,660**	**0**	**55,000**	**55,000**	**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:

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3	Operating Identity/Licensee	58-59
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B	Related Project Costs	33
C	Project Status and Completion Schedule	34
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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.**

McHenry Senior Partners, LLC will be the owner of the proposed site and building. **TCO JV, LLC** will be the Operator/Licensee of the proposed facility. **McHenry Senior Partners, LLC** is a joint venture that includes **Leo Brown Group, LLC**. As **Leo Brown Group, LLC** is funding 100% of the equity and securing the financing for the project it is also considered a co-Applicant. The entities' Certificates of Good Standing are appended as **ATTACHMENT-1A**.

ATTACHMENT-1

File Number 0660363-7

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

MCHENRY SENIOR PARNTERS, LLC, AN INDIANA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 31, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 4TH *day of* JUNE *A.D.* 2018 .

Authentication #: 1815501320 verifiable until 06/04/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-1A

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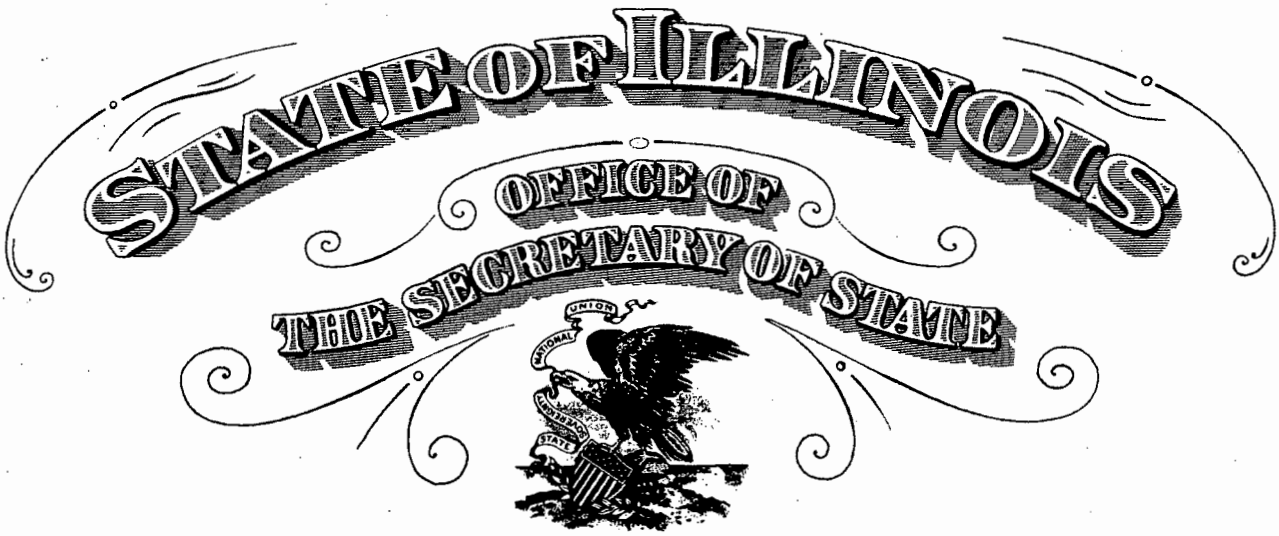
File Number 0686106-7



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

TCO JV, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 29, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* MAY *A.D.* 2018 .

Authentication #: 1814902652 verifiable until 05/29/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

State of Indiana [US] | https://bsd.sos.in.gov/PublicBusinessSearch/BusinessInformation?businessId=654278&businessType=Domestic%20Limited%20Liability%20Company&is

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Details

Print Entit

Business Name:	**LEO BROWN GROUP, L.L.C.**	Business ID:	**2006060700433**
Entity Type:	**Domestic Limited Liability Company**	Business Status:	**Active**
Creation Date:	**06/06/2006**	Inactive Date:	
Principal Office Address:	**802 E 86th Street, Indianapolis, IN, 46240, USA**	Expiration Date:	**Perpetual**
Jurisdiction of Formation:	**Indiana**	Business Entity Report Due Date:	**06/30/2018**
		Years Due:	**2018/2019**

d Agent Information

Type: **Individual**

Name: **THOMAS C. SMITH**

Address: **802 E. 86TH STREET, INDIANAPOLIS, IN, 46240, USA**

Return to Search | Filing History | Name History | Assumed Name History | Certified Copi

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ATTACHMENT-1A

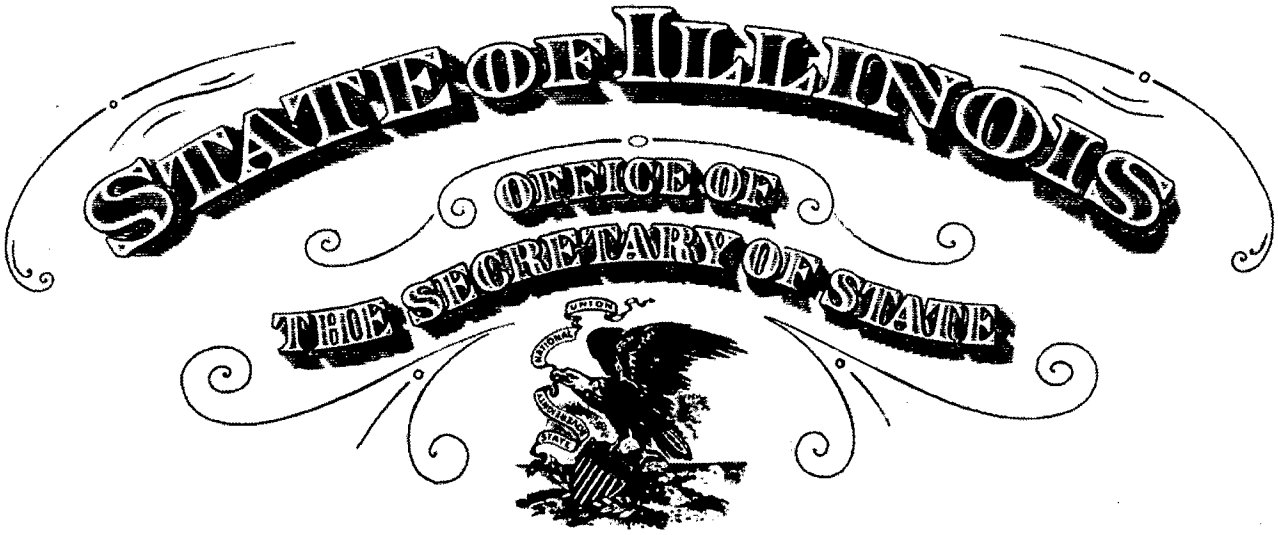
Site Ownership

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 **McHenry Senior Partners, LLC**. The Certificate of Good Standing is appended as **ATTACHMENT-2A.** A signed Purchase and Sale Agreement documenting site control is appended as **ATTACHMENT-2B**.

ATTACHMENT-2

File Number 0660363-7



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

MCHENRY SENIOR PARNTERS, LLC, AN INDIANA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 31, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 4TH *day of* JUNE *A.D.* 2018 .

Authentication #: 1815501320 verifiable until 06/04/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-2A

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PURCHASE AND SALE AGREEMENT

This Purchase and Sale Agreement ("Agreement") is made effective as of the last date of execution (the "Effective Date"), by and between **SENIOR ACQUISITIONS, LLC**, an Indiana limited liability company, its successors or assigns ("Purchaser"), with a mailing address of 802 E. 86th Street, Indianapolis, Indiana 44624, Attn: Thomas C. Smith, and **FIRST NATIONS BK TR 1761**, an Illinois banking trust ("Seller"), with a mailing address of 7757 W. Devon Avenue, Chicago, Illinois 60631-1509, Attn: Paul Pacini The Purchaser and the Seller may be referred to as a "Party" or, collectively, as the "Parties."

ARTICLE 1. PROPERTY

A. **Purchase and Sale.** On the terms and conditions set forth herein, Purchaser agrees to purchase from Seller, and Seller agrees to sell to Purchaser, an approximately five (5) acre parcel of land located on Bull Valley Road, Nunda Township, McHenry County, Illinois (currently a portion of an approximately 34.76 acre tract of land commonly known as McHenry County, Illinois Parcel No. 14-03-251-006, the "Parent Parcel"), together with all rights, easements and appurtenances pertaining thereto or any portion thereof, including, but not limited to, minerals, oil and gas rights, air, water and development rights, roads, alleys, easements, adjacent streets and ways, rights of ingress and egress, any strips and gores within, or bounding any portion thereof, or any rights or appurtenances pertaining thereto (the "Property"), as shown and described on **Exhibit A** attached hereto and made a part hereof. As a condition to Closing (defined below), the Property will be split from the Parent Parcel as set forth herein.

ARTICLE 2. PURCHASE PRICE AND EARNEST MONEY DEPOSIT

A. **Purchase Price.** In accordance with the terms and conditions set forth herein, at Closing Purchaser shall pay Seller an amount equal to **Four Dollars ($4.00)** multiplied by the Usable Square Footage (defined below) of the Property ("Purchase Price") (by way of example and for illustration of the concept only, if the Usable Square Footage is 100,000 square feet, then the purchase price would be $4.00 x 100,000 = $4,000,000).

B. **Earnest Money.** Within five (5) business days of the Effective Date, Purchaser shall deposit the sum of **Ten Thousand and 00/100 Dollars ($10,000)** as an earnest money deposit to be applicable to the Purchase Price and refundable to Purchaser as set forth herein and to be applicable to the Purchase Price (the "Initial Earnest Money Deposit"). The Letter Inspection Period Escrow Deposit (as defined below) shall be a credit to and the Initial Earnest Money Deposit reduced by the amount thereof. The Initial Earnest Money Deposit and any Additional Earnest Money Deposit (defined below) shall be held in an interest bearing account, separate from other accounts, by Seller's title company, Chicago Title Insurance Company, c/o Daniel C. Roth, 1701 W. Golf Road, Suite 1-101, Rolling Meadows, Illinois 60008 ("Title Company"), as escrow agent (the "Escrow Agent").

C. **Letter Inspection Period Escrow Deposit.** Pursuant to that certain letter of intent dated December 11, 2017, and in consideration of Seller's agreement to negotiate exclusively with Purchaser and refrain from accepting any offers on the Property for a thirty (30) day

period beginning on the Effective Date, Purchaser has deposited **One Thousand and 00/100 Dollars ($1,000)** (the "Letter Inspection Period Escrow Deposit") with the Escrow Agent. The Letter Inspection Period Escrow Deposit shall be applied to the Initial Earnest Money Deposit and refundable therewith and shall be applicable to the Purchase Price.

ARTICLE 3. DUE DILIGENCE AND INSPECTIONS

A. **Property Inspections and Due Diligence.** Purchaser shall have one hundred eighty (180) days from the Effective Date (the "Inspection Period") to inspect the Property (the "Due Diligence Investigations") and its suitability (as determined by Purchaser in its sole and absolute discretion) for Purchaser's intended use of the Property for a skilled nursing community (the "Project"). Purchaser shall have the right to extend the Inspection Period for an additional period equal to the longer of (i) ninety (90) days, or (ii) the CON Approval Period (defined below) by providing Seller with written notice prior to the expiration of the Inspection Period (the "Extension Option"). If Purchaser exercises the Extension Option, Purchaser shall deposit with the Escrow Agent an additional deposit of **Twenty Thousand and 00/100 Dollars ($20,000)**, which shall be refundable to Purchaser and shall be applicable to the Purchase Price (the "Additional Earnest Money Deposit"). The Inspection Period and the Extension Option shall hereinafter be collectively referred to as the "Inspection Period").

B. **Right to Enter.** During the Inspection Period, Purchaser, its agents, employees, and engineers shall have the right to enter onto the Property to conduct its Due Diligence Investigations. The right to conduct Due Diligence Investigations includes the right of Purchaser and Purchaser's employees, agents and contractors to enter upon any portion of the Property to take measurements, make inspections, conduct test borings, make boundary and topographical survey maps, and to conduct geotechnical, soil, environmental, groundwater, wetland and other studies required by Purchaser in its sole discretion, and to determine the existence and adequacy of utilities serving the Property, the Property's zoning, market feasibility, and compliance with laws. No such Due Diligence Investigations shall constitute a waiver or relinquishment on the part of Purchaser of its rights under any covenant, condition, representation, or warranty of Seller under this Agreement. Purchaser agrees to indemnify and hold Seller harmless against any liability, cost or expense arising from any injury to persons or property caused by the negligence, gross negligence or willful misconduct of Purchaser or any of its members, or caused by the negligence, gross negligence or willful misconduct of any of Purchaser's agents, employees, contractors and consultants while on, in or about the Property during the Due Diligence Period or otherwise prior to Closing. Prior to entering the Property, Purchaser shall procure and continue in force from and after such date and continuing through the Due Diligence Period, or the Closing if this Agreement is not terminated, commercial general liability insurance with a combined single limit of not less than Two Million Dollars ($2,000,000.00), placed with a responsible insurance company licensed to do business in the State where the Property is situated and having an A.M. Best's rating of "A-VII" or above. Seller and or its designee shall be included as additional insureds, and Purchaser shall deliver the evidence of such insurance on an accord containing terms providing that the insurance coverage may not be cancelled or amended except upon ten (10) days prior notice to the Seller, or upon the termination of this Agreement, whichever

comes first.

C. **Delivery of Property Records.** Upon execution of this Agreement, Seller shall deliver to Purchaser, at no cost to Purchaser, such of the following as are in the possession of or available to Seller: existing water management plans, soil and groundwater tests; surveys; title policies; environmental reports; underground storage tank test results; waste disposal records; permit records; code violation notices and records; traffic studies and other engineering tests and studies pertaining to the Property or a statement that Seller does not have such documents in its possession (collectively, the "Property Reports").

D. **Right to Terminate.** If Purchaser determines that the Property is unacceptable or undesirable to Purchaser for any reason, or for no reason at all, in Purchaser's sole and absolute discretion, then prior to the expiration of the Inspection Period, Purchaser shall have the right to terminate this Agreement. If Purchaser so terminates, then Purchaser shall (i) deliver copies of all reports and materials generated by Purchaser arising from its Due Diligence Investigations to the Seller other than any reports or materials protected by the attorney-client privilege, (ii) deliver a memorandum in recordable form terminating the memorandum of the Agreement referenced in Article 8(E) below if Purchaser filed a memorandum of this Agreement, and so long as Purchaser has not exercised the Extension Option (defined in Article 3(E) below) and upon compliance with the obligations contained in subsections (i) and (ii) thereafter, (iii) receive a full refund of the Initial Earnest Money Deposit and any Additional Earnest Money Deposit, and thereupon this Agreement shall automatically be terminated and neither Party shall have any further rights or obligations under this Agreement whatsoever except as may expressly be provided herein.

E. **Title and Survey.** As soon as practicable following the Effective Date, Purchaser shall obtain from the Title Company a commitment (the "Commitment") for an ALTA Owner's Policy of Title Insurance (Form 2006, with the creditors' rights and arbitration clauses deleted) (the "Title Policy"), in an amount at least equal to the Purchase Price. Seller shall be obligated for extended coverage endorsement over standard exceptions. All other endorsements shall be at Purchaser's expense. Within ten (10) days of the Effective Date, Seller, at its expense, shall order an "ALTA" survey of the Property ("Survey"). The Survey shall assist the parties in determining the Useable Square Footage of the Property, which shall be the square footage of the Property that the parties reasonably agree is usable by Purchaser. If the parties cannot agree on the Usable Square Footage within fifteen (15) days after receipt of the Survey, then either party can terminate this Agreement on or before the end of said 15-day period, in which case Purchaser shall receive a full refund of the Initial Earnest Money Deposit and any Additional Earnest Money Deposit, this Agreement shall be of no further force or effect, and neither party shall have any further obligations hereunder.

F. **Title and Survey Objections.** Within fifteen (15) days of receipt of the Commitment and fifteen (15) days of receipt of the Survey, if anything contained in Commitment or on the Survey is not satisfactory to Purchaser, then Purchaser shall give Seller notice of those items that Purchaser finds unacceptable. If Purchaser does not object to the Commitment or Survey, then there will be a presumption that Purchaser has no objection to the Commitment or the Survey. Seller shall have ten (10) days after notice from Purchaser to either agree to cure the defect at or prior to Closing or to advise Purchaser that it will not

cure the defect at or prior to Closing. If Seller does not agree to cure the defect, or if Seller fails to respond in writing, Purchaser may either: (i) accept title to the Property subject to the defect without a reduction in the Purchase Price; or (ii) terminate this Agreement by written notice to Seller and receive a return of the Initial Earnest Money Deposit and any Additional Earnest Money Deposit, and neither Party shall have any further rights or obligations under this Agreement whatsoever. Notwithstanding any other provision of this Agreement to the contrary, Seller shall have the unconditional obligation to remove or cure, at no cost to Purchaser, any title matters which are a lien for the payment of money, or any title matter which arose after the Effective Date as a result of any acts or omissions of Seller, and Purchaser shall not have any obligation to close on the purchase of the Property unless and until Seller so removes or cures the same. All title matters to which Purchaser does not timely object as unacceptable, or which Seller elects not to cure and Purchaser agrees to take title subject thereto, shall be considered "Permitted Exceptions" for purposes of this Agreement.

G. **Certificate of Need.** Prior to the expiration of the Inspection Period, Purchaser shall submit, or cause to be submitted, to the Illinois Health Facilities & Services Review Board ("HFSRB") an application to obtain a Certificate of Need (the "CON Application"). This Agreement and Purchaser's obligation to close on the transaction contemplated in this Agreement shall be fully contingent upon Purchaser receiving full and final approval of the CON Application ("CON Approval").

1. If Purchaser's CON Application is denied, then Purchaser shall receive a full refund of the Initial Earnest Money Deposit and any Additional Earnest Money Deposit, and thereupon this Agreement shall automatically be terminated and neither Party shall have any further rights or obligations under this Agreement whatsoever except as may expressly be provided herein.

2. If no action is taken by HFSRB to approve or deny Purchaser's CON Application within the Inspection Period, then Purchaser may elect to terminate this Agreement in accordance with (1) above, or, if such failure to approve or deny Purchaser's CON Application is due to extensions or modifications outside of Purchaser's control, extend the Inspection Period for a period equal to the length of such extensions or modifications (the "CON Approval Period").

3. Within three (3) business days of Purchaser's receipt of notice from the HFSRB that Purchaser's CON Application has been approved, Purchaser shall deposit with the Escrow Agent an additional deposit of **Twenty Thousand and 00/100 Dollars ($20,000.00)** (the "CON Escrow Deposit"), which shall become non-refundable (except in the event of (a) Seller's default hereunder, or (b) if any of the Closing Conditions in Article 5(A) below are not satisfied), but shall be applicable to the Purchase Price.

H. **Water Management Plan.** Prior to the expiration of the Inspection Period, Seller, in consultation with Purchaser, shall develop a water management plan or revise an existing water management plan provided to Purchaser pursuant to Article 3(C) above, to remediate storm water overflow, flooding, standing water and similar conditions on or around the

Property (the "Water Management Plan"). Such Water Management Plan shall incorporate commercially reasonable measures to remediate issues pertaining to the collection of water on or around the Property such as the installation of storm water detention basins, storm water retention basins or other similar improvements to remediate issues related to water upon the Property. The Water Management Plan shall also allocate the costs of undertaking such remediation measures and set forth a timeline for implementation. If Purchaser does not approve a Water Management Plan prior to the expiration of the Inspection Period, then Purchaser shall receive a full refund of the Initial Earnest Money Deposit and any Additional Earnest Money Deposit, and thereupon this Agreement shall automatically be terminated and neither Party shall have any further rights or obligations under this Agreement whatsoever except as may expressly be provided herein.

ARTICLE 5. CLOSING

A. **Conditions Precedent to Closing.** The following shall be additional conditions precedent to Purchaser's obligations to close this transaction, which shall be satisfied to Purchaser's sole and absolute satisfaction prior to Purchaser being obligated to close ("Closing Conditions"):

1. Seller shall have fee simple title to the Property subject only to the Permitted Exceptions and free and clear of all tenancies and parties in possession;

2. Seller shall have provided evidence satisfactory to Purchaser that the Property has been split from the Parent Parcel and has been created as a new transferrable parcel (the "Parcel Split"), which shall be the responsibility of Seller at its sole cost and expense. Such evidence of the Parcel Split may include proof that the tax division has been filed with and accepted by the applicable authority or that the filing of a plat of subdivision has resulted in a tax division as a matter of law. The proration of taxes, income, expenses and costs related to the Property shall be calculated at Closing pursuant to Article 5(D) below;

3. Purchaser shall have received all necessary and customary zoning approvals, permits, entitlements and consents from any and all applicable governmental authorities and third parties required for the Project beyond any applicable appeal period, which Seller agrees to reasonably cooperate with Purchaser regarding the same; provided, however, the cost and expense shall be borne by Purchaser and Seller shall not be required to incur and costs or expenses in connection with the same;

4. Purchaser shall have received full and final CON Approval;

5. Purchaser shall have approved a Water Management Plan;

6. At Closing, the Title Company shall be in a position to issue the Title Policy to Purchaser subject only to the Permitted Exceptions; and

7. All of the representations and warranties of Seller contained in Article 7 below shall be true as of Closing.

B. **Closing.** The closing of the transactions contemplated by this Agreement (the "Closing") shall occur within ninety (90) days after the date that Purchaser provides written notice to Seller that all of the Closing Conditions are either satisfied or will be satisfied by Closing and Purchaser is ready to close on the purchase of the Property ("Closing Notice"). The Parties shall have a total of three hundred sixty (360) days from the Effective Date ("Outside Closing Date") to satisfy the Closing Conditions, and if the Closing Conditions have not been so satisfied during by the Outside Closing Date, then Purchaser shall either: (i) deliver written notice to Seller providing notice of those Closing Conditions that are within Seller's control that are not satisfied, in which case Seller shall have ten (10) business days thereafter to cure the same, and if Seller does not, then Purchaser shall have the right to exercise one of the following two options; (ii) send written notice of termination of this Agreement to Seller; (iii) or waive the unsatisfied Closing Conditions and proceed to close on the purchase of the Property. In the event that Purchaser elects to terminate the Agreement in accordance with (ii) above and such termination is not due to a default by Purchaser or Seller, then Purchaser shall receive a refund of the CON Escrow Deposit and neither party shall have any further obligations hereunder. If Purchaser proceeds to close on the purchase of the Property, in no event shall Closing take place until such time that Seller provides evidence satisfactory to Purchaser and the Title Company of the satisfaction of the Closing Conditions ("Final Closing Condition"). Upon the satisfaction of the Final Closing Condition, Purchaser and Seller shall instruct the Title Company to proceed to issue a pro forma Title Policy and that parties shall proceed to Closing within ten (10) days thereof.

C. **Closing Deliveries.** At Closing, Seller shall deliver: (a) general warranty or trustees deed conveying the Property to Purchaser (or its designee) subject only to the Permitted Exceptions (the "Deed"); (b) any easements required by this Agreement; (c) a seller's affidavit acceptable to the title insurer, the agreed upon form of which is attached hereto as **Exhibit B**; (d) an affidavit of non-foreign status; (e) any other affidavit or document required by Title Company to delete the so-called standard exceptions to the Title Policy; and (f) such other customary documents, instruments, certifications and confirmations as may be reasonably required to fully effect and consummate the transactions contemplated hereby and for Title Company to issue the Title Policy in form as required by this Agreement. In addition, in the event required by Purchaser in order to obtain survey coverage in regard in the Title Policy. Purchaser shall deliver at Closing such other documents, instruments, certifications and confirmations as may be reasonably required to fully effect and consummate the transaction contemplated hereby. The legal description of survey and title Commitment shall be conforming.

D. **Prorations.** Purchaser and Seller shall prorate all taxes, income, expenses and costs related to the Property as of the date of Closing, with the day of Closing being treated as a day of ownership by Purchaser. If the final tax bill is not available at Closing, the real estate taxes and assessments shall be prorated based upon the latest tax duplicate for the Property based upon the land only values and only upon the number of acres constituting the Property. The proration shall be final at the Closing. Seller shall be responsible for any recoupment of any agricultural use tax for the Property. The parties agree to re-prorate and adjust real estate taxes for year of Closing upon issuance of actual tax bill. The proration shall be for

land value only as the Property shall be unimproved at Closing. At Closing, Seller shall be responsible for paying to the applicable taxing authority any required farmland tax abatement recoveries or lookback payments.

E. **Costs.** Seller shall be obligated for cost of Title Policy in the amount of the Purchase Price with extended coverage over general exceptions, provided Purchaser provides an ALTA survey acceptable to Title Company. All other endorsements and loan policy, if any, shall be at Purchaser's expense. The closing escrow fee and N.Y. Style closing fee will be split between the parties. Any lender escrow fee will be Purchaser's obligation. Seller shall pay all state and county transfer stamps and any local transfer stamp shall be paid by party designated by Ordinance. Seller will prepare and deposit normal closing documents including deed, affidavit of title, ALTA statements, GAP coverage and all other customary documents required by Purchaser. Purchaser shall deposit all customary documents required by Title Company. Except as may otherwise be stated herein, each party shall bear its own expenses, including its own attorneys' fees.

F. **Possession.** At Closing, Seller shall deliver Possession of the Property to Purchaser free of all tenancies, leases, occupants, personal property, equipment and third-party rights in the Property other than those that are Permitted Exceptions.

ARTICLE 6. DEFAULTS AND REMEDIES

A. **Seller Default.** In the event the sale of the Property is not closed pursuant to this Agreement due to a default hereunder by Seller, then Purchaser shall give Seller written notice specifying Seller's default, and Seller shall have ten (10) business days to cure the default. In the event that Seller fails to cure Seller's default within the ten (10) day period, then Purchaser may elect to terminate this Agreement, whereupon the Initial Earnest Money Deposit and the Additional Earnest Money Deposit, if applicable, shall be immediately refunded and returned to Purchaser, or Purchaser may elect to enforce the terms and conditions of this Agreement by filing an action within thirty (30) days after the Seller's ten (10) day cure period requesting an accord to order specific performance of this Agreement. Purchaser shall have no right to assert any claims for any damages other than its reasonable attorneys' fees and related expenses in connection with specifically enforcing the terms of this Agreement.

B. **Purchaser Default.** In the event the sale of the Property is not closed pursuant to this Agreement due to a default hereunder by Purchaser, then Seller shall give Purchaser written notice specifying Purchaser's default, and Purchaser shall have ten (10) business days to cure the default. If Purchaser fails to cure Purchaser's default within the ten (10) day period, then the Initial Earnest Money Deposit and the Additional Earnest Money Deposit, if applicable, shall be immediately forfeited by Purchaser, and retained by Seller as and for liquidated damages and not as a penalty, and as its sole and exclusive remedy.

ARTICLE 7. SELLER'S REPRESENTATIONS AND WARRANTIES

Seller represents and warrants to Purchaser that all of the following are true and accurate as of the Closing:

A. Seller has the capacity and authority to execute this Agreement and perform the obligations of Seller under this Agreement. This Agreement constitutes a legal and valid binding obligation of Seller, enforceable in accordance with its terms. All action necessary to authorize the execution, delivery and performance of this Agreement by Seller has been taken and such action has not been rescinded or modified.

B. There are no wetlands, oil or gas wells (capped or uncapped) or underground storage tanks (in use or abandoned) on or about the Property, and all previously existing underground storage tanks on or about the Property were removed in compliance with all applicable laws, rules, regulations and orders, except those that are determined to be acceptable to Purchaser after Purchaser obtains and reviews an environmental assessment of the Property.

C. Seller has not received any written notice of, nor has Seller otherwise been made aware of, the following: (i) proposed special assessments, (ii) pending public improvements which will result in any charge being levied or assessed against, or a lien being created upon, the Property; or (iii) pending or threatened eminent domain or condemnation proceedings, against or involving the Property.

D. There is no pending or threatened litigation, arbitration, administrative action or examination, claim, or demand whatsoever relating to the Property. No attachments, execution proceedings, liens, assignments, or insolvency proceedings are pending against Seller or the Property or contemplated by Seller. Seller is not contemplating the institution of insolvency proceedings.

Seller shall fully disclose to Purchaser, immediately upon its occurrence, any change in facts, assumptions or circumstances of which Seller becomes aware prior to the Closing that may affect the representations and warranties set forth above. The warranties and representations of Seller contained herein shall survive the Closing and delivery of the Deed for a period of one (1) year. Seller agrees to indemnify and hold harmless Purchaser, its successors and assigns, against and in respect of, any and all costs, penalties, damages, claims, losses, liabilities and expenses including, but not limited to, reasonable legal, accounting, consulting, engineering and other expenses, which may be imposed upon or incurred by Purchaser, its successors or assigns, by any other party or parties (including, but not limited to, governmental entities), arising out of or in connection with any breach of the above representations and warranties.

ARTICLE 8. MISCELLANEOUS

A. **Brokers.** Seller represents and warrants to Purchaser that Seller has not dealt with any agent or broker who in any way has participated as the procuring cause of the sale of the Property other than Paul Montes of Inland Real Estate Brokerage & Consulting, Inc. ("Seller's Broker"). Purchaser represents and warrants to Seller that Purchaser has not dealt with any agent or broker who in any way has participated as the procuring cause of the purchase and sale of the Property. Each party agrees to indemnify and hold harmless the other from and against any and all judgments, costs of suit, attorneys' fees and other reasonable expenses which the other may incur by reason of any action or claim made against the other by any agent, advisor or intermediary appointed by or instructed by Seller or Purchaser, as the case may be, arising out of this Agreement or any subsequent sale of

the Property to the Purchaser. The indemnification and hold harmless contained herein shall survive Closing and the delivery of the Deed for a period of six (6) months.

B. **Notices.** Any notice, request, demand, instruction or other document to be given or served hereunder or under any document or instrument executed pursuant hereto shall be in writing and shall be delivered personally or sent by United States registered or certified mail, return receipt requested, postage prepaid, or by overnight express courier, postage prepaid and addressed to the Parties at their respective addresses set forth above, and the same shall be effective upon receipt if delivered personally or by overnight courier or three (3) business days after deposit in the mails if mailed. A Party may change its address for receipt of notices by service of a notice of such change in accordance herewith. A copy of all notices shall be sent to each Party's attorney at the following addresses:

If to Seller's Attorney:
Ansani & Ansani, P.C.
Attention: Daniel R. Ansani
1411 W. Peterson Ave., Suite 202
Park Ridge, Illinois 60068
email: ansanilaw@aol.com

If to Purchaser's Attorney:
Calfee, Halter & Griswold LLP
Attn: Sean S. Suder, Esq.
255 E. Fifth Street, 28th Floor
Cincinnati, Ohio 45202
E-mail: ssuder@calfee.com

C. **Attorneys' Fees.** In the event either Party hereto brings against any other Party an action at law or other proceeding permitted under the terms of this Agreement in order to enforce or interpret any of the terms, covenants or conditions hereof or any instrument executed pursuant to this Agreement or by reason of any breach or default hereunder or thereunder, the Party prevailing in any such action or proceeding shall be paid all costs, including reasonable attorneys' fees.

D. **Binding Agreement.** Purchaser may assign this Agreement or any interest therein with the written approval of Seller, which approval shall not be unreasonably withheld. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective legal representatives, successors and assignees. This Agreement shall be construed and interpreted according to the laws of the State where the Property is located. This Agreement constitutes the entire undertaking between the Parties, and supersedes any and all prior agreements, arrangements and understanding between the Parties. This Agreement may be amended only by a written agreement executed by each of the Parties.

E. **Memorandum of Agreement.** Intentionally Deleted.

F. **Counterpart/Signatures.** This Agreement may be executed in counterparts and shall be fully enforceable so long as all parties have signed the Agreement in counterpart. This

Agreement may be executed with signatures delivered by either facsimile or scanned email, and copies of such signatures so delivered shall be deemed as originals. All parties signing this Agreement have taken all duly authorized action necessary to authorize the execution of this Agreement and to execute any and all documents related hereto, and each of the parties may rely upon this section of the Agreement without the necessity of having further documentation to evidence such authority.

G. **Jurisdiction/Venue; Waiver of Right to Jury Trial.** The parties agree that in case of any disputes or litigation in connection with this Agreement the jurisdiction and venue shall be the Circuit Court of McHenry County, Illinois and that the parties each hereby waive their right to a trial by jury. The prevailing party in any litigation to enforce the terms of this Agreement shall be entitled to an award of reasonable attorneys' fees and costs.

H. **Restoration of Property.** If Purchaser does not close on the transaction contemplated by this Agreement, or withdraws or terminates this Agreement for any reason, at Seller's written request, Purchaser shall withdraw all applications, zoning changes or all requests from local, county, state and federal authorities and return Property to substantially the same condition and position as of the Effective Date.

[Signatures follow]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

PURCHASER:

SENIOR ACQUISITIONS, LLC,
an Indiana limited liability company

By:_____
Thomas C. Smith, Manager

Date: 3/22/2018

SELLER:

FIRST NATIONS BK TR 1761,
an Illinois banking trust

By: Pacini Group, L.L.C., an Illinois limited liability company
as sole Beneficiary

By: Paul Pacini
Paul Pacini, Manager

{04662625.DOCX;5 }

-Signature Page-

ATTACHMENT-2B

EXHIBIT A

DEPICTION OF THE PROPERTY

(04662625.DOCX;5)

EXHIBIT B

SELLER'S TITLE AFFIDAVIT

State of _____)
County of _____) SS:

The undersigned, _____ (the "Seller"), by and through _____ its _____ ("Affiant"), being first duly cautioned and sworn, deposes and states as follows:

1. That Affiant is the currently acting Manager of Seller.

2. That Seller is properly formed and organized under the laws of the State of _____ and is in good standing in that state.

3. That Seller is the owner of the real property commonly known as _____ and more particularly described in Exhibit "A" attached hereto (the "Property").

4. That all taxes, assessments or other charges now a lien against the property are shown on the Treasurer's duplicate, and no improvements to the site or area have been installed by a public authority, the costs of which have been assessed against the Property. Seller has not been notified within the period of two years immediately preceding the date hereof of contemplated improvements to the Property by a public authority, the costs of which are to be assessed against the Property in the future, nor has Seller received any notice of condemnation or other exercise of the power of eminent domain. Seller represents that all bills for water and sewer charges issued prior to the date hereof for such services to the Property have been paid in full.

5. That all improvements that have been made, or materials, machinery or fuel delivered to or labor performed on the Property by or at the request of Seller within ninety (90) days immediately preceding the date hereof and which might form the basis for a mechanic's lien against the Property, have been paid for in full, except: _____ (NONE, if nothing inserted), nor has Seller received a copy of an Affidavit of Mechanic's Lien which may be filed against the Property.

6. That Seller has no knowledge of any encumbrance(s) on title to the Property other than those set forth in the evidence of title provided to Lender, nor does Affiant have any knowledge of off-record or disclosed legal or equitable interests in the Property owned or claimed by another person or entity, except the rights of tenants, if any, which have been fully disclosed to Lender and to Stewart Title Company who is issuing its title insurance in reliance on such disclosure. That Affiant has no knowledge of any violation by Affiant of an existing covenant, conditions or restriction which the property is subject to. The Affiant hereby certifies that no tenant of the Property has any option or right of first refusal to purchase any portion of the Property.

7. That to Affiant's knowledge all utility service lines serving the Property are located either within the boundary lines of the Property or within lands dedicated to public use or within recorded easement areas for the same.

8. Seller is not now under any legal disability which would impede or void any of Seller's contractual obligations nor is Seller a debtor in any proceeding under the bankruptcy laws of the United States. If Seller is an individual, all former spouses of Seller, if any, are deceased and/or all prior marriages, if any, have been legally terminated. If Seller is a partnership, limited liability company or corporation, its officials consummating this transaction are properly authorized to do so, and the partnership, limited liability company or corporation shall be bound by this Affidavit.

9. Seller has no knowledge of (a) any court proceedings or disputes with any parties concerning the

{04662625.DOCX;5 }

ATTACHMENT-2B

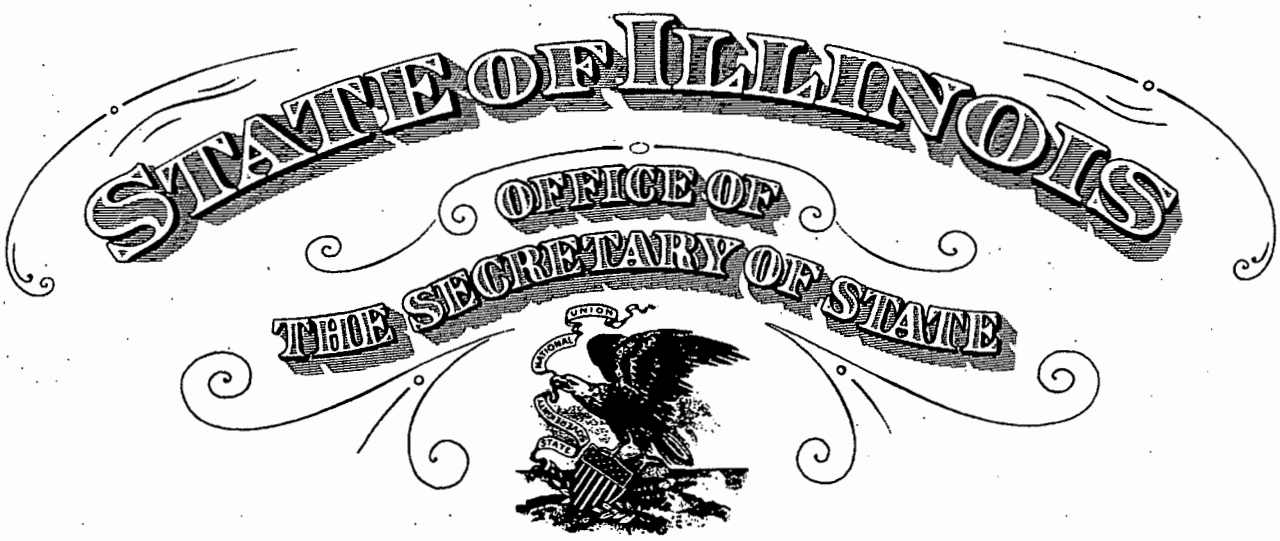
Operating Identity/Licensee

- 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 Transformative Health of McHenry will be **TCO JV, LLC.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A.**

ATTACHMENT-3

File Number 0686106-7



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

TCO JV, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 29, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* MAY *A.D.* 2018 .

Authentication #: 1814902652 verifiable until 05/29/2019
Authenticate at: http://www.cyberdriveillinois.com

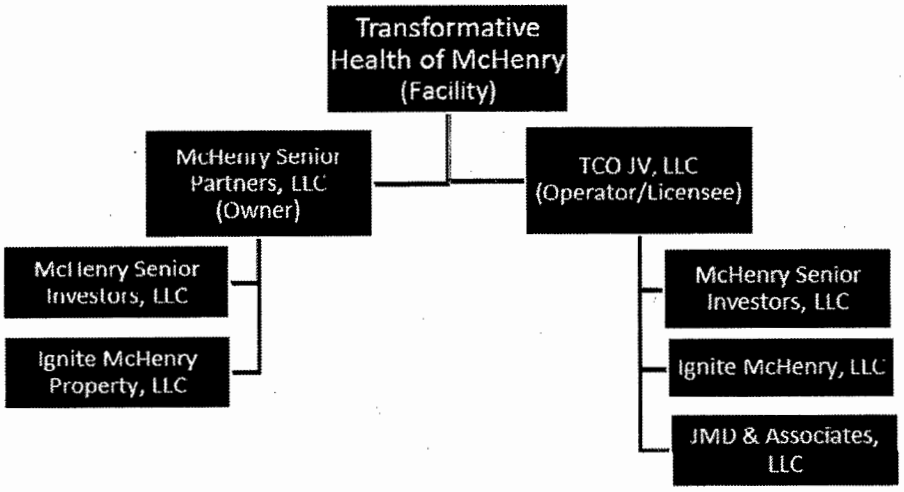
Jesse White

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.



Above is an organizational chart for the proposed facility. **McHenry Senior Partners, LLC** (owner of the land and building) is a joint venture with McHenry Senior Investors, LLC and Ignite McHenry Property, LLC. **TCO JV, LLC** (Owner of the operations and Licensee) is a joint venture with McHenry Senior Investors, LLC, Ignite McHenry, LLC and JMD & Associates, LLC. It should be noted that the sole corporate member of McHenry Senior Investors, LLC is the **Leo Brown Group, LLC** and is providing the funding for the project; as such, the entity is considered a co-Applicant.

The Managers of **TCO JV, LLC** are current and prior owners and operators of nursing homes in Illinois. The Managers of **TCO JV, LLC** have a proven track record and extensive experience in developing, owning and operating Skilled Nursing homes and projects like Transformative Health of McHenry in Illinois. A listing of current facilities affiliated to members of this joint venture is appended as **ATTACHMENT-4A**.

ATTACHMENT 4

Facilities and the respective Real Estate and/or Operating Entities "Related" to TCO JV, LLC

Tim Fields

5% Symphony at The Tillers (Symphony Oswego, LLC)

Barry Carr

42% Avanti Wellness & Rehab (Forest Villa Nursing and Rehabilitation Center, LLC)

Gerry Jenich

5% California Gardens Nursing and Rehabilitation Center (California Gardens Corp.)

5% Monroe Pavilion Health and Treatment Center (Monroe Corp.)

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 FIRM Map printed from www.FEMA.gov illustrating that the site is not within a special flood hazard area.

ATTACHMENT-5

National Flood Hazard Layer FIRMette

FEMA

42°19'28.47"N

88°17'27.61"W

17111C0208J
eff. 11/16/2006

AREA OF MINIMAL FLOOD HAZARD
Zone X

City of McHenry
170483

McHenry County
170732

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

88°16'50.16"W

42°19'1.87"N

Feet 1:6,000

0 250 500 1,000 1,500 2,000

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS
- Without Base Flood Elevation (BFE) *Zone A, V, A99*
- With BFE or Depth
- Regulatory Floodway *Zone AE, AO, AH, VE, AR*

OTHER AREAS OF FLOOD HAZARD
- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile *Zone X*
- Future Conditions 1% Annual Chance Flood Hazard *Zone X*
- Area with Reduced Flood Risk due to Levee. See Notes. *Zone X*
- Area with Flood Risk due to Levee *Zone D*

OTHER AREAS
- NO SCREEN Area of Minimal Flood Hazard *Zone X*
- Effective LOMRs
- Area of Undetermined Flood Hazard *Zone D*

GENERAL STRUCTURES
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES
- B 20.2 17.5 Cross Sections with 1% Annual Chance Water Surface Elevation
- 8 Coastal Transect
- 513 Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS
- Digital Data Available
- No Digital Data Available
- Unmapped

N

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 5/7/2018 at 3:24:59 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

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 the Applicant's submission to the Illinois Historic Preservation Agency (IHPA) documenting compliance with the requirements of the Historic Resources Preservation Act. The response from IHPA on the submission will be forwarded upon receipt.

ATTACHMENT-6

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA U.S. MAIL

May 17, 2018

Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
IDNR – Office of Land Management
Review & Compliance – Archaeology Division
One Natural Resources Way
Springfield, Illinois 62702

Re: **Establishment of Transformative Health of McHenry, McHenry, IL**

Dear Dr. Leibowitz:

The Applicants, McHenry Senior Partner, LLC, Leo Brown Group and TCO JV, LLC are proposing (through the Certificate of Need process) the establishment of the above referenced Long-Term Nursing Care facility to be located at the northeast corner of Bull Valley Road and Ridgeview Drive, McHenry, McHenry County, Illinois. The proposed long-term care facility will have an 84-bed skilled nursing unit.

The required information is as follows:

a. General project address: Approximately five (5) acre parcel of land located on Bull Valley Road, Nunda Township, McHenry County, Illinois (currently a portion of an approximately 34.76 acre tract of land commonly known as McHenry County, Illinois Parcel No. 14-03-251-006, the "Parent Parcel".

b. Map showing the general location of the project: Appended as **EXHIBIT I** is a Map showing the general location of the project.

c. Photographs of any standing building/structures within the project area: There are no standing building or structures on the site.

d. Addresses for buildings/structures if present: Not Germane.

e. Total acres of project: 5.57 acres.

f. List of other federal or state agencies which potentially would be involved

Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
Office: 217/544-1551 foley@foleyandassociates.com Fax: 217/544-3615

in funding, licensing permitting or official support/approval:
Illinois Department of Public Health will be involved in the Licensing of the facility. No State or Federal Agency will be involved in funding of the project.

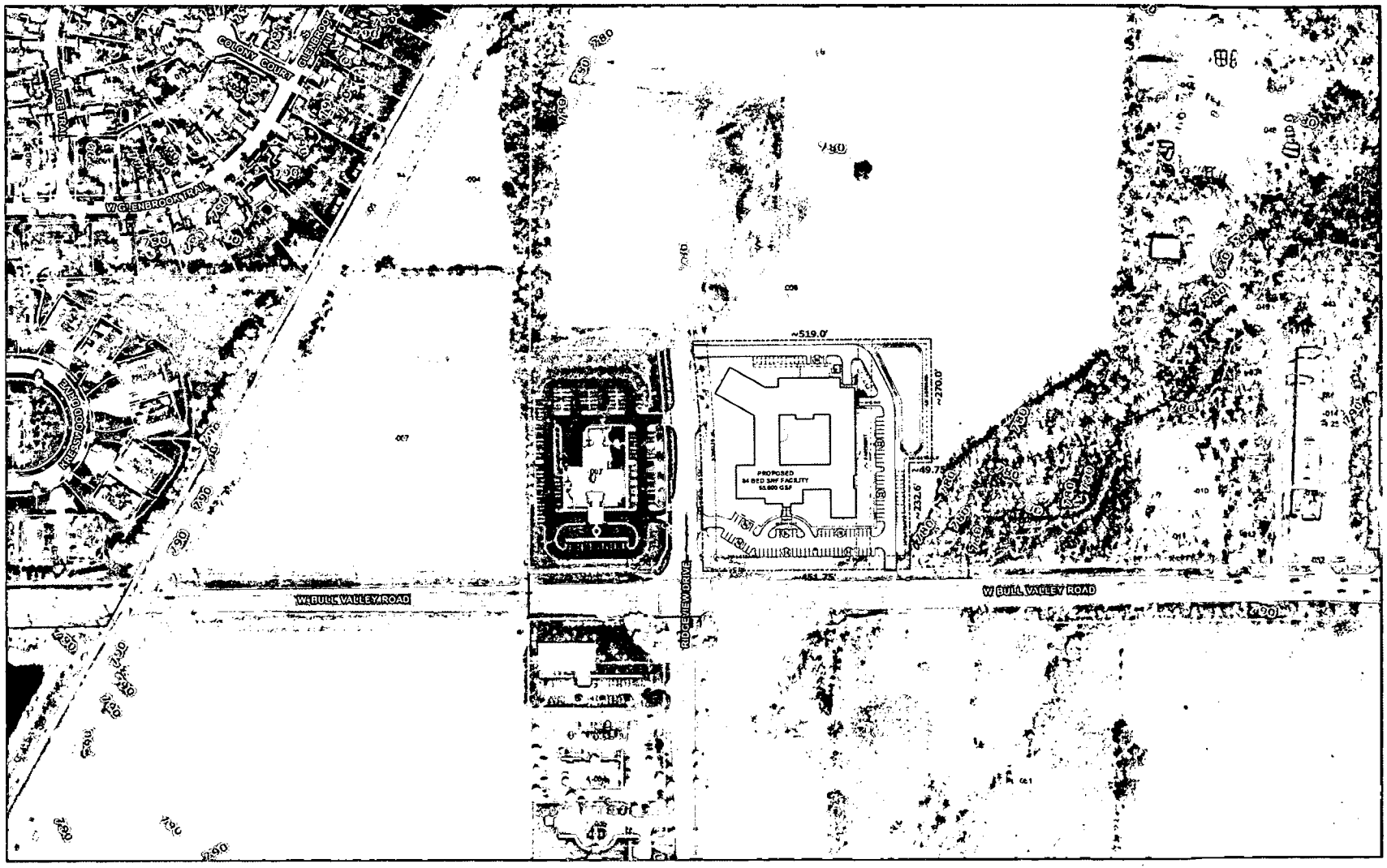
g. Requested HARGIS map: Appended as **EXHIBIT II** is the requested HARGIS map.

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

Sincerely,

Kathryn A. Harris
Administrative Assistant

ENCLOSURES



LOCATION MAP

EXHIBIT I

ATTACHMENT-6A

Proposed Site
Transformative Health of McHenry
Northeast Corner of Bull Valley Road and Ridgeview Drive
McHenry, IL

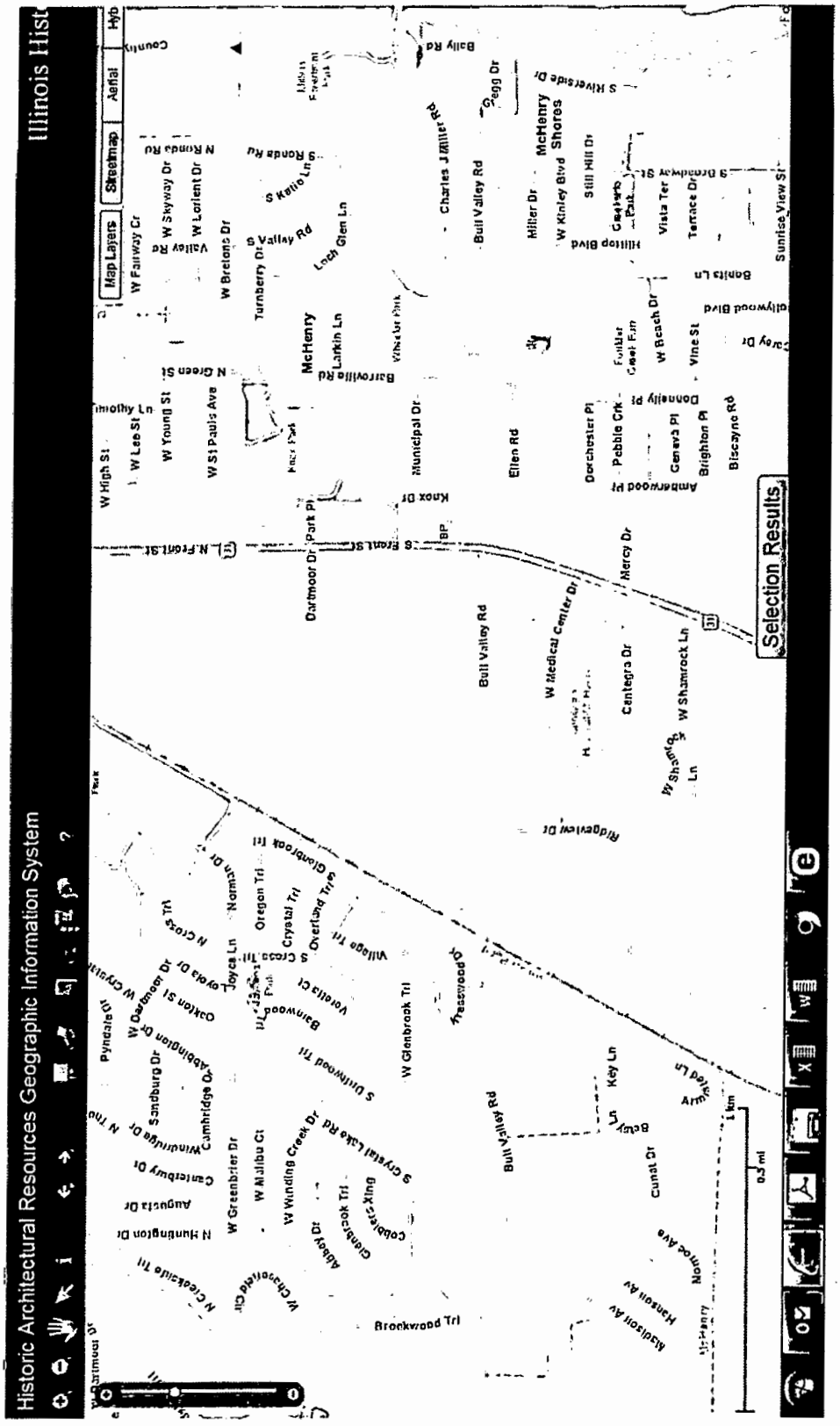


EXHIBIT II

ATTACHMENT-6A

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNAIVES – INFORMATION REQUIREMENTS Continued i

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 an 84-bed nursing care facility in McHenry, HSA 8, McHenry County Planning Area, Illinois. This is a refile of HFSRB Project Number 15-044 which was approved March 29, 2016 for 98-beds in 68,586 gross square feet (GSF) at a cost of $19,275,829. At that time the proposed facility was invited to be located on the grounds of the local hospital, Centegra Hospital – McHenry. However, there were wetland encroachment issues that were identified (post Project approval) which were not able to be cost effectively remedied causing the Applicant to seek an alternate site. The proposed project reduces the footprint by nearly 15% in bed capacity (-14 beds) and by nearly 20% in gross square footage with the reduction of 13,586 GSF all while reducing costs by nearly two million dollars ($1,863,159).

The original project was approved under the 2015 Illinois Department of Public Health (hereafter known as IDPH) Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services (hereafter known as Inventory) that calculated a need for 127 additional nursing beds. Since the original project's approval, the State published a new bed need for McHenry County. The current 2017 IDPH Inventory update calculates a need for -33 beds. However, the 2017 IDPH Inventory lists the original project's 98-nursing beds among its inventory. Thus, the bed reduction between the original and proposed projects "right-sized" the project bed capacity. This project will provide health services that will improve accessibility for nursing care services to the residents of the market area, i.e., a 17-mile radius from the proposed site. Upon project completion, the excess need will be reduced from 33 beds down to only 19 beds.

ATTACHMENT-10

The Long-Term Care industry has been feeling the pressures brought on by the Accountable Care Organization (ACO's) with their managed care contracts and the Affordable Care Act (ACA) in terms of moving patients and services downstream with more predictable and better outcomes. Not only will this project address the need for beds and services within the County, but the vast majority of admissions will come from the Centegra Hospital - McHenry. Therefore, this project will provide and improve health services to residents of McHenry County.

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

In accordance with the State's required geographic service area, the proposed market area is the 17-mile radius from the proposed site adjusted per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100, 510(d).

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

The original project was justified and approved due to the need for additional beds and services. This application addresses the site issue the project confronted and, in the process, has reduced its proposed footprint all while addressing the outstanding need for additional beds and services.

Table 1. *2017 IDPH Inventory-Population, Beds & Ratio of Beds to Population*

	2015	2020				2015	2020		
Market	Population	Population	Growth	Lic. Beds	Pop for 1-bed	Population	65+ Pop	Growth	65+ Pop for 1-bed
Illinois	12,870,200	13,127,700	2.0%	94,980	**138.2**	1,840,300	2,136,900	16.1%	**22.5**
DeKalb Co.	104,200	119,700	14.9%	742	161.3	11,400	13,400	17.5%	18.1
Kane Co.	530,700	583,400	9.9%	2,934	198.8	61,200	80,500	31.5%	27.4
Lake Co.	700,600	764,400	9.1%	3,909	195.5	89,000	115,000	29.2%	29.4
McHenry Co.	308,800	345,100	11.8%	1,095	**315.2**	39,300	50,800	29.3%	**46.6**

Source: Inventory of Health Care Facilities and Services and Need Determinations 2017 Long-Term Care Services

The chart provided herein portrays the issue that the proposed project seeks to address. Specifically, the Planning Areas of McHenry, Kane, Lake and DeKalb Counties each have a

ratio of population per single nursing bed that is higher than that of the State. Most compelling is that McHenry County has 56.2% fewer nursing beds per person than does the State. The McHenry County Planning Area also has 32.3% fewer beds to population than HSA 8. This clearly documents an accessibility issue in McHenry County Planning Area as compared to both HSA (8) and the State. The proposed project seeks to improve accessibility to nursing beds in McHenry County.

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

Appended as **ATTACHMENT-10A**, is the State's 2017 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services Summary of General Long-Term Nursing Care Beds and Need by Planning Area, Health Service Area 8.

Appended as **ATTACHMENT-10B** is the Long-Term Care Facility Update (April 18, 2018) to the 2017 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services **for McHenry County**.

Appended as **ATTACHMENT-10C**, is the Microsoft MapPoint North America 2009 map identifying the location of the proposed facility, the 17-mile market contour, location of other area nursing facilities, and zip code areas.

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

Appended as **ATTACHMENT-10E** are two hospital referral letters from Centegra Hospital - McHenry and from Centegra Hospitals - Woodstock & Huntley. These letters support the project and the Applicant's ability to appropriately utilize the facility.

ATTACHMENT-10

Appended as **ATTACHMENT-10F** are eight physician referral letters. These letters support the project and serve as an indicator of need for the project.

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

This project offers a more conservative alternative to the original project (HFSRB Project #15-044) and addresses the need for already justified and approved additional beds and services. This project also represents the collaboration with Centegra Hospital - McHenry to provide seamless transition of care for long-term and rehabilitative residents in need of nursing care services.

Appended as **ATTACHMENT-10E** are two hospital letters identifying a combined total of 3,913 historical referrals. Of those, 3,630 are derived from within the State's required 17-mile radius. The City of McHenry is comprised by Zip Code areas 60050 and 60051. The Hospital letters also identified that of their total referrals to area nursing facilities, 1,054 came from those two Zip Code areas. Upon approval of this project, there will only be two nursing homes within these two Zip Code areas. A single nursing home cannot accommodate the historical number of referrals; therefore, these residents are leaving their community to find nursing care and treatment.

Appended as **ATTACHMENT-10F** are eight letters from local physicians who have referred 1,214 patients to nursing care annually and will make referrals in the same number to the proposed project. It should be noted that some of these physician-identified historical referrals have also been identified in the hospital referral letter. As such, the physician referral letters serve as an additional indicator of need. These referral numbers are high, and more than the proposed facility will be able to accommodate even when consideration is given for the

ATTACHMENT-10

average length of stay within each unit. Therefore, patients will still be referred to other area facilities and would appear not to have a significant impact on the other area nursing providers. This project seeks to improve accessibility through the establishment of a modern facility and services.

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 and rehabilitative long-term care services to those in need within the McHenry 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

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 8				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2020	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Kane County	2934	2833	0	101
Lake County	3993	3815	0	178
McHenry County	1095	1064	0	31
HSA 8 TOTALS	8022	7712	0	310

ATTACHMENT-10A

LONG-TERM CARE FACILITY UPDATES
4/18/2018
CALCULATED BED NEEDS

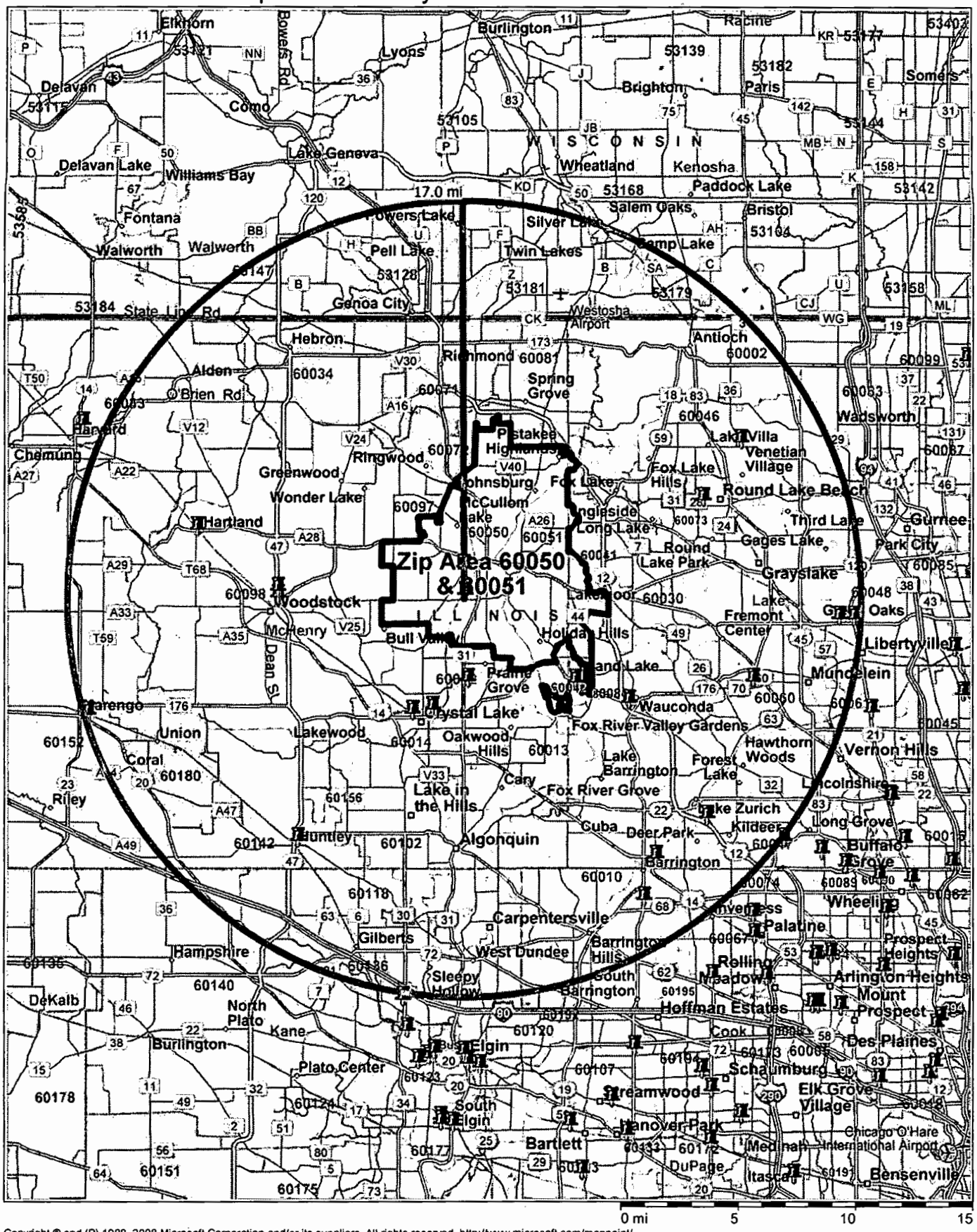
Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3,590	3,329	261
Planning Area 7-B	5,500	6,168	(668)
Planning Area 7-C	5,848	5,969	(121)
Planning Area 7-D	2,407	2,917	(510)
Planning Area 7-E	7,361	8,487	(1,126)
HEALTH SERVICE AREA 8			
Kane	2,826	3,084	(258)
Lake	3,804	3,909	(105)
McHenry	1,062	1,095	(33)
HEALTH SERVICE AREA 9			
Grundy	269	265	4
Kankakee	980	989	(9)
Kendall	305	184	121
Will	3,109	2,881	228
HEALTH SERVICE AREA 10			
Henry	407	495	(88)
Mercer	147	172	(25)
Rock Island	1,130	1,219	(89)
HEALTH SERVICE AREA 11			
Clinton	320	357	(37)
Madison	1,885	2,158	(273)
Monroe	293	263	30
St. Clair	1,867	2,101	(234)

LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED

HSA 1	253	333	(80)
HSA 2	241	224	17
HSA 3	207	336	(129)
HSA 4	307	112	195
HSA 5	222	192	30
HSA 6, 7, 8, 9	3,167	1,065	2,102
HSA 10	74	32	42
HSA 11	217	288	(71)

ATTACHMENT-10B

Proposed McHenry LTC - REFILE 17 mile radius



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ATTACHMENT-10C

Transformative Health of McHenry (REFILE)
17-Mile Radius Facilities

FACID	FACNAME	ADDRESS	CITY	ZIP	2016 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6008304	Alden Terrace Of McHenry Rehab	803 Front Royal Drive	Mchenry	60050-0000	316	2.4	4.6
6011803	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	4.5	6.9
6002299	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	6.7	11.5
6002976	Fair Oaks Health Care Center	471 W Terra Cotta Ave	Crystal Lake	60014-0000	51	7.1	12.65
6008585	Sheltering Oak (1)	27888 N Beech St	Island Lake	60042-0000	01/13/2013 CLOSURE	7.1	12.65
6010136	Crossroads Care Center Woodstock	309 Mchenry Avenue	Woodstock	60098-0000	115	9.4	17.25
6009310	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	9	17.25
6009435	Wauconda Healthcare & Rehab	176 Thomas Court	Wauconda	60084-0000	135	9.6	18.4
6009542	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	14.5	23
6004410	Hillcrest Retirement Village	1740 Circuit Dr	Round Lake Beach	60073-0000	144	14.2	28.75
6014138	Lexington Of Lake Zurich	900 South Rand Road	Lake Zurich	60047-0000	203	16.9	29.9
13-013	Alden Estates of Huntley	Princeton Drive and Regency Parkway	Huntley		Permitted - 170 beds	18	31.05
6011332	The Village at Victory Lakes	1055 East Grand Avenue	Lindenhurst	60046-0000	120	16.8	31.05
6016158	Prairieview Nursing Unit	6000 GARLANDS LANE	Barrington	60010	20	16.8	32.2
6005359	Libertyville Manor Ext Care	610 Peterson Road	Libertyville	60048-0000	174	18	33.35
6010052	Winchester House Nursing Home	1125 North Milwaukee Avenue	Libertyville	60048-0000	224	19.5	34.5
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	18.1	35.65
6003180	Florence Nursing Home	546 East Grant Highway	Marengo	60152-0000	56	22.5	35.65
16-012	Transitional Care of Lake County	850 East U.S. Highway 45	Mundelein	60060	Permitted - 185 Beds	18.7	36.8
					2122		

(1) 01/13/2013 CLOSURE. License not renewed efective this date; 70 beds removed from inventory

Source: Long-Term Care Facility Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2017 - Long-Term Care Services
Microsoft MapPoint 2009

CentegraHealthSystem

Centegra Hospital Huntley
10400 Haligus Road
Huntley, IL 60142

April 25, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-Huntley currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

In the past 20 months since the hospital opened, Centegra Hospital-Huntley had approximately 455 total discharges to SNF facilities in FY17 (11 months of operation) and 690 total discharges to SNF facilities in FY18YTD through March 31, 2018. Data from FY17-FY18YTD shows that 46 of those discharges came from Zip Code Areas 60050 and 60051 that make up the city of McHenry, and 997 discharges came from within a 30-minute travel time/17 mile radius of the proposed site. It is reasonable to presume that these annual referrals will remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

Again, I urge your support in approving this application. If I can be of any further assistance please contact me.

Sincerely,

Kumar Nathan, M.D.
President, Centegra Hospital-Huntley

SUBSCRIBED and SWORN to before me
this 25 day of April, 2018.

Gabriella Guziec
Notary Public

GABRIELLA GUZIEC
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 9, 2022

ATTACHMENT-10E

CentegraHealthSystem

Centegra Hospital - McHenry
4201 Medical Center Drive
McHenry, IL 60050
815-344-5000

May 1, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-McHenry currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

In the past 24 months, Centegra Hospital-McHenry had approximately 1,378 total discharges to SNF facilities from April 1, 2016 to March 31, 2017, and 1,390 total discharges to SNF facilities from April 1, 2017 to March 31, 2018. Data shows that 1,008 of those discharges came from Zip Code Areas 60050 and 60051 that make up the city of McHenry, and 2,633 discharges came from within a 30-minute travel time/17 mile radius of the proposed site. It is reasonable to presume that these annual referrals will remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

Again, I urge your support in approving this application. If I can be of any further assistance please contact me.

Sincerely,

Rachel Sebastian

Rachel Sebastian, President, Centegra Hospital-McHenry

SUBSCRIBED and SWORN to before me
this 1 day of May, 2018

Susan Henn
Notary Public

SUSAN HENN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 5, 2021

ATTACHMENT-10E

CentegraHealthSystem

Centegra Physician Care - Fox Valley
650 Dakota Street, Suite A
Crystal Lake, IL 60012
815-455-6000

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 25 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Dr. Daniela Huerta de Hathaway, CPC Fox Valley-Crystal Lake Internal Medicine

SUBSCRIBED and SWORN to before me
this 23rd day of April, 2018.

Tanya Chrystal
Notary Public

TANYA CHRYSTAL
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
December 12, 2021

ATTACHMENT-10F

CentegraHealthSystem

Centegra Physician Care
10350 Haligus Road, Suite 200
Huntley, IL 60142
815-338-6600

05/01/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 9 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Debbie Yu-Tungol MD

Dr. Debbie Yu-Tungol, CPC Huntley Internal Medicine

SUBSCRIBED and SWORN to before me
this 3 day of May, 2018.

Gabriella Guziec
Notary Public

GABRIELLA GUZIEC
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 9, 2022

ATTACHMENT-10F

CentegraHealthSystem

Centegra Primary Care
4309 Medical Center Drive
Suite B202
McHenry, IL 60050
815-344-3900

April 26, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 103 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Dr. Ifzal Bangash, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 26 day of April, 2018.

Susan Henn
Notary Public

SUSAN HENN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 5, 2021

ATTACHMENT-10F

CentegraHealthSystem

Centegra Physician Care
4309 Medical Center Drive
Suite B202
McHenry, IL 60050
815-344-3900

April 26, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 38 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

John Anderson

Dr. John Anderson, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 26 day of April, 2018.

SUSAN HENN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 5, 2021

Susan Henn
Notary Public

ATTACHMENT-10F

CentegraHealthSystem

Centegra Physician Care
3707 Doty Road, MOB2
Woodstock, IL 60098
815-338-6600

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 227 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Karen Judy

Dr. Karen Judy, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 23 day of April, 2018.

Tamara L Hoffmann
Notary Public

TAMARA L HOFFMANN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 01, 2018

ATTACHMENT-10F

CentegraHealthSystem

Centegra Physician Care
3707 Doty Road, MOB2
Woodstock, IL 60098
815-338-6600

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 9 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Dr. Lisa Glosson, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 23 day of April, 2018.

Tamara L Hoffmann
Notary Public

TAMARA L HOFFMANN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 01, 2018

ATTACHMENT-10F

CentegraHealthSystem

Centegra Physician Care
3707 Doty Road, MOB2
Woodstock, IL 60098
815-338-6600

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 733 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Marcel Hoffman

Dr. Marcel Hoffman, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 23 day of April, 2018.

Tamara L Hoffmann
Notary Public

TAMARA L HOFFMANN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 01, 2018

ATTACHMENT-10F

CentegraHealthSystem

Centegra Hospital Huntley
10400 Haligus Road
Huntley, IL 60142

May 11, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 70 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Mehr Iqbal MD

Dr. Mehr Iqbal, CPC Woodstock Geriatric Psychiatry

SUBSCRIBED and SWORN to before me
this 11 day of May, 2018.

Gabriella Guziec
Notary Public

GABRIELLA GUZIEC
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 9, 2022

ATTACHMENT-10F

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;

   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.**

It is fitting that this project must evaluate alternatives to the project as this project is the assessment of an alternative to a previously approved project. The original project (HFSRB Project #15-044) was to be located on Centegra Hospital grounds; however, there were wetland encroachment issues that were not able to be cost effectively remedied causing the Applicant to seek an alternate site. In addition, HFSRB Project #15-044 was for 98 nursing care beds in 68,586 gross square feet at a cost of $19,275,829 and is considered a project of greater scope. The current application "alters" the original permit through the "right sizing" of the project in respect to leaving to most economical footprint in number of beds, project costs and to provide the greatest level of accessibility to the greatest number. This will be accomplished through lowering the overall project costs and providing more efficient room arrangements to allow for short-term rehab

patients as well as the general long-term skilled nursing residents.

This project, as the original project before it, presents a situation that has become common in areas around the State of Illinois in terms of health planning. The dichotomy is that within the McHenry County Planning Area there is currently an outstanding need for 65 nursing beds[1]. However, at the same time, the State's latest available information (IDPH, Long-Term Care Questionnaire Data for 2016) shows that many facilities have utilization rates that are under the State's optimal rate of 90 percent (77 Illinois Administrative Code, Chapter II, Section 1125.210.c). The McHenry County Planning Area is not alone, for contiguous Boone County and 7-A Planning Areas also have significant bed needs while not every facility is at or over optimal utilization (See **ATTACHMENT-11A** for the PSA profiles). It is hard to balance these two issues especially since the identified need for additional nursing beds is also significant in adjacent Boone County and 7-A Planning Areas (the need is for 115 beds and 261 beds respectively).

The rationale for the need is that regardless of the existing utilization, the population is and has been growing. For the proposed market area, the 2017 IDPH

Table 2. *Population & Ratio of Population to Nursing Beds*

	2015	2020	2015			2015	2020		
Market	**Population**	**Population**	**Growth**	**Lic. Beds**	**Pop for 1-bed**	**65+ Pop**	**65+ Pop**	**Growth**	**65+ Pop for 1-bed**
Illinois	12,870,200	13,127,700	**2.0%**	94,980	138.2	1,840,300	2,136,900	**16.1%**	22.5
McHenry	308,800	345,100	**11.8%**	1095	315.2	39,300	50,800	**29.3%**	46.4
Source:	Inventory of Health Care Facilities and Services and Need Determinations 2017 Long-Term Care Services								

ATTACHMENT-11

[1] April 18, 2018 Long-Term Care Updates to the 2017 IDPH Inventory calculates an excess of 33 nursing beds. That calculation includes the existing inventory and recently approved HFSRB Project #15-044. When the permit is relinquished and before this project is initiated, there will be a need for 65 additional nursing care beds (-33 + 98 = 65).

Inventory has estimated and projected an overall population growth of 11.8% and the over 65 age cohort is projected to increase by 29.3%. Please refer to **ATTACHMENT-11A** for the current State inventory. Table 2 above illustrates not only the demographic growth, but it identifies the accessibility issue. McHenry County Planning Area has a ratio of population to beds that is more than two times that of the State's and that is for both the total population and for the over 65 age cohort. Table 3 takes the accessibility issue and illustrates how out of conformance the accessibility issue is as compared to neighboring Planning Areas. This is a clear indicator of needed additional "quality" capacity.

Table 3. *Licensed Nursing Beds to 65+ Population*

	2017 inventory	2020 Projected	65+
	Lic. Beds	**65+ Pop**	**Pop : bed**
DeKalb Co	94,980	2,136,900	18.1:1
Illinois	**742**	**13,400**	**22.5:1**
Kane Co.	2,934	80,500	27.4:1
Lake Co.	3,909	115,000	29.4:1
7-A	3,309	115,400	34.9:1
Boone Co.	279	9,800	35.1:1
McHenry	**1,095**	**50,800**	**46.4:1**

Source: Inventory of Health Care Facilities and Services and Need Determinations, 2017 Long-Term Care Services

Therefore, the alternatives to the project as proposed are limited. The alternatives that were considered included proceeding with: HFSRB Project #15-044 (Project of Greater Scope), Establish a Project of Lesser Scope, and the Project as Proposed.

<u>ALTERNATIVE #1</u> Greater Scope:

<u>Cost</u>

HFSRB Project #15-044 proposed 98 nursing care beds in 68,586 GSF at a cost of $19,275,829. That did not include the wetland mediation that would be necessary which ranged in cost from $2.1 million to $2.7 million. This would bring the total cost of the project to more than $21 million to $22 million excluding land. This represents an increase of $3.9 million to $4.6 million more than the proposed project cost.

Patient Access

Patient accessibility would be improved by a project through this alternative. There is an outstanding need for additional nursing beds and the ratio of population to beds for those over age 65 is more than twice the State's ratio and is higher than all surrounding Planning Areas. To meet the State's ratio of 65+ population to nursing beds, the Planning Area would need 2,258 nursing beds or an additional 1,163 nursing beds. This project's beds would only change the ratio by three points, down to 43.1:1 from 46.4:1. As the resultant project only minimally affects the ratio of population to beds, additional patient access is needed.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to providing the highest quality in care and in physical plant environment regardless of bed capacity or size.

Financial Benefits

Although the proposed project addresses the accessibility issue, the proposed project is "right-sized". The Applicant's intent with the size of the project is to minimize impact on the area's existing facilities. Therefore, to proceed with this alternative, and thereby potentially impacting the utilization of other area facilities, could cause negative financial benefits for all. Thus, this alternative was considered not viable.

ALTERNATIVE #2 Lesser Scope:

Cost

Outside of establishing an independent living and/or assisted living/supportive living facility, the project as being proposed is of lesser scope than the project originally approved. Both could be less in terms of dollars per square foot as compared to establishing a nursing care facility due to the level of regulation and code requirements. To establish an even smaller

facility could also cost less; however, it is common industry practice that a free-standing facility of much less than 75 beds is not financially viable. So, for purposes of evaluating this alternative, this Applicant explored a 75-bed nursing facility on the current site with the same cost per bed. Under these qualifiers, a 75-bed nursing home could cost $207,294/bed excluding land and a total of $15,547,018.

Patient Access

The Applicant, exploring the alternative of a 75-bed facility is addressing patient accessibility, but at a lower level. The original project's 98 beds addressed a bed need of 127 additional nursing beds. The current inventory (2017 IDPH Inventory) calculates a need for 65[2] additional beds. The difference is not in the population growth. Table 4 illustrates that while the overall population is flat, the over 65 age cohort is booming. This age group from 2015 projected through 2020 is expected to grow by 29.3%. It is this population growth that is driving the need for additional beds and services. The lower bed need number is completely misleading yet not totally surprising. There are two drivers in the State's bed need calculation. The first is the use rate and the second is the population projections. The below optimal utilization along with the lower level of overall accessibility and the aging population do not present a logical scenario. Rather, it implies that

Table 4. *Demographics from 2015 & 2017 IDPH Inventories*

	2013	2015	Delta	2018	Delta	2020	Delta
Total	308,500	308,800	0.1%	337,700	9%	345,100	2%
65-74	22,600	25,400	12%	29700	17%	32,400	9%
75+	13,400	13,900	4%	16800	21%	18,400	10%
65+	36,000	39,300	9%	46500	18%	50,800	9%

Source: Inventory of Health Care Facilities and Services and Need Determinations, 2015 & 2017 Long-Term Care Services.

ATTACHMENT-11

[2] April 18, 2018 Long-Term Care Updates to the 2017 IDPH Inventory calculates an excess of 33 nursing beds. That calculation includes the existing inventory and recently approved HFSRB Project #15-044. When the permit is relinquished and before this project is initiated, there will be a need for 65 additional nursing care beds (-33 + 98 = 65).

residents are seeking other alternatives or out of area alternatives for their care. This presents its own implications or limitations on patient accessibility. Thus, to limit the project size further is an injustice to patient access.

Finally, this alternative cannot be considered since the Applicant also intend on providing services to the medically indigent. The Assisted Living and the sheltered care programs only accommodate private pay and the State's Supportive Living Facility program through the Illinois Department of Healthcare and Family Services which allows at least a 25% Medicaid population, is not accepting new applications. Therefore, this alternative would not allow for the Applicant to accommodate the Medicaid population.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to provide the highest quality in care and in physical plant environment whether in the project as being proposed (establishment) or in this alternative for establishment of a lesser level of care.

Financial Benefits

The issue presented throughout this Certificate of Need Application is one of accessibility to nursing services. This established and growing senior population is at a clear disadvantage in terms of number of beds-to-population. To provide a lesser number of beds or to not provide the nursing level of care in lieu of a lesser level of care does not provide the financial benefits. Economies-of-scale will be significantly less efficient in this alternative; therefore, this alternative was considered not viable.

ATTACHMENT-11

ALTERNATIVE #3 the Proposed Project

Cost

The proposed project cost is $17,412,660, excluding land.

Patient Access

The proposed project improves accessibility in a responsible fashion. The project establishes a service in a substantially sized community with a large number of seniors.

However, the project does not intend to fully improve the ratio of population to each nursing bed to a number more in line with that of the State's. Transformative Health of McHenry will have over 70% of the beds as private room accommodations with smaller neighborhoods and hallways than seen in more traditional nursing homes. It will be residential in appearance and designed for rehabilitation of its residents to a more independent environment.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to provide the highest quality in care and in physical plant environment regardless of bed capacity or size. Moreover, the Applicant only has the highest appreciation for the other nursing providers in the area. Therefore, quality is not of issue or of great concern.

Financial Benefits

Through the Applicant's ability to address the accessibility issue and need for services in the McHenry County Planning Area, this Applicant will have the ability not only to benefit financially from the operations, but the residents of McHenry will benefit also. The concentration of health care resources near the Centegra Hospital - McHenry's campus is only a benefit for loved ones, friends and family members and for the community who will be able to keep their residents and their resultant economic impact. There are many intangible financial

benefits, but there are also those that result in jobs and the additional tax base income for the community. Due to this alternative's ability to address the issue of accessibility, its ability to offer a service in a quality manner that is indicative of the Applicant's related facilities and its physical proximity and support from Centegra Hospital - McHenry illustrates a pseudo joint venture or collaboration allowing for multiple benefits, financial and other. For these reasons, this alternative was considered the most viable.

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

The alternative of the "Project as Proposed" is based on approved need for the previous project's 98 beds, the ongoing need for additional nursing beds in the McHenry County Planning Area and the overwhelming aging of the Planning Area's population. Therefore, this alternative is not based solely or in part on improved quality of care. Moreover, the State has one nursing bed for every 138.2 persons and one nursing bed for every 22.5 seniors (65+) (refer to the Table 5 below). This would appear to suggest that McHenry County Planning Area could require between 2,492 to 2,258 nursing beds or 1,397 to 1,163 additional nursing beds to equal the ratio of the State. Providing additional beds and services to address even part of this inequality has the potential to improve quality for all.

Table 5. *2017 IDPH Inventory's Demographics and License Capacity with Resultant Ratio of Population to Beds.*

	2015	2020	2015			2015	2020		
Market	**Population**	**Population**	**Growth**	**Lic. Beds**	**Pop for 1-bed**	**65+ Pop**	**65+ Pop**	**Growth**	**65+ Pop for 1-bed**
DeKalb Co	104,200	119,700	14.9%	742	161.3	11,400	13,400	17.5%	18.1
Illinois	**12,870,200**	**13,127,700**	**2.0%**	**94,980**	**138.2**	**1,840,300**	**2,136,900**	**16.1%**	**22.5**
Kane Co.	530,700	583,400	9.9%	2,934	198.8	61,200	80,500	31.5%	27.4
Lake Co.	700,600	764,400	9.1%	3909	195.5	89,000	115,000	29.2%	29.4
McHenry Co.	**308,800**	**345,100**	**11.8%**	**1095**	**315.2**	**39,300**	**50,800**	**29.3%**	**46.4**

Source: Inventory of Health Care Facilities and Services and Need Determinations 2017 Long-Term Care Services

ATTACHMENT-11

General Long-Term Care Category of Service

Planning Area: McHenry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	46,610
CROSSROADS CARE CENTER WOODSTOCK	WOODSTOCK	McHenry County	115	32,785
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114	35,453
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51	15,002
FLORENCE NURSING HOME	MARENGO	McHenry County	56	16,347
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75	17,700
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45	9,386
SPRINGS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	21,518
TRANSFORMATIVE HEALTH OF MCHENRY (PERMIT)	MCHENRY	McHenry County	98	
6/21/2016 15-044 Permit issued to estabish a facility with 98 Nursing Care beds at Bull Valley Road and Lawrence Parkway in McHenry.				
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	44,241
		Planning Area Totals	**1,095**	**239,042**

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
008	0-64 Years Old	345,137	1,350,600	255.5	153.3	408.9
	65-74 Years Old	330,803	115,100	2,874.0	1,724.4	4,598.5
	75+ Years Old	1,355,759	74,400	18,222.6	10,933.5	29,156.1

	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	16,082	269,500	59.7	153.3	408.9	153.3	294,300	45,124			
65-74 Years Old	35,089	25,400	1,381.5	1,724.4	4,598.5	1,724.4	32,400	55,872			
75+ Years Old	187,871	13,900	13,515.9	10,933.5	29,156.1	13,515.9	18,400	248,693			
						Planning Area Totals		**349,688**	**955.4**	**1,062**	33

ATTACHMENT-11A

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area: Boone

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
MAPLE CREST CARE CENTRE	BELVIDERE	Boone County	86	29,426
NORTHWOODS CARE CENTRE	BELVIDERE	Boone County	113	35,795
PARK PLACE OF BELVIDERE	BELVIDERE	Boone County	80	19,747
		Planning Area Totals	279	84,968

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
001	0-64 Years Old	257,637	562,500	458.0	274.8	732.8
	65-74 Years Old	230,432	63,300	3,640.3	2,184.2	5,824.5
	75+ Years Old	1,126,224	47,700	23,610.6	14,166.3	37,776.9

	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	7,207	46,200	156.0	274.8	732.8	274.8	51,700	14,208			
65-74 Years Old	12,138	4,800	2,528.8	2,184.2	5,824.5	2,528.8	5,800	14,667			
75+ Years Old	65,623	2,600	25,239.6	14,166.3	37,776.9	25,239.6	4,000	100,958			
						Planning Area Totals		129,833	354.7	394	115

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
ADDOLORATA VILLA	WHEELING	Wheeling Township	98	28,547
ALDEN ESTATES OF BARRINGTON	BARRINGTON	Barrington Township	150	46,425
ALDEN-POPLAR CREEK REHAB &CARE	HOFFMAN ESTATES	Schaumburg Township	217	63,320
APERION CARE PLUM GROVE	PALATINE	Palatine Township	69	20,103
ASBURY COURT NURSING & REHAB (PERMIT)	DES PLAINES	Elk Grove Township	71	
8/27/2014 14-022 Permit issued to establish a facility with 71 Nursing Care beds.				
ASSISI HEALTHCARE CENTER AT CLARE OAKS	BARTLETT	Hanover Township	120	33,011
BROOKDALE PROSPECT HEIGHTS	PROSPECT HGTS	Wheeling Township	30	7,825
CHURCH CREEK	ARLINGTON HEIGHTS	Wheeling Township	56	13,325
FRIENDSHIP VILLAGE SCHAUMBURG	SCHAUMBURG	Schaumburg Township	250	77,235
GREEK AMERICAN REHAB & CARE CENTER	WHEELING	Wheeling Township	188	59,518
LEXINGTON HEALTH CARE - WHEELING	WHEELING	Wheeling Township	215	67,030
LEXINGTON OF SCHAUMBURG	SCHAUMBURG	Schaumburg Township	214	61,603
LEXINGTON OF STREAMWOOD	STREAMWOOD	Hanover Township	214	61,033
(2) LUTHERAN HOME FOR AGED	ARLINGTON HEIGHTS	Wheeling Township	~~334~~ ~~+ 20~~ 354	92,808
5/24/2016 Bed Change Discontinued 12 Nursing Care beds. Facility now has 334 Nursing Care beds.				
MANOR CARE - ELK GROVE VILLAGE	ELK GROVE VILLG	Elk Grove Township	~~190~~	61,916
MANOR CARE OF ARLINGTON HEIGHTS	ARLINGTON HEIGHTS	Elk Grove Township	151	34,874
MANOR CARE OF ROLLING MEADOWS	ROLLING MEADOWS	Palatine Township	155	41,789
ROSEWOOD CARE CENTER OF INVERNESS	INVERNESS	Palatine Township	142	38,123
ST. JOSEPH'S HOME FOR ELDERLY	PALATINE	Palatine Township	59	20,419
7/26/2016 Bed Change Discontinued 4 Sheltered Care beds; facility now has 1 Sheltered Care bed. Facility discontinued 1 sheltered care bed. Facility now has 59 nursing care beds and 0 sheltered care beds. 3/6/18				
SYMPHONY OF HANOVER PARK	HANOVER PARK	Hanover Township	150	31,681
5/1/2016 CHOW Change of Ownership occurred.				
THE MOORINGS HEALTH CENTER	ARLINGTON HEIGHTS	Elk Grove Township	116	31,619
TRANSITIONAL CARE CTR - ARLINGTON HTS	ARLINGTON HEIGHTS	Wheeling Township	120	108
9/17/2015 11-006 Facility licensed for operation with 120 Nursing Care beds.				
		Planning Area Totals	~~3,309~~ 3329	892,312

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
007	0-64 Years Old	1,632,103	2,946,300	554.0	332.4	886.3
	65-74 Years Old	1,233,183	286,600	4,302.8	2,581.7	6,884.5
	75+ Years Old	4,506,534	233,300	19,316.5	11,589.9	30,906.4

	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	54,441	525,200	103.7	332.4	886.3	332.4	517,500	172,001			
65-74 Years Old	105,153	52,000	2,022.2	2,581.7	6,884.5	2,581.7	68,400	176,587			
75+ Years Old	732,718	41,300	17,741.4	11,589.9	30,906.4	17,741.4	47,000	833,844			
						Planning Area Totals		1,182,432	3,230.7	3,590	~~281~~ 261

(2) Facility added 20 nursing care beds & discontinued 24 sheltered care beds & 0 sheltered care beds. 3/12/18

98

ATTACHMENT-11A

LONG-TERM CARE FACILITY UPDATES
4/18/2018
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	394	279	115
Carroll	156	155	1
DeKalb	756	742	14
Jo Daviess	173	147	26
Lee	281	353	(72)
Ogle	548	657	(109)
Stephenson	574	646	(72)
Whiteside	584	819	(235)
Winnebago	2,063	2,220	(157)
HEALTH SERVICE AREA 2			
Bureau/Putnam	378	377	1
Fulton	439	504	(65)
Henderson/Warren	169	216	(47)
Knox	743	834	(91)
LaSalle	1,189	1,266	(77)
McDonough	325	360	(35)
Marshall/Stark	283	427	(144)
Peoria	1,429	1,608	(179)
Tazewell	1,075	1,256	(181)
Woodford	586	593	(7)
HEALTH SERVICE AREA 3			
Adams	1,029	1,129	(100)
Brown/Schuyler	146	179	(33)
Calhoun/Pike	267	337	(70)
Cass	135	150	(15)
Christian	338	427	(89)
Greene	131	119	12
Hancock	152	184	(32)
Jersey	345	369	(24)
Logan	402	446	(44)
Macoupin	646	704	(58)
Mason	105	164	(59)
Menard	119	106	13
Montgomery	405	480	(75)
Morgan/Scott	453	551	(98)
Sangamon	1,215	1,171	44

ATTACHMENT-11A

LONG-TERM CARE FACILITY UPDATES

4/18/2018

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3,590	3,329	261
Planning Area 7-B	5,500	6,168	(668)
Planning Area 7-C	5,848	5,969	(121)
Planning Area 7-D	2,407	2,917	(510)
Planning Area 7-E	7,361	8,487	(1,126)
HEALTH SERVICE AREA 8			
Kane	2,826	3,084	(258)
Lake	3,804	3,909	(105)
McHenry	1,062	1,095	(33)
HEALTH SERVICE AREA 9			
Grundy	269	265	4
Kankakee	980	989	(9)
Kendall	305	184	121
Will	3,109	2,881	228
HEALTH SERVICE AREA 10			
Henry	407	495	(88)
Mercer	147	172	(25)
Rock Island	1,130	1,219	(89)
HEALTH SERVICE AREA 11			
Clinton	320	357	(37)
Madison	1,885	2,158	(273)
Monroe	293	263	30
St. Clair	1,867	2,101	(234)

LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED

HSA 1	253	333	(80)
HSA 2	241	224	17
HSA 3	207	336	(129)
HSA 4	307	112	195
HSA 5	222	192	30
HSA 6, 7, 8, 9	3,167	1,065	2,102
HSA 10	74	32	42
HSA 11	217	288	(71)

ATTACHMENT-11A

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.

The proposed owner and operator do not directly own or operate any other licensed Illinois nursing facilities. The ownership entity specifically does not have any related facilities. **ATTACHMENT-12A** identifies all related nursing facilities that have affiliations with the members of the Operator/Licensee. A copy of all the facilities' licenses and certifications as listed above are appended under **ATTACHMENT-12B**.

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 Transformative Health of McHenry do not have any adverse action taken against them.

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 and the respective Real Estate and/or Operating Entities "Related" to TCO JV, LLC

Tim Fields

5% Symphony at The Tillers (Symphony Oswego, LLC)

Barry Carr

42% Avanti Wellness & Rehab (Forest Villa Nursing and Rehabilitation Center, LLC)

Gerry Jenich

5% California Gardens Nursing and Rehabilitation Center (California Gardens Corp.)

5% Monroe Pavilion Health and Treatment Center (Monroe Corp.)

DISPLAY THIS PART IN A CONSPICUOUS PLACE

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
06/02/2019	0045534

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 212

UNRESTRICTED 212 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FOREST VILLA NURSING & REHABILITATION CENTE

AVANTI WELLNESS & REHAB
6840 WEST TOUHY AVENUE
NILES IL 60714
EFFECTIVE DATE: 06/03/17

The face of this license has a colored background. Printed by Authority of the State of Illinois - 5/16

ATTACHMENT-12B

DISPLAY THIS PART IN A CONSPICUOUS PLACE

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
11/30/2019	0040022

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 297

UNRESTRICTED 297 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE
CALIFORNIA GARDENS CORP.

CALIFORNIA GARDENS N & REHAB C
2829 SOUTH CALIFORNIA BLVD
CHICAGO IL 60608
EFFECTIVE DATE: 12/01/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

ATTACHMENT-12B

DISPLAY THIS PART IN A CONSPICUOUS PLACE

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

Nirav D. Shah, M.D., J.D.
Director

EXPIRATION DATE	I.D. NUMBER
08/03/2020	0054288

PROVISIONAL
Specialized Mental Health Rehabilitation Facility License
Recovery and Rehabilitation Support Center
Maximum Capacity 136

BUSINESS ADDRESS
LICENSEE

Monroe Corp.

Monroe Pav Hlth/Treatment Ctr
1400 West Monroe
Chicago, IL 60607

EFFECTIVE DATE: 08/04/2017

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 2 08/03/2017

Monroe Pav Hlth/Treatment Ctr
1400 West Monroe
Chicago, IL 60607

ATTACHMENT 12B

TATE OF ILLINOIS

LICENSE

ty is licensed to engage in the activities specified
icate displayed below for the period designated

valid
:ense
right.

HEALTH
CILITIES

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 the authority of The State of Illinois Department of Public Health

EXPIRES ON	CODE
11/14/2018	0054015

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 105

UNRESTRICTED 105 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

SYMPHONY OSWEGO, LLC

SYMPHONY AT THE TILLERS
4390 ROUTE 71
OSWEGO IL 60543
EFFECTIVE DATE: 11/15/17

The face of this license has been [illegible] Printed by Authority of The State of Illinois • 3/16

ATTACHMENT-12B

McHenry Senior Partners, LLC
802 E 86th St
Indianapolis, IN 46240
317-669-8404

May 2, 2018

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Please be advised that no adverse action as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Thomas C. Smith
Manager

Notarization:
Subscribed and sworn to before me
this 2nd day of May 2018

Deborah D. Clark
Signature of Notary
Seal

NOTARY PUBLIC SEAL INDIANA
DEBORAH D CLARK
Notary Public, State of Indiana
Marion County
Commission # 637774
My Commission Expires
August 20 2020

ATTACHMENT-12C

TCO JV, LLC

802 E. 86th St., Indianapolis, IN 460240
317-669-8404

May 4, 2018

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Please be advised that no adverse action as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Gerry Jenich
Manager

Notarization:
Subscribed and sworn to before me
this 4 day of May 2018

Signature of Notary
Seal

OFFICIAL SEAL
LESA J. JAGUSCH
Notary Public - State of Illinois
My Commission Expires 8/08/2018

ATTACHMENT-12C

McHenry Senior Partners, LLC
802 E 86th St
Indianapolis, IN 46240
317-669-8404

May 2, 2018

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1125.520.(3).

Sincerely,

Thomas C. Smith
Manager

Notarization:
Subscribed and sworn to before me
this 2nd day of May 2018

Deborah D Clark
Signature of Notary
Seal

NOTARY PUBLIC SEAL INDIANA
DEBORAH D CLARK
Notary Public, State of Indiana
Marion County
Commission # 637774
My Commission Expires
August 20, 2020

ATTACHMENT-12D

TCO JV, LLC

802 E. 86th St, Indianapolis, IN 46240
317-669-8404

May 4, 2018

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1125.520.(3).

Sincerely,

Gerry Jenich
Manager

Notarization:
Subscribed and sworn to before me
this 4 day of May - 2018

Signature of Notary
Seal

OFFICIAL SEAL
LESA J. JAGUSCH
Notary Public - State of Illinois
My Commission Expires 8/08/2018

ATTACHMENT-12D

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 Update to the 2017 IDPH Inventory dated April 18, 2018 (**ATTACHMENT-13A**) there is a need for -33 nursing beds in the McHenry County Planning Area. However, this includes 98 nursing beds that were previously approved. This application seeks to alter that project with a site change and "right-sizing" of the project. Since HFSRB permits are site specific, this alteration requires the submission of a new permit. When this project is approved, the Applicant will relinquish its previous permit (#15-044). This will reduce the excess of nursing beds from 33 beds down to only 19 beds. Another way to look at this is that knowing that when the permit for #15-044 is relinquished and before this project is initiated, there will be a need for 65 additional nursing care beds[3].

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 Applicants attests that the purpose of this project is to serve primarily the residents of McHenry which is located in McHenry County Planning Area. Moreover, the primary referral source of the Applicant is Centegra Hospital - McHenry. As it appears that as the hospital's primary purpose is serving the residents of McHenry County, so will it be for the proposed project.

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 two hospital letters identifying a combined total

ATTACHMNET -13

[3] April 18, 2018 Long-Term Care Updates to the 2017 IDPH Inventory calculates an excess of 33 nursing beds. That calculation includes the existing inventory and recently approved HFSRB Project #15-044. When the permit is relinquished and before this project is initiated, there will be a need for 65 additional nursing care beds (-33 + 98 = 65).

of 3,913 historical referrals. Of those, 3,630 are derived from within the State's required 17-mile radius. The City of McHenry is comprised by Zip Code areas 60050 and 60051. The Hospital letters also identified that of their total referrals to area nursing facilities, 1,054 came from those two Zip Code areas. Upon approval of this project, there will only be two nursing homes within these two Zip Code areas. A single nursing home cannot accommodate the historical number of referrals; therefore, these residents are leaving their community to find nursing care and treatment not only outside of the 17-mile radius, but also outside the Planning Area.

Appended as **ATTACHMENT-13C** are eight letters from local physicians who have referred 1,214 patients to nursing care annually and will make referrals in the same number to the proposed project. It should be noted that some of these physician-identified historical referrals have also been identified in the hospital referral letters. As such, the physician referral letters serve as an additional indicator of need. These referral numbers are high, and more than the proposed facility will be able to accommodate even when consideration is given for the average length of stay within each unit. Therefore, patients will still be referred to other area facilities and would appear not to have a significant impact on the other area nursing providers. This project seeks to improve accessibility through the establishment of a modern facility and services.

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES
4/18/2018
CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3,590	3,329	261
Planning Area 7-B	5,500	6,168	(668)
Planning Area 7-C	5,848	5,969	(121)
Planning Area 7-D	2,407	2,917	(510)
Planning Area 7-E	7,361	8,487	(1,126)
HEALTH SERVICE AREA 8			
Kane	2,826	3,084	(258)
Lake	3,804	3,909	(105)
McHenry	1,062	1,095	(33)
HEALTH SERVICE AREA 9			
Grundy	269	265	4
Kankakee	980	989	(9)
Kendall	305	184	121
Will	3,109	2,881	228
HEALTH SERVICE AREA 10			
Henry	407	495	(88)
Mercer	147	172	(25)
Rock Island	1,130	1,219	(89)
HEALTH SERVICE AREA 11			
Clinton	320	357	(37)
Madison	1,885	2,158	(273)
Monroe	293	263	30
St. Clair	1,867	2,101	(234)

LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED

HSA 1	253	333	(80)
HSA 2	241	224	17
HSA 3	207	336	(129)
HSA 4	307	112	195
HSA 5	222	192	30
HSA 6, 7, 8, 9	3,167	1,065	2,102
HSA 10	74	32	42
HSA 11	217	288	(71)

ATTACHMENT-13A

CentegraHealthSystem

Centegra Hospital Huntley
10400 Haligus Road
Huntley, IL 60142

April 25, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-Huntley currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

In the past 20 months since the hospital opened, Centegra Hospital-Huntley had approximately 455 total discharges to SNF facilities in FY17 (11 months of operation) and 690 total discharges to SNF facilities in FY18YTD through March 31, 2018. Data from FY17-FY18YTD shows that 46 of those discharges came from Zip Code Areas 60050 and 60051 that make up the city of McHenry, and 997 discharges came from within a 30-minute travel time/17 mile radius of the proposed site. It is reasonable to presume that these annual referrals will remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

Again, I urge your support in approving this application. If I can be of any further assistance please contact me.

Sincerely,

Kumar Nathan, M.D.
President, Centegra Hospital-Huntley

SUBSCRIBED and SWORN to before me
this 25 day of April, 2018.

Gabriella Guziec
Notary Public

GABRIELLA GUZIEC
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 9, 2022

ATTACHMENT-13B

CentegraHealthSystem

Centegra Hospital - McHenry
4201 Medical Center Drive
McHenry, IL 60050
815-344-5000

May 1, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-McHenry currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

In the past 24 months, Centegra Hospital-McHenry had approximately 1,378 total discharges to SNF facilities from April 1, 2016 to March 31, 2017, and 1,390 total discharges to SNF facilities from April 1, 2017 to March 31, 2018. Data shows that 1,008 of those discharges came from Zip Code Areas 60050 and 60051 that make up the city of McHenry, and 2,633 discharges came from within a 30-minute travel time/17 mile radius of the proposed site. It is reasonable to presume that these annual referrals will remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

Again, I urge your support in approving this application. If I can be of any further assistance please contact me.

Sincerely,

Rachel Sebastian

Rachel Sebastian, President, Centegra Hospital-McHenry

SUBSCRIBED and SWORN to before me
this 1 day of May, 2018

Susan Henn
Notary Public

SUSAN HENN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 5, 2021

ATTACHMENT-13B

CentegraHealthSystem

Centegra Physician Care - Fox Valley
650 Dakota Street, Suite A
Crystal Lake, IL 60012
815-455-6000

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 25 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Dr. Daniela Huerta de Hathaway, CPC Fox Valley-Crystal Lake Internal Medicine

SUBSCRIBED and SWORN to before me
this 23rd day of April, 2018.

Tanya Chrystal
Notary Public

TANYA CHRYSTAL
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
December 12, 2021

ATTACHMENT-13C

CentegraHealthSystem

Centegra Physician Care
10350 Haligus Road, Suite 200
Huntley, IL 60142
815-338-6600

05/01/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 9 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Debbie Yu-Tungol MD

Dr. Debbie Yu-Tungol, CPC Huntley Internal Medicine

SUBSCRIBED and SWORN to before me
this 3 day of May, 2018.

Gabriella Guziec
Notary Public

GABRIELLA GUZIEC
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 9, 2022

ATTACHMENT-13C

CentegraHealthSystem

Centegra Primary Care
4309 Medical Center Drive
Suite B202
McHenry, IL 60050
815-344-3900

April 26, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 103 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Dr. Ifzal Bangash, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 26 day of April, 2018.

Susan Henn
Notary Public

SUSAN HENN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 5, 2021

ATTACHMENT-13C

CentegraHealthSystem

Centegra Physician Care
4309 Medical Center Drive
Suite B202
McHenry, IL 60050
815-344-3900

April 26, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 38 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

John Anderson

Dr. John Anderson, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me this 26 day of April, 2018.

SUSAN HENN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 5, 2021

Susan Henn
Notary Public

ATTACHMENT-13C

CentegraHealthSystem

Centegra Physician Care
3707 Doty Road, MOB2
Woodstock, IL 60098
815-338-6600

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 227 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

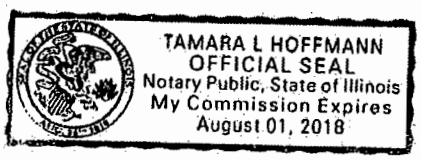
Sincerely,

Karen Judy

Dr. Karen Judy, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 23 day of April, 2018.

Tamara L Hoffmann
Notary Public



ATTACHMENT-13C

CentegraHealthSystem

Centegra Physician Care
3707 Doty Road, MOB2
Woodstock, IL 60098
815-338-6600

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 9 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Dr. Lisa Glosson, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 23 day of April, 2018.

Tamara L Hoffmann
Notary Public

TAMARA L HOFFMANN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 01, 2018

ATTACHMENT-13C

CentegraHealthSystem

Centegra Physician Care
3707 Doty Road, MOB2
Woodstock, IL 60098
815-338-6600

4/23/2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

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I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 733 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Marcel Hoffman

Dr. Marcel Hoffman, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 23 day of April, 2018.

Tamara L Hoffmann
Notary Public

TAMARA L HOFFMANN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 01, 2018

ATTACHMENT-13C

CentegraHealthSystem

Centegra Hospital Huntley
10400 Haligus Road
Huntley, IL 60142

May 11, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support and CON for an 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 84-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8 and the surrounding service areas including some who will utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of April 1, 2017 to March 31, 2018, I referred 70 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

If I can be of any further assistance please contact me.

Sincerely,

Mehr Iqbal MD

Dr. Mehr Iqbal, CPC Woodstock Geriatric Psychiatry

SUBSCRIBED and SWORN to before me
this 11 day of May, 2018.

Gabriella Guziec
Notary Public

GABRIELLA GUZIEC
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 9, 2022

ATTACHMENT-13C

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 and 13C** are ten referral letters; 2 are from area hospitals and 8 are from area physicians, respectively. These letters propose 3,913 hospital referrals and 1,214 physician referrals. The hospital letters indicate how many of the referrals were from the City of McHenry (Zip Code areas 60050 & 60051) and how many were derived within the Zip Code areas that are identified as being within the 17-mile radius.

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 and physician referral letters appended in **ATTACHMENT-13B** and **13C** respectively identified their total referrals to nursing services. The hospitals qualified those numbers by identifying the referrals that were derived from within the Zip Code areas that comprise the State's required 17-mile radius. Further, they identified how many were derived from the City of McHenry (Zip Code areas 60050 & 60051). Both the hospitals and physicians used the historical referrals to area facilities as their basis of making projections. It should be noted that both sources reviewed their patient files, and to the level that the information was

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available or allowed, were able to make conservative projections of referrals to the proposed project. It should be noted that neither the source estimated an allowance for increase 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.

  Even though the health care providers (both hospitals and physicians) are facing a substantial increase in the 65+ age cohort, the anticipated referrals were not in excess of the historically documented 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.

  The referral letters each state that that the referrals had not been used to justify or support another Certificate of Need application. Moreover, the 24-month projected referral number is equal to that of the historical projected number.

- 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.

  Each hospital referral letter has the required Presidents' notarized signatures, 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 as this project is considered

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a replacement for previously approved #15-044 and the previously approved project will be relinquished upon approval of this application. The Applicant would acknowledge that there is a potential for the physician referrals to overlap with those of the hospitals. Therefore, to only consider the hospitals referrals from within the two Zip Code areas that make up the City of McHenry, even half of those are more than enough to fill the proposed project. According to the 2016 facility profile data, the average length of stay for the facilities within the 17-mile radius is 91.9 days. This average length of stay would only require 300 annual referrals. To put this in perspective, a lower the average length of stay of 71 days would only require 389 annual referrals.

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:

Table 6. 2017 IDPH Inventory's Demographics and License Capacity with Resultant Ratio of Population to Beds.

	2015	2020	2015			2015	2020		
Market	Population	Population	Growth	Lic. Beds	Pop for 1-bed	65+ Pop	65+ Pop	Growth	65+ Pop for 1-bed
DeKalb Co	104,200	119,700	14.9%	742	161.3	11,400	13,400	17.5%	18.1
Illinois	**12,870,200**	**13,127,700**	**2.0%**	**94,980**	**138.2**	**1,840,300**	**2,136,900**	**16.1%**	**22.5**
Kane Co.	530,700	583,400	9.9%	2,934	198.8	61,200	80,500	31.5%	27.4
Lake Co.	700,600	764,400	9.1%	3909	195.5	89,000	115,000	29.2%	29.4
McHenry Co.	**308,800**	**345,100**	**11.8%**	**1095**	**315.2**	**39,300**	**50,800**	**29.3%**	**46.4**

Source: Inventory of Health Care Facilities and Services and Need Determinations 2017 Long-Term Care Services

Within McHenry County the overall population rate is growing at a rate of 11.8% through year 2020 according to the State's data, and its 65+ age cohort is increasing by nearly 30%. This rate of growth is nearly 6 times the overall growth of the State and 1.8 times the growth of the over 65 age cohort. It is also higher than the overall grow of the Planning Area that make up Health Service Area 8. Therefore, it does appear to be a rapid population growth that is unique to McHenry County which is why there continues to be a need for additional beds and services. As this data is already captured in the State's need methodology, further documentation of this item is not necessary.

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

The market area is a 17-mile radius which is also McHenry County and therefore is consistent with the State's Planning Area.

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;

The population projections provided in Table 6 above utilize the State's own base year and 5-year projection. This data was produced from the State's Inventory of Health Care Facilities and Services and Need Determinations - 2017 Long-Term Care Services.

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

As the State's data only projects two additional years through 2020, that is what is relied upon for this methodology and is within the limits of this item.

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

The historical data to be used is the number of licensed nursing beds in the McHenry County Planning Area.

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;

The demographic projects are the projects that are used by the State's Inventory which already factors in net migration, births and deaths of the Planning Area population through 2020.

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

The demographic data projects for total population and for the 65 + age cohort.

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

The State's own demographic data and inventory of licensed capacity all collected and documented from the 2017 IDPH Inventory calculates a need for 65 additional nursing beds[4]. This same data paints a starker picture of how this particular Planning Area compares to its neighbors within the greater Health Service Area (HSA 8) and the State as a whole. On both counts there is a reverse maldistribution of beds, i.e. too few beds service the area. If the maldistribution rule allows for the upper limit of 15% of the State's ratio before there a maldistribution can exist, then it is reasonable to presume that there should be a lower limit of 50% of the State's ratio as well.

The State has one nursing bed for every 138.2 persons. McHenry County Planning Area could require 2,497 nursing beds or 1,402 additional nursing beds to equal the ratio of the State. To adjust that by 50% would still require 570 additional nursing beds just to meet 50% of the State's ratio of population to beds.

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[4] April 18, 2018 Long-Term Care Updates to the 2017 IDPH Inventory calculates an excess of 33 nursing beds. That calculation includes the existing inventory and recently approved HFSRB Project #15-044. When the permit is relinquished and before this project is initiated, there will be a need for 65 additional nursing care beds (-33 + 98 = 65).

Criterion 1125.570 - Service Accessibility

Service access is documented through the State's outstanding need for additional beds and services and through the ratio of population to beds. The bed need calculation projects the total needed beds and subtracts out the total existing inventory at the required optimal occupancy rate of 90%. Therefore, the need calculation mandates that a need will not exist until all licensed facilities are theoretically operating at 90%. The ratio of population to beds shows that the McHenry County Planning Area's ratio is 43.8% of the State's total ratio of population to beds; therefore, there are 177 more people per bed in McHenry County than in the State of Illinois as a whole. Both illustrate considerable access issues that appear to supersede issues of accessibility to payor status, restrictive admissions policies or area population that exhibit indicator of medical care problems.

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;

Although there is not an absence of the proposed service within the McHenry County Planning Area, several facilities have been identified as having restrictive usage of their beds by limiting access to the Medicaid population. However, there is an identified need for additional beds and services that appears to supersede this item.

- 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;

Table 7. *2017 IDPH Inventory's Licensed and Certified beds.*

FACID	FACNAME	CITY	Lic NC Beds	Medicare Beds	Medicaid Beds	MDCR Bed %	MDCD Bed %
	General Geriatric Nursing Facility						
15-044	Transformative Health of McHenry	McHenry					
6008304	Alden Terrace of McHenry Rehab	McHenry	316	316	316	100%	100%
6011803	The Springs at Crystal Lake	Crystal Lake	97	97	97	100%	100%
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	112	80	98%	70%
6002976	Fair Oaks Health Care Center	Crystal Lake	51	45	8	88%	16%
6010136	Crossroads Care Center Woodstock	Woodstock	115	115	115	100%	100%
6009310	Hearthstone Manor	Woodstock	75	29	32	39%	43%
6009435	Wauconda Healthcare & Rehab	Wauconda	135	135	0	100%	0%
6009542	Valley Hi Nursing Home	Woodstock	128	128	128	100%	100%
6004410	Hillcrest Retirement Village	Round Lake Beach	144	41	128	28%	89%
6014138	Lexington Of Lake Zurich	Lake Zurich	203	203	157	100%	77%
13-013	Alden Estates of Huntley	Huntley					
6011332	The Village at Victory Lakes	Lindenhurst	120	120	24	100%	20%
6016158	Prairieview Nursing Unit	Barrington	20	20	0	100%	0%
6005359	Libertyville Manor Ext Care	Libertyville	174	31	63	18%	36%
6010052	Winchester House Nursing Home	Libertyville	224	224	224	100%	100%
6003735	Alden Estates of Barrington	Barrington	150	150	150	100%	100%
6003180	Florence Nursing Home	Marengo	56	27	34	48%	61%
16-012	Transitional Care of Lake County	Mundelein					
	Total Existing Facilities		**2122**	**1793**	**1556**	84%	73%
Source:	https://ltc.dph.illinois.gov/webapp/LTCApp/ltc.jsp						

The above chart illustrates that there are access limitations due to payor status. Specifically, only 73% of all beds are Medicaid certified. Therefore, 566 nursing beds are not available or accessible. The Applicant is proposing to have all beds certified for both Medicare and Medicaid, as to not further unbalance the access limitations.

- Restrictive admission policies of existing providers; or

It is a restrictive admission policy where there is a calculated need for additional beds and services regardless of existing capacity, as the calculation already factors in current use rates and existing beds. Specific restrictive admission policies of existing providers, as taken from the State's annual facility profiles include:

- The Springs of Crystal Lake has no Medicaid beds, 97-bed restriction;
- Prairieview Nursing Unit has no Medicaid beds, 20-bed restriction;
- Fair Oaks Health Care Center only has two beds dually certified for Medicare and Medicaid and only 6-beds Medicaid certified, 43-bed restriction;
- Hearthstone Manor has 61.3% of its beds as intermediate care (ICF), 46-bed restriction;
- Hillcrest Retirement Village has 60.4% of the beds licensed as ICF, an 87-bed restriction; and
- Florence Nursing Home has 46.4% of the beds licensed as ICF, a 26-bed restriction.

Refer to Table 7 for a chart listing the above restrictions. Additionally, refer to **ATTACHMENT-17A** the facility annual questionnaire forms - 2016 (facility profiles) of all nursing facilities within the 17-mile radius for documentation of this item.

o 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 this project as the issue is of accessibility to services due to the need for the addition of beds that are documented.

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-17B**, is a listing of the names and locations of other planning area service providers. A listing of the facilities and their respective utilization rates are appended as **ATTACHMENT-17C**.

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.

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-17D**.

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;

It is not the Applicant's intent to diminish the existing area providers. Each has created a niche that it works in. There would appear to be some admission restrictions as there are beds which are not certified for Medicare as well as beds that are not certified for Medicaid. There are beds that appear to cater to specialized populations like dementia, which is not industry standard to combine general geriatric and specialized populations within the same setting. However, regardless of the existing providers, the State has calculated a need for additional services that could fill the existing providers and still find a demand for 65 additional nursing beds[5]. Not addressing that outstanding need is an admission restriction of its own volition.

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

[5] April 18, 2018 Long-Term Care Updates to the 2017 IDPH Inventory calculates an excess of 33 nursing beds. That calculation includes the existing inventory and recently approved HFSRB Project #15-044. When the permit is relinquished and before this project is initiated, there will be a need for 65 additional nursing care beds (-33 + 98 = 65).

TABLE 8. *Illinois – McHenry Comparison*

	2015	2020	2015			2015	2020		
Market	Population	Population	Growth	Lic. Beds	Pop for 1-bed	65+ Pop	65+ Pop	Growth	65+ Pop for 1-bed
Illinois	12,870,200	13,127,700	2.0%	94,980	138.2	1,840,300	2,136,900	16.1%	22.5
McHenry	308,800	345,100	11.8%	1095	315.2	39,300	50,800	29.3%	46.4
Source:	Inventory of Health Care Facilities and Services and Need Determinations 2017 Long-Term Care Services								

The above chart illustrates the population characteristics that document, at least in part, why the State's bed need calculation produced a need for additional beds and services. The overall population is growing at a good pace of 11.8%, but it is the over 65 age cohort, projected to grow at 29.3%, that is the driver for the need calculation. The population is aging and as it does it will have a greater reliance on general long-term care services.

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

Appended as **ATTACHMENT-17E,** is a copy of the 2017 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for McHenry County Planning Area.

ATTACHMENT- 17

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY, IL. 60050

Reference Numbers

Facility ID	6008304	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Dana Ossola-Jung

Contact Person and Telephone
Chris Kuehn
773-286-3883 ext 6534

Registered Agent Information
Mary Cheliotti-Smith
4200 W Peterson Ave Suite 102

Date Questionnaire Completed 3/16/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	130
Total Admissions 2016	240
Total Discharges 2016	215
Residents on 12/31/2016	155

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	14
Mental Illness	30
Developmental Disability	0
Circulatory System	33
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	155

Total Residents Diagnosed as Mentally Ill 114

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	316	318	159	316	155	161	316	316
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	316	318	159	316	155	161	316	316

FACILITY UTILIZATION - 2016
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	4804	4.2%	35869	31.0%	7761	611	2708	0	51753	44.7%	44.7%
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	4804	4.2%	35869	31.0%	7761	611	2708	0	51753	44.7%	44.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	9	9	0	0	0	0	0	0	9	9	18
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	17	14	0	0	0	0	0	0	17	14	31
75 to 84	17	30	0	0	0	0	0	0	17	30	47
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	56	99	0	0	0	0	0	0	56	99	155

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY, IL. 60050

Classification Numbers

Facility ID	6008304	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	113	17	3	11	0	155
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	11	113	17	3	11	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	324	318
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	98	0	0	0	98
Race Unknown	56	0	0	0	56
Total	155	0	0	0	155

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	56	0	0	0	56
Total	155	0	0	0	155

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	17.00
Certified Aides	42.00
Other Health Staff	5.00
Non-Health Staff	42.00
Totals	124.00

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
26.5%	56.3%	12.3%	2.3%	2.6%	100.0%		
2,646,028	5,626,801	1,229,839	227,493	263,964	9,994,125	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL 60012

Reference Numbers

Facility ID	6011803	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Stephanie Dimitrenko

Contact Person and Telephone
Stephanie Dimitrenko
815-477-6400

Registered Agent Information

Date Questionnaire Completed 3/10/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	57
Total Admissions 2016	822
Total Discharges 2016	827
Residents on 12/31/2016	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	52

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	97	97	63	97	52	45	97	97
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	97	97	63	97	52	45	97	97

FACILITY UTILIZATION - 2016

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	14325	40.3%	1002	2.8%	0	1963	2366	0	19656	55.4%	55.4%
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	14325	40.3%	1002	2.8%	0	1963	2366	0	19656	55.4%	55.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	18	34	0	0	0	0	0	0	18	34	52

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL 60012

Classification Numbers

Facility ID	6011803	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	4	0	3	7	0	52
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	38	4	0	3	7	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	333	259
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	52	0	0	0	52
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	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
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	8.00
LPN's	4.00
Certified Aides	21.00
Other Health Staff	5.00
Non-Health Staff	34.00
Totals	74.00

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
89.8%	1.7%	0.0%	1.8%	6.7%	100.0%		
8,253,290	159,329	0	167,679	611,254	9,191,552	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers

Facility ID	6002299	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Daniel Krug

Contact Person and Telephone
Daniel Krug
815-459-7791

Registered Agent Information

Date Questionnaire Completed 3/22/2017

Continuing Care Retirement Community

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 - 2016

Residents on 1/1/2016	88
Total Admissions 2016	161
Total Discharges 2016	157
Residents on 12/31/2016	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	0
Circulatory System	30
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	0
Muscuto-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

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	114	92	92	0	92	22	112	88
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	114	92	92	0	92	22	112	88

FACILITY UTILIZATION - 2016

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	4993	12.2%	19402	60.2%	0	0	5813	3395	33603	80.5%	99.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4993	12.2%	19402	60.2%	0	0	5813	3395	33603	80.5%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	0	5	0	0	0	0	0	0	0	5	5
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	24	68	0	0	0	0	0	0	24	68	92

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014

Classification Numbers

Facility ID	6002299	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	55	0	15	9	0	92
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	13	55	0	15	9	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
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	1	0	0	0	1
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	48.00

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
34.2%	39.8%	0.0%	16.5%	9.5%	100.0%		
2,760,898	3,215,427	0	1,330,694	768,435	8,075,254	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers

Facility ID	6002976	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Joyce Surdick

Contact Person and Telephone
Joyce Surdick
815-455-0550

Registered Agent Information
Joyce Surdick
471 W. Terra Cotta Ave

Date Questionnaire Completed 3/20/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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 55 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	42
Total Admissions 2016	453
Total Discharges 2016	452
Residents on 12/31/2016	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 25

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	51	51	50	51	43	8	45	8
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	51	51	50	51	43	8	45	8

FACILITY UTILIZATION - 2016

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	8035	48.8%	1940	66.3%	0	29	5801	29	15834	84.8%	84.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8035	48.8%	1940	66.3%	0	29	5801	29	15834	84.8%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	7	11	0	0	0	0	0	0	7	11	18
TOTALS	20	23	0	0	0	0	0	0	20	23	43

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014

Classification Numbers

Facility ID	6002976	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry 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	5	0	15	0	0	43
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	23	5	0	15	0	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	257
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	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	5.50
Certified Aides	23.50
Other Health Staff	9.00
Non-Health Staff	29.00
Totals	82.00

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
14.7%	52.2%	0.0%	25.1%	8.0%	100.0%		
356,062	1,265,906	0	608,509	194,605	2,425,082	7,653	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CROSSROADS CARE CENTER WOODSTOCK
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers

Facility ID	6010136	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Aharon Adler

Contact Person and Telephone
Aharon Adler
815-338-1700

Registered Agent Information
Stephen N Sher
5750 Old Orchard RD #420

Date Questionnaire Completed 3/8/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	94
Total Admissions 2016	87
Total Discharges 2016	91
Residents on 12/31/2016	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	3
Circulatory System	48
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 7

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	115	115	105	115	100	15	115	115
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	115	115	105	115	100	15	115	115

FACILITY UTILIZATION - 2016

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	5399	12.8%	22030	52.3%	0	731	6130	0	34290	81.5%	81.5%
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	5399	12.8%	22030	52.3%	0	731	6130	0	34290	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	6	8	0	0	0	0	0	0	6	8	14
60 to 64	13	11	0	0	0	0	0	0	13	11	24
65 to 74	23	17	0	0	0	0	0	0	23	17	40
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	51	49	0	0	0	0	0	0	51	49	100

CROSSROADS CARE CENTER WOODSTOCK
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Classification Numbers

Facility ID	6010136	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	64	0	5	14	0	100
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	17	64	0	5	14	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	185
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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	22.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	68.00

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
32.7%	39.8%	0.0%	6.6%	20.9%	100.0%		
2,533,960	3,089,487	0	510,908	1,620,328	7,754,683	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers

Facility ID	6009310	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Terry Egan

Contact Person and Telephone
Joni Fisher
815-338-1749

Registered Agent Information

Date Questionnaire Completed 3/16/2017

Continuing Care Retirement Community

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 85 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 - 2016

Residents on 1/1/2016	93
Total Admissions 2016	283
Total Discharges 2016	293
Residents on 12/31/2016	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	58
Mental Illness	2
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

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	75	75	48	75	41	34	29	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	63	45	63	41	22		
TOTAL BEDS	138	138	93	138	82	56	29	32

FACILITY UTILIZATION - 2016

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	3603	33.0%	6430	54.9%	0	367	5294	0	15694	56.8%	56.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	15184	1325	16509	71.6%	71.6%
TOTALS	3603	33.0%	6430	54.9%	0	367	20478	1325	32203	63.6%	63.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	2	1	5	3	8
75 to 84	1	5	0	0	0	0	2	7	3	12	15
85+	4	25	0	0	0	0	8	21	12	46	58
TOTALS	8	33	0	0	0	0	12	29	20	62	82

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Classification Numbers

Facility ID	6009310	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry 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	20	0	2	11	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	37	4	41
TOTALS	8	20	0	2	48	4	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	337	268
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	263	217

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	41	0	0	41	82
Race Unknown	0	0	0	0	0
Total	41	0	0	41	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	41	82
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	41	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	5.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	56.00
Totals	98.00

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
30.5%	12.2%	0.0%	1.2%	56.1%	100.0%		
2,514,344	1,003,583	0	96,198	4,618,658	8,232,783	182,208	2.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WAUCONDA HEALTHCARE & REHAB
176 THOMAS COURT
WAUCONDA, IL. 60084

Reference Numbers

Facility ID.	6009435	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Cheryl Hahn

Contact Person and Telephone
Cheryl Hahn
8475265551

Registered Agent Information
Christopher Vicere
5061 N Pulaski

Date Questionnaire Completed 3/29/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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 - 2016

Residents on 1/1/2016	101
Total Admissions 2016	804
Total Discharges 2016	807
Residents on 12/31/2016	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	45
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Muscuo-skeletal Disorders	0
Injuries and Poisonings	11
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

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	135	135	135	135	98	37	135	79
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	135	135	135	135	98	37	135	79

FACILITY UTILIZATION - 2016

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	11220	22.7%	14411	49.8%	0	2525	7297	0	35453	71.8%	71.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11220	22.7%	14411	49.8%	0	2525	7297	0	35453	71.8%	71.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	7	9	0	0	0	0	0	0	7	9	16
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	6	48	0	0	0	0	0	0	6	48	54
TOTALS	24	74	0	0	0	0	0	0	24	74	98

WAUCONDA HEALTHCARE & REHAB
176 THOMAS COURT
WAUCONDA, IL. 60084

Classification Numbers

Facility ID	6009435	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	40	0	8	23	0	98
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	27	40	0	8	23	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	265
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	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	3.00
Certified Aides	37.00
Other Health Staff	8.00
Non-Health Staff	25.00
Totals	87.00

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
58.3%	20.8%	0.0%	7.3%	15.6%	100.0%		
6,594,089	2,433,401	0	854,872	1,820,505	11,702,747	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Reference Numbers

Facility ID	6009542	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
Thomas Annarella

Contact Person and Telephone
Shelly Lunsford
815-334-2608

Registered Agent Information

Date Questionnaire Completed 3/24/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	121
Total Admissions 2016	60
Total Discharges 2016	65
Residents on 12/31/2016	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	25
Developmental Disability	0
Circulatory System	43
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 25

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	128	128	128	128	116	12	128	128
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	128	128	128	128	116	12	128	128

FACILITY UTILIZATION - 2016

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	3766	8.0%	19127	40.8%	5811	107	15031	0	43842	93.6%	93.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3766	8.0%	19127	40.8%	5811	107	15031	0	43842	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	2	0	0	0	0	0	0	0	2	2
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	21	65	0	0	0	0	0	0	21	65	86
TOTALS	30	86	0	0	0	0	0	0	30	86	116

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Classification Numbers

Facility ID	6009542	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry 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	11	56	12	0	37	0	116
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	11	56	12	0	37	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	255
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	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.41
LPN's	9.99
Certified Aides	41.50
Other Health Staff	7.51
Non-Health Staff	49.76
Totals	132.39

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
21.2%	37.3%	9.4%	0.5%	31.6%	100.0%		
2,201,028	3,861,373	969,488	53,117	3,280,764	10,365,770	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLCREST RETIREMENT VILLAGE
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Reference Numbers

Facility ID	6004410	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Alan Rosenbaum

Contact Person and Telephone
Alan Rosenbaum
224-577-0100

Registered Agent Information
Edwin Josephson
30 South Wacker Drive Suite 2500

Date Questionnaire Completed 3/20/2016

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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 - 2016

Residents on 1/1/2016	118
Total Admissions 2016	204
Total Discharges 2016	204
Residents on 12/31/2016	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	6
Mental Illness	7
Developmental Disability	0
Circulatory System	50
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	118

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 2

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	144	142	118	142	118	26	0	140
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	144	142	118	142	118	26	0	140

FACILITY UTILIZATION - 2016

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	3266	0.0%	36090	70.4%	0	56	4751	0	44163	83.8%	85.0%
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	3266	0.0%	36090	70.4%	0	56	4751	0	44163	83.8%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	6	0	0	0	0	0	0	1	6	7
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	15	8	0	0	0	0	0	0	15	8	23
75 to 84	8	30	0	0	0	0	0	0	8	30	38
85+	9	34	0	0	0	0	0	0	9	34	43
TOTALS	34	84	0	0	0	0	0	0	34	84	118

HILLCREST RETIREMENT VILLAGE
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Classification Numbers

Facility ID	6004410	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake 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	8	91	0	2	19	0	120
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	8	91	0	2	19	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	215
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	5	0	0	0	5
American Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	12.00
Certified Aides	57.00
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	130.00

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
17.9%	49.2%	6.7%	0.3%	26.1%	100.0%		
1,615,897	4,449,897	604,113	23,483	2,358,329	9,051,719	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF LAKE ZURICH
900 SOUTH RAND ROAD
LAKE ZURICH, IL. 60047

Reference Numbers

Facility ID	6014138	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Pauline Constantino

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information

Date Questionnaire Completed 3/24/2017

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 - 2016

Residents on 1/1/2016	149
Total Admissions 2016	732
Total Discharges 2016	721
Residents on 12/31/2016	160

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	7
Circulatory System	9
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	111
Non-Medical Conditions	0
TOTALS	160

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	203	2,003	184	203	160	43	203	157
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	203	2,003	184	203	160	43	203	157

FACILITY UTILIZATION - 2016
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	8973	12.1%	41272	71.8%	0	3656	5646	0	59547	80.1%	8.1%
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	8973	12.1%	41272	71.8%	0	3656	5646	0	59547	80.1%	8.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	30	16	0	0	0	0	0	0	30	16	46
85+	75	17	0	0	0	0	0	0	75	17	92
TOTALS	120	40	0	0	0	0	0	0	120	40	160

LEXINGTON OF LAKE ZURICH
900 SOUTH RAND ROAD
LAKE ZURICH, IL. 60047

Classification Numbers

Facility ID	6014138	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake 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	27	109	0	10	14	0	160
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	27	109	0	10	14	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	386	304
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	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	155	0	0	0	155
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	7.00
Certified Aides	44.00
Other Health Staff	5.00
Non-Health Staff	42.00
Totals	116.00

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
32.8%	46.7%	0.0%	9.3%	11.2%	100.0%		
4,903,712.	6,963,235	0	1,394,888	1,667,570	14,949,405	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE VILLAGE AT VICTORY LAKES
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers

Facility ID	6011332	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Jeanne Held-Grubman

Contact Person and Telephone
Jeanne Held-Grubman
847-356-5900

Registered Agent Information

Date Questionnaire Completed 3/23/2017

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	82
Total Admissions 2016	801
Total Discharges 2016	804
Residents on 12/31/2016	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	19
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	8
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 19

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	120	118	99	118	79	41	120	24
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	120	118	99	118	79	41	120	24

FACILITY UTILIZATION - 2016

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	11577	26.4%	6678	76.0%	0	2059	10932	4	31250	71.2%	72.4%
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	11577	26.4%	6678	76.0%	0	2059	10932	4	31250	71.2%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	8	38	0	0	0	0	0	0	8	38	46
TOTALS	21	60	0	0	0	0	0	0	21	60	81

THE VILLAGE AT VICTORY LAKES
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Classification Numbers

Facility ID	6011332	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake 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	17	0	7	32	1	80
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	23	17	0	7	32	1	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	408
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	81	0	0	0	81
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	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	12.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	125.00

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
54.1%	9.3%	0.0%	8.3%	28.3%	100.0%		
6,663,453	1,146,928	0	1,018,891	3,480,635	12,307,907	1,149	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRARIEVIEW NURSING UNIT
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Reference Numbers

Facility ID	6016158	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Dawn L Kempf

Contact Person and Telephone
Dawn L Kempf
8478523677

Registered Agent Information

Date Questionnaire Completed 3/20/2017

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	13
Total Admissions 2016	89
Total Discharges 2016	91
Residents on 12/31/2016	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	3
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	11

Total Residents Diagnosed as Mentally Ill 5

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	20	20	19	20	11	9	20	0
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	20	20	19	20	11	9	20	0

FACILITY UTILIZATION - 2016

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	1078	14.7%	0	0.0%	0	66	2037	0	3179	43.4%	43.4%
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	1078	14.7%	0	0.0%	0	66	2037	0	3179	43.4%	43.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	1	0	0	0	0	0	0	0	1	1
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	2	9	0	0	0	0	0	0	2	9	11

PRARIEVIEW NURSING UNIT
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Classification Numbers

Facility ID	6016158	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake 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	0	0	4	10	0	15
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	0	0	4	10	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	430	405
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	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.34
LPN's	0.00
Certified Aides	22.40
Other Health Staff	0.00
Non-Health Staff	6.80
Totals	46.54

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
33.3%	0.0%	0.0%	2.7%	64.0%	100.0%		
587,809	0	0	48,037	1,129,670	1,765,516	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Libertyville Manor Extend. Care Facility
610 Peterson Road (Hwy. #137)
Libertyville, IL. 60048

Reference Numbers

Facility ID	6005359	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
John Stokovich

Contact Person and Telephone
Mr. Milan Stokovich
1-(847)-367-6100

Registered Agent Information
Mr. John Fadden
111 West Washington Street - Suite 1900

Date Questionnaire Completed 2/28/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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 - 2016

Residents on 1/1/2016	37
Total Admissions 2016	163
Total Discharges 2016	153
Residents on 12/31/2016	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	47

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	174	150	51	150	47	127	31	63
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	174	150	51	150	47	127	31	63

FACILITY UTILIZATION - 2016

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	2921	25.7%	791	3.4%	0	0	12154	0	15866	24.9%	28.9%
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	2921	25.7%	791	3.4%	0	0	12154	0	15866	24.9%	28.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	17	30	0	0	0	0	0	0	17	30	47

Libertyville Manor Extend. Care Facility
610 Peterson Road (Hwy. #137)
Libertyville, IL. 60048

Classification Numbers

Facility ID	6005359	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	2	0	0	36	0	47
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	9	2	0	0	36	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	208
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	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	6.00
Other Health Staff	17.00
Non-Health Staff	38.00
Totals	76.00

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
26.1%	2.6%	0.0%	0.0%	71.3%	100.0%		
961,895	96,907	0	0	2,632,047	3,690,849	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TCLC, LLC DBA Winchester House
1125 NORTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers

Facility ID	6010052	
Health Service Area	008	
Planning Service Area	097	Lake
County	097	Lake County

Administrator
Jackie Prestel

Contact Person and Telephone
Jackie Prestel
847-377-7200

Registered Agent Information

Date Questionnaire Completed 3/27/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	154
Total Admissions 2016	74
Total Discharges 2016	104
Residents on 12/31/2016	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	17
Mental Illness	39
Developmental Disability	0
Circulatory System	17
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 39

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	224	224	152	224	124	100	224	224
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	224	224	152	224	124	100	224	224

FACILITY UTILIZATION - 2016

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	2725	3.3%	41184	50.2%	0	521	5761	0	50191	61.2%	61.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2725	3.3%	41184	50.2%	0	521	5761	0	50191	61.2%	61.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	1	0	0	0	0	0	0	0	1	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	5	61	0	0	0	0	0	0	5	61	66
TOTALS	28	96	0	0	0	0	0	0	28	96	124

TAYLORVILLE TERRACE
921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Classification Numbers

Facility ID	6012934	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian 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	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	123
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	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.50
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	12.00

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
0.0%	87.8%	0.0%	0.0%	12.2%	100.0%		
0	593,197	0	0	82,870	675,867	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Reference Numbers

Facility ID	6003735	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Barrington Township

Administrator
Kathryn Berg

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chelloti Smith
4200 W. Peterson Ave.

Date Questionnaire Completed 3/6/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	127
Total Admissions 2016	724
Total Discharges 2016	724
Residents on 12/31/2016	127

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	12
*Nervous System Non Alzheimer	43
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	30
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	23
TOTALS	127

Total Residents Diagnosed as Mentally Ill 70

Total Residents Reported as Identified Offenders 3

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	150	150	150	0	127	23	150	150
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	150	150	150	0	127	23	150	150

FACILITY UTILIZATION - 2016

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	10868	19.8%	26317	47.9%	1391	3452	3550	0	45578	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	10868	19.8%	26317	47.9%	1391	3452	3550	0	45578	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

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	2	0	0	0	0	0	0	1	2	3
45 to 59	13	6	0	0	0	0	0	0	13	6	19
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	13	19	0	0	0	0	0	0	13	19	32
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	48	79	0	0	0	0	0	0	48	79	127

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Classification Numbers

Facility ID	6003735	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Barrington Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	77	2	9	9	0	127
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	30	77	2	9	9	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	371	405
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	7	0	0	0	7
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	2	0	0	0	2
Total	127	0	0	0	127

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	2	0	0	0	2
Total	127	0	0	0	127

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	13.00
Certified Aides	23.00
Other Health Staff	7.00
Non-Health Staff	35.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.1%	40.8%	1.9%	10.4%	5.8%	100.0%		
6,668,144	6,619,029	305,038	1,683,821	948,220	16,224,252	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152

Reference Numbers

Facility ID	6003180	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

Administrator
KATHI MILLER

Contact Person and Telephone
Kathi Miller
815-568-8322

Registered Agent Information

Date Questionnaire Completed 3/31/2017

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
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 - 2016

Residents on 1/1/2016	53
Total Admissions 2016	107
Total Discharges 2016	117
Residents on 12/31/2016	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	3
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	3
TOTALS	43

Total Residents Diagnosed as Mentally Ill 3

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	56	56	51	56	43	13	27	34
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	56	56	51	56	43	13	27	34

FACILITY UTILIZATION - 2016

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	2754	27.9%	9518	76.5%	0	0	5438	0	17710	86.4%	86.4%
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	2754	27.9%	9518	76.5%	0	0	5438	0	17710	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	1	16	0	0	0	0	0	0	1	16	17
TOTALS	13	30	0	0	0	0	0	0	13	30	43

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152

Classification Numbers

Facility ID	6003180	
Health Service Area	008	
Planning Service Area	111	McHenry
County	111	McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	28	0	0	8	0	43
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	7	28	0	0	8	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	175
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	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	2.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	9.00
Totals	40.00

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
39.4%	35.7%	0.0%	0.0%	25.0%	100.0%		
1,607,471	1,455,995	0	0	1,019,374	4,082,840	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Transformative Health of McHenry (REFILE)
17-Mile Radius Facilities

FACID	FACNAME	ADDRESS	CITY	ZIP	2016 PROFILE # of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
15-044	Transformative Health of McHenry (1)	Bull Valley Road and Lawrence Par	McHenry	60050			
6008304	Alden Terrace Of McHenry Rehab	803 Front Royal Drive	Mchenry	60050-0000	316	2.4	4.6
6011803	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	4.5	6.9
6002299	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	6.7	11.5
6002976	Fair Oaks Health Care Center	471 W Terra Cotta Ave	Crystal Lake	60014-0000	51	7.1	12.65
6008585	Sheltering Oak (1)	27888 N Beech St	Island Lake	60042-0000	01/13/2013 CLOSURE	7.1	12.65
6010136	Crossroads Care Center Woodstock	309 Mchenry Avenue	Woodstock	60098-0000	115	9.4	17.25
6009310	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	9	17.25
6009435	Wauconda Healthcare & Rehab	176 Thomas Court	Wauconda	60084-0000	135	9.6	18.4
6009542	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	14.5	23
6004410	Hillcrest Retirement Village	1740 Circuit Dr	Round Lake Beach	60073-0000	144	14.2	28.75
6014138	Lexington Of Lake Zurich	900 South Rand Road	Lake Zurich	60047-0000	203	16.9	29.9
13-013	Alden Estates of Huntley	Princeton Drive and Regency Park	Huntley		Permitted - 170 beds	18	31.05
6011332	The Village at Victory Lakes	1055 East Grand Avenue	Lindenhurst	60046-0000	120	16.8	31.05
6016158	Prairieview Nursing Unit	6000 GARLANDS LANE	Barrington	60010	20	16.8	32.2
6005359	Libertyville Manor Ext Care	610 Peterson Road	Libertyville	60048-0000	174	18	33.35
6010052	Winchester House Nursing Home	1125 North Milwaukee Avenue	Libertyville	60048-0000	224	19.5	34.5
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	18.1	35.65
6003180	Florence Nursing Home	546 East Grant Highway	Marengo	60152-0000	56	22.5	35.65
16-012	Transitional Care of Lake County	850 East U.S. Highway 45	Mundelein	60060	Permitted - 185 Beds	18.7	36.8
					2122		

(1) 01/13/2013 CLOSURE. License not renewed efective this date; 70 beds removed from inventory

Source: Long-Term Care Facility Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Update to Inventory of Health Care Facilities and Services and Need Determinations - 2017 - Long-Term Care Services
Microsoft MapPoint 2009

Transformative Health of McHenry (REFILE)
17-Mile Radius Facilities

FACID	FACNAME	CITY	2016 PROFILE DATA # of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Admissions	ALOS
15-044	Transformative Health of McHenry (1)	McHenry							
6008304	Alden Terrace Of McHenry Rehab	Mchenry	316	316	51753	44.87%	44.87%	240	215.64
6011803	The Springs at Crystal Lake	Crystal Lake	97	97	19656	55.52%	55.52%	822	23.91
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	92	33603	80.76%	100.07%	161	208.71
6002976	Fair Oaks Health Care Center	Crystal Lake	51	51	15834	85.06%	85.06%	453	34.95
6008585	Sheltering Oak (1)	Island Lake	01/13/2013 CLOSURE						
6010136	Crossroads Care Center Woodstock	Woodstock	115	115	34290	81.69%	81.69%	97	353.51
6009310	Hearthstone Manor	Woodstock	75	75	15594	56.96%	56.96%	283	113.44
6009435	Wauconda Healthcare & Rehab	Wauconda	135	135	35453	71.95%	71.95%	804	44.10
6009542	Valley Hi Nursing Home	Woodstock	128	128	43842	93.84%	93.84%	60	730.70
6004410	Hillcrest Retirement Village	Round Lake Beach	144	142	44163	84.02%	85.21%	204	216.49
6014138	Lexington Of Lake Zurich	Lake Zurich	203	203	59547	80.37%	80.37%	732	81.35
13-013	Alden Estates of Huntley	Huntley	Permitted - 170 beds						
6011332	The Village at Victory Lakes	Lindenhurst	120	118	31250	71.35%	72.56%	801	39.01
6016158	Prairieview Nursing Unit	Barrington	20	20	3179	43.55%	43.55%	89	35.72
6005359	Libertyville Manor Ext Care	Libertyville	174	150	15866	24.98%	28.98%	163	97.34
6010052	Winchester House Nursing Home	Libertyville	224	224	50191	61.39%	61.39%	74	678.26
6003735	Alden Estates of Barrington	Barrington	150	150	45578	83.25%	83.25%	724	62.95
6003180	Florence Nursing Home	Marengo	56	56	17710	86.64%	86.64%	107	165.51
16-012	Transitional Care of Lake County	Mundelein	Permitted - 185 Beds						
			2122	2072	517509	66.82%	68.43%	5814	91.85

(1) 01/13/2013 CLOSURE. License not renewed efective this date; 70 beds removed from inventory

Source: Long-Term Care Facility Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development
Update to Inventory of Health Care Facilities and Services and Need Determinations - 2017 - Long-Term Care Services
Microsoft MapPoint 2009

YOUR TRIP TO:

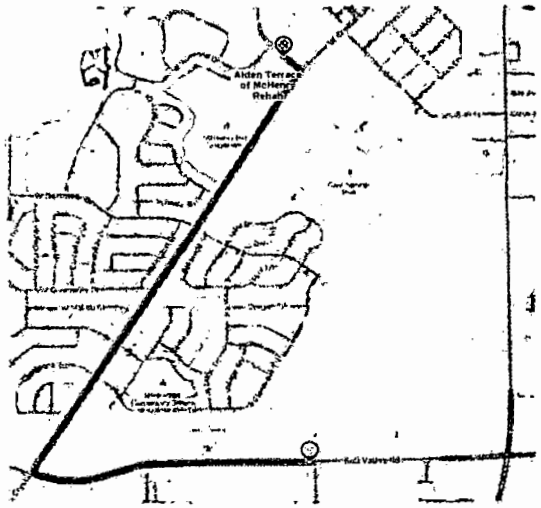
Alden Terrace of McHenry Rehab

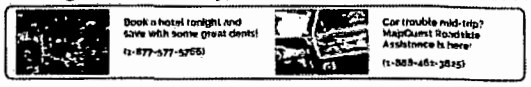
4 MIN | 2.4 MI

Est. fuel cost: $0.23

Alden Terrace Of McHenry Rehab

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st left onto Bull Valley Rd.
   Then 0.84 miles — 0.85 total miles
3. Turn right onto S Crystal Lake Rd.
   Then 1.48 miles — 2.32 total miles
4. Turn left onto Royal Dr.
   Then 0.06 miles — 2.38 total miles
5. 803 ROYAL DR is on the left.





YOUR TRIP TO:

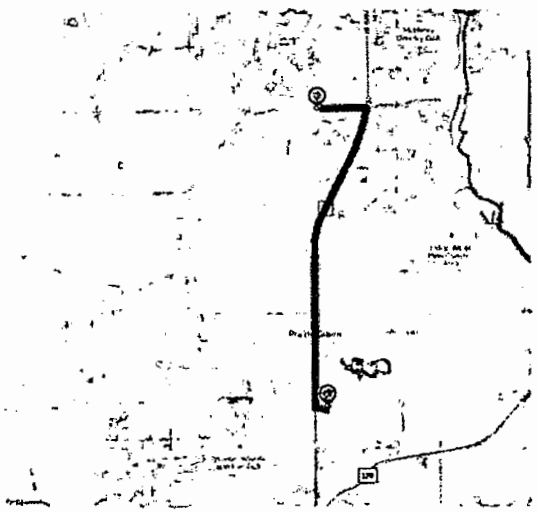
1000 E Brighton Ln, Crystal Lake, IL, 60012-2074

9 MIN | 4.5 MI

Est. fuel cost: $0.44

The Springs at Crystal Lake

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.58 miles — 0.58 total miles
3. Turn right onto IL-31/S State Route 31.
   Then 3.79 miles — 4.37 total miles
4. Turn left onto E Brighton Ln.
   Then 0.17 miles — 4.54 total miles
5. 1000 E Brighton Ln, Crystal Lake, IL 60012-2074.
   1000 E BRIGHTON LN is on the left.



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(1-877-577-5768)

Car trouble mid-trip? MapQuest Roadside Assistance is here!
(1-888-481-3625)

ATTACHMENT-17D

YOUR TRIP TO:

335 Illinois St

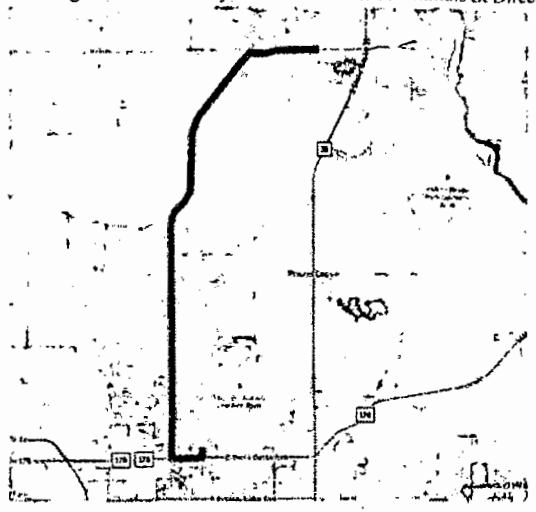
10 MIN | 6.7 MI

Est. fuel cost: $0.65

Crystal Pines Rehab & HCC

Start of next leg of route

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st left onto Bull Valley Rd.
   Then 0.87 miles — 0.87 total miles
3. Turn left onto S Crystal Lake Rd.
   Then 2.28 miles — 3.15 total miles
4. S Crystal Lake Rd becomes Walkup Rd.
   Then 3.00 miles — 6.15 total miles
5. Turn left onto E Terra Cotta Ave/IL-176.
   Then 0.37 miles — 6.53 total miles
6. Turn left onto Illinois St.
   Then 0.13 miles — 6.65 total miles
7. 335 ILLINOIS ST is on the right.



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Car trouble mid-trip? MapQuest Roadside Assistance is here.
(1-888-401-1625)

ATTACHMENT-17D

YOUR TRIP TO:

471 W Terra Cotta Ave

11 MIN | 7.1 MI

Est. fuel cost: $0.65

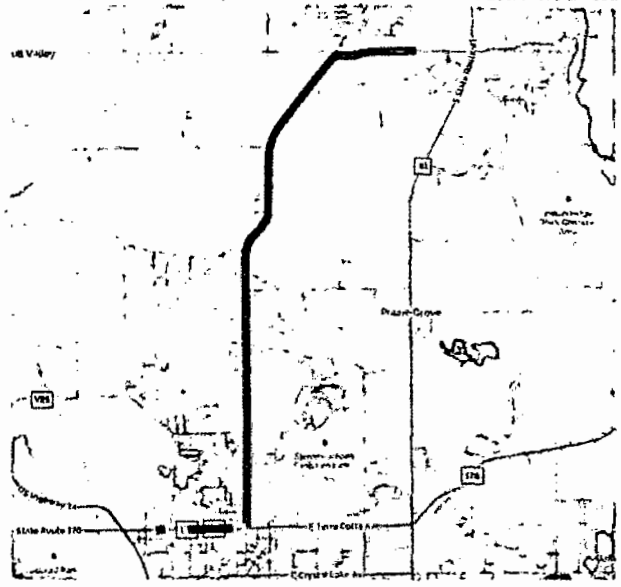
Trip time based on traffic conditions as of 11:24 AM on May 22, 2018. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics (800) 908-2505.

Fair Oaks Health Care Center

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st left onto Bull Valley Rd.
   Then 0.87 miles — 0.87 total miles
3. Turn left onto S Crystal Lake Rd.
   Then 2.28 miles — 3.15 total miles
4. S Crystal Lake Rd becomes Walkup Rd.
   Then 3.00 miles — 6.15 total miles
5. Turn right onto W Terra Cotta Ave/IL-176.
   Then 0.94 miles — 7.09 total miles
6. 471 W Terra Cotta Ave, Crystal Lake, IL 60014-3434, 471 W TERRA COTTA AVE.

All directions and data is subject to our Terms of Use. We does guarantee accuracy, make representations or warranties. Use entirely at your risk.



Book a hotel tonight and save with some great deals!
(1-877-577-5766)

Car trouble mid-trip? MapQuest Roadside Assistance is here!
(1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:

27888 N Beech St, Island Lake, IL, 60042-8402

11 MIN | 7.1 MI

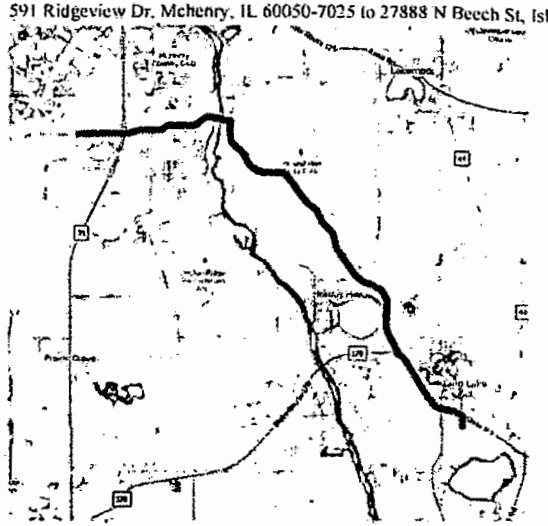
Est. fuel cost: $0.88

Trip time based on traffic conditions as of 3:33 PM on March 16, 2018. Current Traffic Legend

Print a full health report of your car with HUM vehicle diagnostics (800) 808-3501

Sheltering Oak

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.76 miles — 0.78 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.18 miles — 1.95 total miles
4. Turn right onto S River Rd.
   Then 3.81 miles — 5.76 total miles
5. Turn left onto W State Rd/IL-176.
   Then 1.15 miles — 6.91 total miles
6. Turn right onto Beech St.
   Then 0.18 miles — 7.09 total miles
7. 27888 N Beech St, Island Lake, IL 60042-8402,
   27888 N BEECH ST is on the right.



Book a hotel tonight and save with some great deals!
(1-877-577-3766)

Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:
309 McHenry Ave

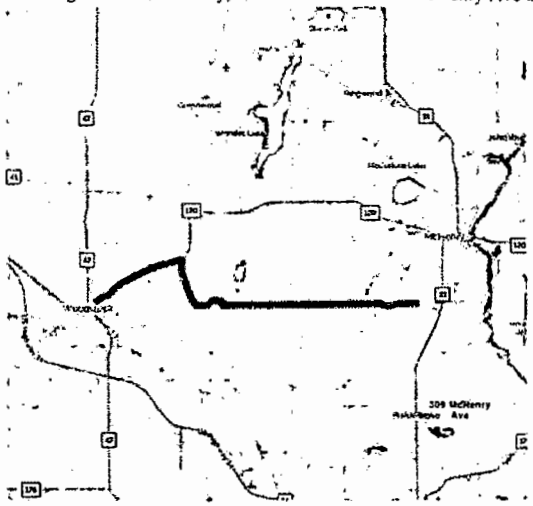
15 MIN | 9.4 MI

Est. fuel cost: $0.91

Print a full health report of your car with Hum vehicle diagnostics (200) 908-2505

Crossroads Care Center Woodstock

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st left onto Bull Valley Rd.
   Then 4.93 miles — 4.93 total miles
3. Turn left to stay on Bull Valley Rd.
   Then 0.68 miles — 5.61 total miles
4. Turn right onto S Fleming Rd.
   Then 1.21 miles — 6.82 total miles
5. Turn left onto State Route 120/IL-120. Continue to follow IL-120.
   Then 2.53 miles — 9.36 total miles
6. 309 MCHENRY AVE is on the right.



Book a hotel tonight and save with some great deals!
(1-877-577-5786)

Car trouble mid-trip? MapQuest Roadside Assistance is here
(1-888-401-3625)

ATTACHMENT-17D

YOUR TRIP TO:

920 N Seminary Ave, Woodstock, IL, 60098-2996

15 MIN | 9.0 MI

Est. fuel cost: $0.88

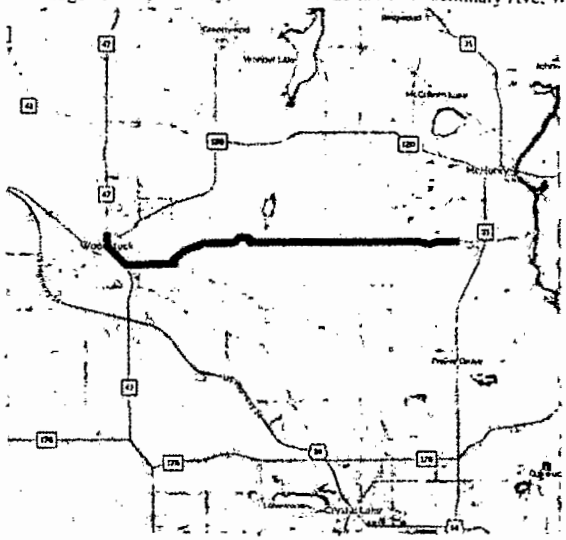
Trip time based on traffic conditions as of 3:49 PM on March 16, 2018. Current Traffic Light

Print a full health report of your car with HUM vehicle diagnostics (best gas-saves

Hearthstone Manor

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st left onto Bull Valley Rd.
   Then 4.93 miles — 4.93 total miles
3. Turn left to stay on Bull Valley Rd.
   Then 2.00 miles — 6.93 total miles
4. Turn right onto Country Club Rd.
   Then 1.10 miles — 8.03 total miles
5. Turn right onto S Eastwood Dr/IL-47. Continue to follow IL-47.
   Then 0.95 miles — 8.98 total miles
6. 920 N Seminary Ave, Woodstock, IL 60098-2996, 920 N SEMINARY AVE is on the right.

https://www.mapquest.com/directions/list/1/us/il/mchenry/60050-7025/591-ridgeview-dr-... 3/16/2018



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Car trouble mid-trip? MapQuest Roadside Assistance is here. (1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:

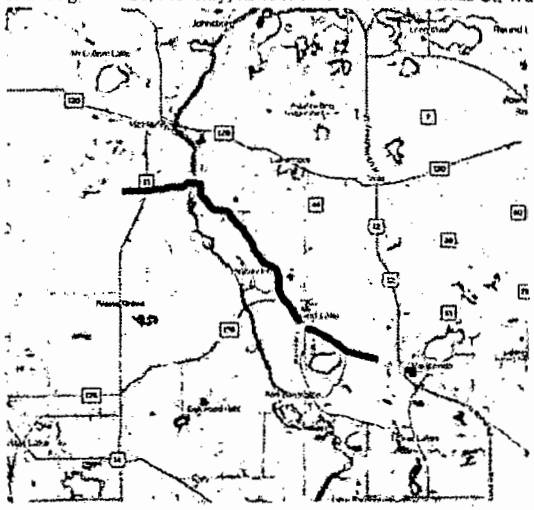
176 Thomas Ct, Wauconda, IL, 60084-2451

15 MIN | 9.6 MI

Est. fuel cost: $0.93

Wauconda Healthcare & Rehab

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.76 miles — 0.76 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn right onto S River Rd.
   Then 3.81 miles — 5.76 total miles
5. Turn left onto W State Rd/IL-176. Continue to follow IL-176.
   Then 3.71 miles — 9.48 total miles
6. Turn right onto Thomas Ct.
   Then 0.13 miles — 9.61 total miles
7. 176 Thomas Ct, Wauconda, IL 60084-2451, 176 THOMAS CT is on the left.



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Car trouble mid-trip? MapQuest Roadside Assistance is here
(1-888-481-3625)

ATTACHMENT-17D

YOUR TRIP TO:

2406 Hartland Rd, Woodstock, IL, 60098-9763

20 MIN | 14.5 MI

Est. fuel cost: $1.39

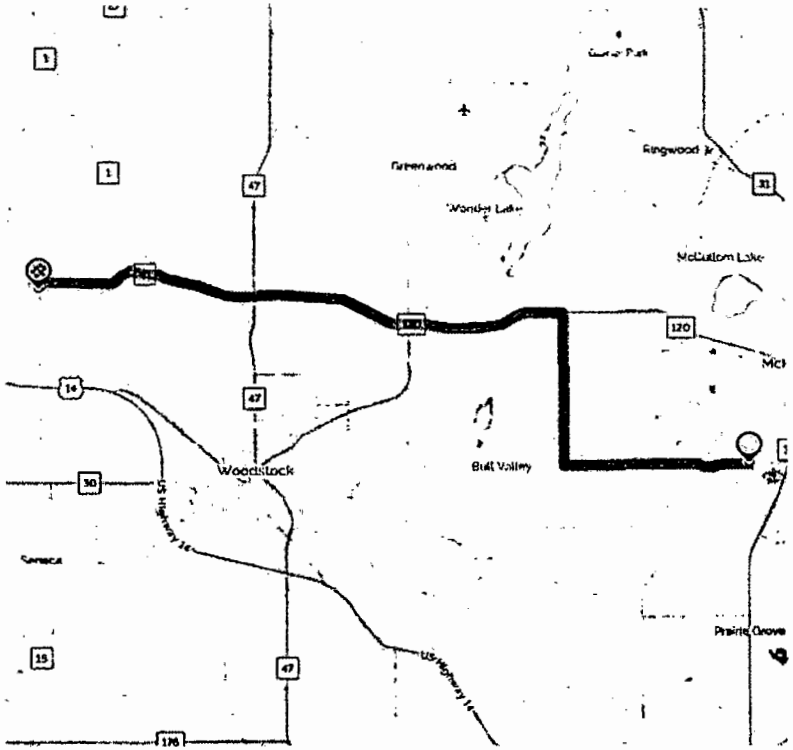
Trip time based on traffic conditions as of 4:08 PM on March 16, 2018. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics (800) 905-2501

Valley Hi Nursing Home

1. Start out going **north** on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st **left** onto Bull Valley Rd.
   Then 3.07 miles — 3.08 total miles
3. Turn **right** onto S Ridge Rd.
   Then 2.50 miles — 5.57 total miles
4. Turn **left** onto W State Route 120/IL-120.
   Then 2.56 miles — 8.14 total miles
5. Stay **straight** to go onto Charles Rd/County Hwy-1. Pass through 1 roundabout.
   Then 4.22 miles — 12.36 total miles
6. Turn **left** onto Nelson Rd/County Hwy-41.
   Then 2.00 miles — 14.36 total miles
7. Turn **left** onto Hartland Rd/County Hwy-26.
   Then 0.11 miles — 14.47 total miles
8. 2406 Hartland Rd, Woodstock, IL 60098-9763, 2406 HARTLAND RD is on the **left**.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



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(1-877-577-5766)

Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

YOUR TRIP TO:

1740 Circuit Dr, Round Lake Beach, IL, 60073-3803

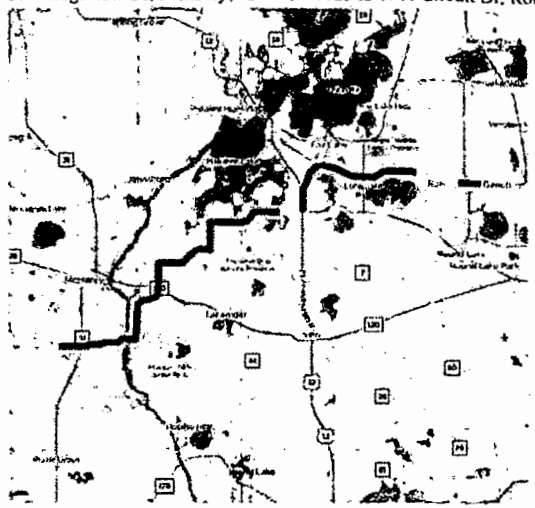
25 MIN | 14.2 MI

Est. fuel cost: $1.38

Print a full health report of your car with HUM vehicle diagnostics (800) 969-2503

Hillcrest Retirement Village

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.78 miles — 0.78 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn left onto S River Rd.
   Then 0.86 miles — 2.81 total miles
5. Stay straight to go onto N Chapel Hill Rd.
   Then 1.34 miles — 4.15 total miles
6. Turn right onto W Lincoln Rd.
   Then 1.41 miles — 5.55 total miles
7. Turn left onto Cuhlman Rd.
   Then 0.70 miles — 6.25 total miles
8. Take the 2nd right onto E Bay Rd.
   Then 0.77 miles — 7.01 total miles
9. E Bay Rd becomes Big Hollow Rd.
   Then 1.62 miles — 8.63 total miles
10. Turn left onto N US Highway 12/US-12 W/IL-59. Continue to follow IL-59.
    Then 1.39 miles — 10.02 total miles
11. Turn right onto Devlin Rd.
    Then 0.08 miles — 10.10 total miles
12. Turn left onto Rollins Rd/County Hwy-31/County Hwy-A20.
    Then 3.97 miles — 14.07 total miles
13. Turn left onto Circuit Dr.
    Then 0.10 miles — 14.17 total miles
14. 1740 Circuit Dr, Round Lake Beach, IL 60073-3803. 1740 CIRCUIT DR is on the left.



Book a hotel tonight and save with some great deals! (1-877-577-5766)

Car trouble mid-trip? MapQuest Roadside Assistance is here! (1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:

900 S Rand Rd, Lake Zurich, IL, 60047-2450

20 MIN | 16.8 MI

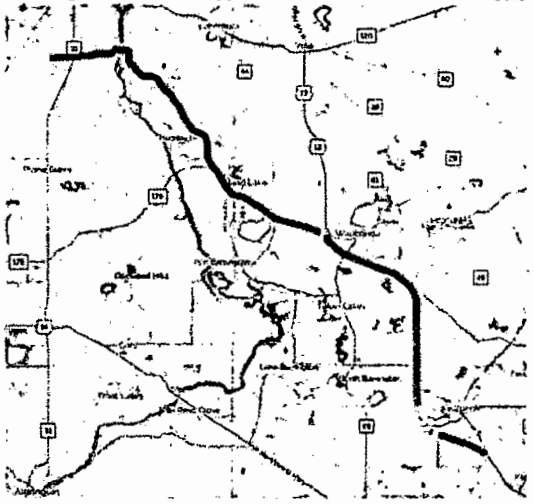
Est. fuel cost: $1.92

Trip time based on traffic conditions as of 3:48 PM on March 16, 2018. Current traffic: light

Print a full health report of your car with MyM vehicle diagnostics (800) 800-8301

Lexington Of Lake Zurich

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.78 miles — 0.78 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn right onto S River Rd.
   Then 3.81 miles — 5.76 total miles
5. Turn left onto W State Rd/IL-176. Continue to follow IL-176.
   Then 3.37 miles — 9.14 total miles
6. Merge onto US-12 E.
   Then 5.30 miles — 14.44 total miles
7. US-12 E becomes N Rand Rd.
   Then 2.21 miles — 16.65 total miles
8. Make a U-turn onto S Rand Rd/US-12 W.
   Then 0.23 miles — 16.87 total miles
9. 900 S Rand Rd, Lake Zurich, IL 60047-2450, 900 S RAND RD is on the right.



Book a hotel tonight and save with some great deals! (1-877-577-5766)

Car trouble mid-trip? MapQuest Roadside Assistance is here: (1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:

Princeton Dr & Regency Pkwy

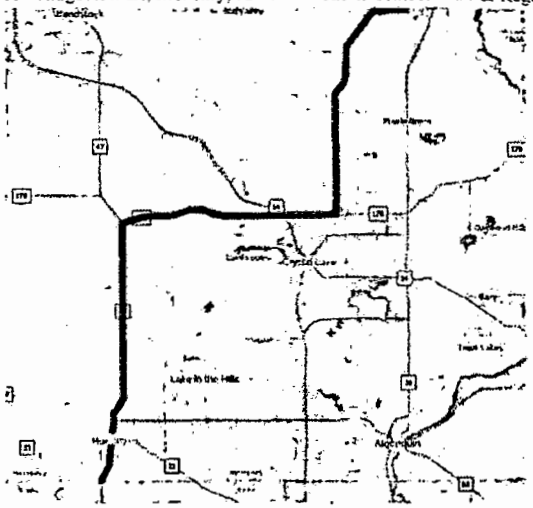
27 MIN | 18.0 MI

Est. fuel cost: $1.75

Print a full health report of your car with HUM vehicle diagnostics (free) [illegible]

Alden Estates of Huntley

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st left onto Bull Valley Rd.
   Then 0.87 miles — 0.87 total miles
3. Turn left onto S Crystal Lake Rd.
   Then 2.28 miles — 3.15 total miles
4. S Crystal Lake Rd becomes Walkup Rd.
   Then 3.00 miles — 6.15 total miles
5. Turn right onto W Terra Cotta Ave/IL-176. Continue to follow IL-176.
   Then 5.31 miles — 11.45 total miles
6. Turn left onto S State Route 47/IL-47. Continue to follow IL-47.
   Then 0.43 miles — 17.89 total miles
7. Turn right onto Kreutzer Rd.
   Then 0.09 miles — 17.97 total miles
8. Take the 1st left onto Princeton Dr.
   Then 0.01 miles — 17.99 total miles
9. Princeton Dr & Regency Pkwy. PRINCETON DR & REGENCY PKWY.



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(1-877-577-5768)

Car trouble mid-trip? MapQuest RoadSide Assistance is here
(1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:
1055 E Grand Ave

27 MIN | 16.8 MI

Est. fuel cost: $1.64

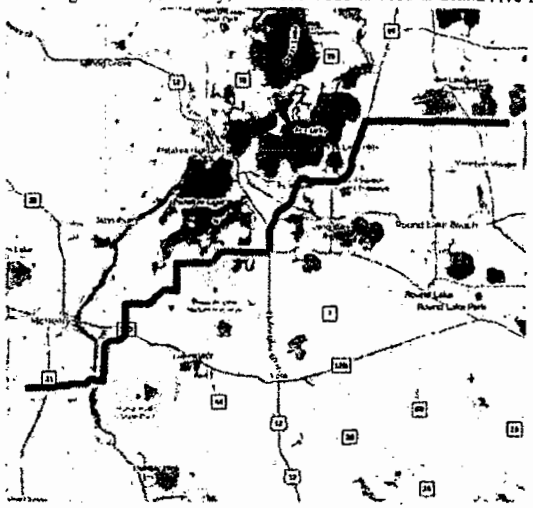
Trip time based on traffic conditions as of 1:00 PM on March 16, 2018. Current Traffic: Light

Print a full health report of your car with MUM vehicle diagnostics (800) 908-2593

The Village at Victory Lakes

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.78 miles — 0.78 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn left onto S River Rd.
   Then 0.86 miles — 2.81 total miles
5. Stay straight to go onto N Chapel Hill Rd.
   Then 1.34 miles — 4.15 total miles
6. Turn right onto W Lincoln Rd.
   Then 1.41 miles — 5.55 total miles
7. Turn left onto Cuhlman Rd.
   Then 0.70 miles — 6.25 total miles
8. Take the 2nd right onto E Bay Rd.
   Then 0.77 miles — 7.01 total miles
9. E Bay Rd becomes Big Hollow Rd.
   Then 1.62 miles — 8.63 total miles
10. Turn left onto N US Highway 12/US-12 W/IL-59. Continue to follow IL-59.
    Then 4.68 miles — 13.30 total miles
11. Turn right onto W Grand Ave/IL-132. Continue to follow W Grand Ave.
    Then 3.50 miles — 16.80 total miles
12. 1055 E GRAND AVE is on the right.

https://www.mapquest.com/directions/list/1/us/il/mchenry/60050-7025/591-ridgeview-dr-... 3/19/2018



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(1-877-577-5788)

Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:

6000 Garlands Ln, Barrington, IL, 60010-6025

25 MIN | 16.8 MI

Est. fuel cost: $1.62

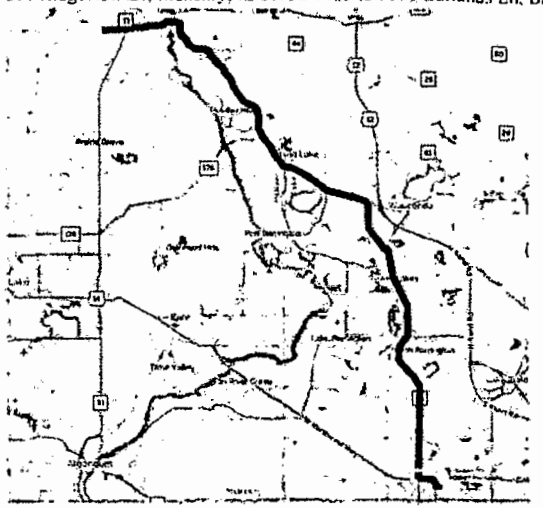
Trip time based on traffic conditions as of 5:31 PM on March 16, 2018, Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics (800) 600-2503

Prairieview Nursing Unit

Start of next leg of route

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.78 miles — 0.78 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn right onto S River Rd.
   Then 3.81 miles — 5.76 total miles
5. Turn left onto W State Rd/IL-176. Continue to follow IL-176.
   Then 3.10 miles — 8.88 total miles
6. Turn right onto N Anderson Rd.
   Then 1.36 miles — 10.22 total miles
7. Turn right onto N Barrington Rd/IL-59.
   Then 5.94 miles — 16.15 total miles
8. Turn left onto E Northwest Hwy/US-14 E.
   Then 0.55 miles — 16.70 total miles
9. Take the 3rd left onto Garlands Ln.
   Then 0.09 miles — 16.79 total miles
10. Take the 1st right to stay on Garlands Ln.
    Then 0.05 miles — 16.84 total miles
11. 6000 Garlands Ln, Barrington, IL 60010-6025, 6000 GARLANDS LN is on the right.



Book a hotel tonight and save with some (great deals!)
(1-877-372-5780)

Car trouble mid-trip? MapQuest Roadside Assistance is here.
(1-888-461-3625)

ATTACHMENT-17D

YOUR TRIP TO:

610 Peterson Rd, Libertyville, IL, 60048-1014

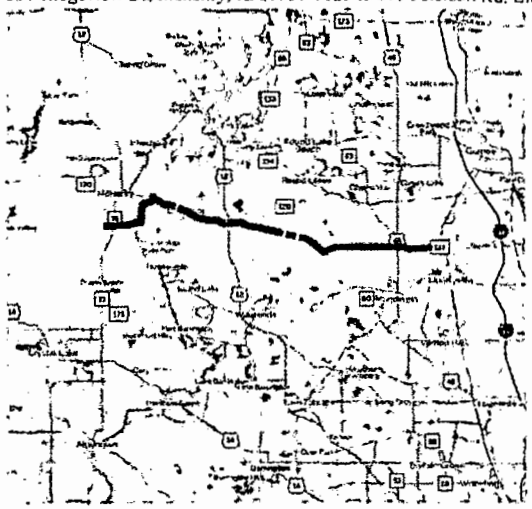
29 MIN | 19.0 MI

Est. fuel cost: $1.73

Libertyville Manor Ext Care

Start of next leg of route

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.76 miles — 0.76 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn left onto S River Rd.
   Then 0.88 miles — 2.83 total miles
5. Stay straight to go onto N Chapel Hill Rd.
   Then 0.74 miles — 3.55 total miles
6. Take the 1st right onto W State Route 120/IL-120. Continue to follow IL-120.
   Then 4.72 miles — 8.27 total miles
7. Turn right onto E State Route 60/IL-60.
   Then 4.38 miles — 12.65 total miles
8. Turn left onto W Peterson Rd/County Hwy-20/County Hwy-A33. Continue to follow W Peterson Rd.
   Then 5.28 miles — 17.93 total miles
9. Make a U-turn at N Sunnyview Rd onto Peterson Rd/IL-137.
   Then 0.10 miles — 18.03 total miles
10. 610 Peterson Rd, Libertyville, IL 60048-1014, 610 PETERSON RD is on the right.



Book a hotel tonight and save with some great deals!
1-877-577-5760

Car trouble mid-trip? MapQuest Roadside Assistance is here:
1-888-461-3825

ATTACHMENT-17D

YOUR TRIP TO:

1125 N Milwaukee Ave, Libertyville, IL, 60048

30 MIN | 19.5 MI

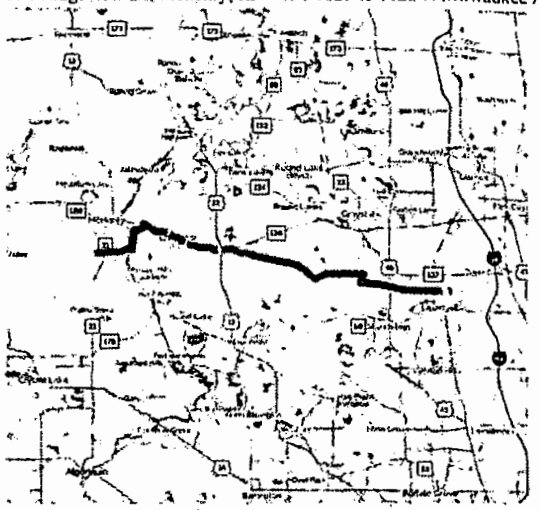
Est. fuel cost: $1.87

Trip time based on traffic conditions as of 4:59 PM on March 16, 2018. Current Traffic: Light

Print a full health report of your car with MUK vehicle diagnostics (800) 608-8593

Winchester House Nursing Home

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.76 miles — 0.76 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn left onto S River Rd.
   Then 0.66 miles — 2.61 total miles
5. Stay straight to go onto N Chapel Hill Rd.
   Then 0.74 miles — 3.35 total miles
6. Take the 1st right onto W State Route 120/IL-120. Continue to follow IL-120.
   Then 4.72 miles — 8.27 total miles
7. Turn right onto E State Route 60/IL-60.
   Then 4.38 miles — 12.65 total miles
8. Turn left onto W Peterson Rd/County Hwy-20/County Hwy-A33.
   Then 2.43 miles — 15.08 total miles
9. Turn right onto N State Route 83/IL-83.
   Then 0.44 miles — 15.52 total miles
10. Take the 1st left onto W Winchester Rd/County Hwy-69/County Hwy-A34.
    Then 3.95 miles — 19.47 total miles
11. Turn left onto N Milwaukee Ave/IL-21.
    Then 0.01 miles — 19.48 total miles
12. 1125 N Milwaukee Ave, Libertyville, IL 60048, 1125 N MILWAUKEE AVE.



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Car trouble mid-trip? MapQuest Roadside Assistance is here!
(1-888-451-1625)

ATTACHMENT-17D

YOUR TRIP TO:

1420 S Barrington Rd, Barrington, IL, 60010-5206

31 MIN | 19.1 MI

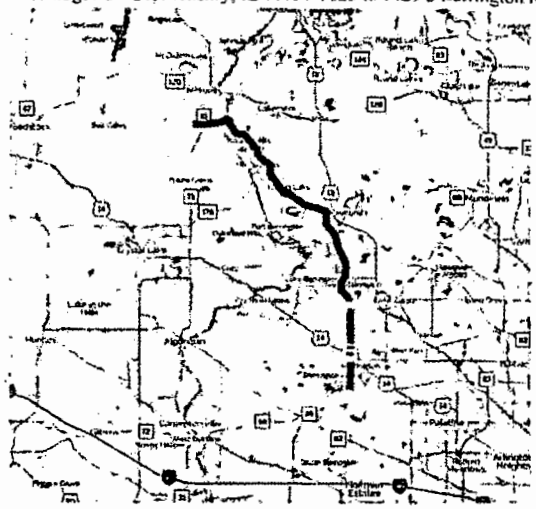
Est. fuel cost: $1.76

Print a full health report of your car with HUM vehicle diagnostics (too) pre-pass

Alden Estates of Barrington

Start of next leg of route

1. Start out going north on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st right onto Bull Valley Rd.
   Then 0.76 miles — 0.76 total miles
3. Stay straight to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn right onto S River Rd.
   Then 3.81 miles — 5.76 total miles
5. Turn left onto W State Rd/IL-176. Continue to follow IL-176.
   Then 3.10 miles — 8.89 total miles
6. Turn right onto N Anderson Rd.
   Then 1.38 miles — 10.22 total miles
7. Turn right onto N Barrington Rd/IL-59. Continue to follow IL-59.
   Then 7.12 miles — 17.34 total miles
8. IL-59 becomes S Hough St.
   Then 0.61 miles — 17.95 total miles
9. S Hough St becomes S Barrington Rd.
   Then 0.19 miles — 18.13 total miles
10. 1420 S Barrington Rd, Barrington, IL 60010-5206.
    1420 S BARRINGTON RD is on the right.



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Car trouble mid-trip? MapQuest Roadside Assistance is here
(1-800-451-2625)

ATTACHMENT-17D

YOUR TRIP TO:

546 E Grant Hwy, Marengo, IL, 60152-3346

31 MIN | 22.5 MI

Est. fuel cost: $1.54

Trip time based on traffic conditions as of 3:43 PM on March 16, 2018. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

Florence Nursing Home

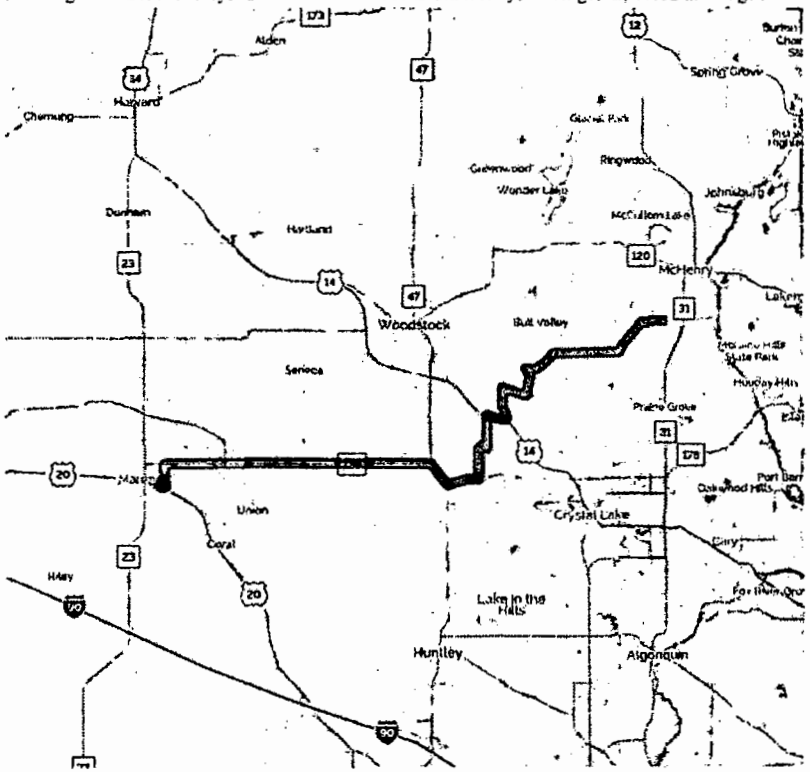
Start of next leg of route

1. Start out going **north** on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st **left** onto Bull Valley Rd.
   Then 0.87 miles — 0.87 total miles
3. Turn **left** onto S Crystal Lake Rd.
   Then 1.20 miles — 2.07 total miles
4. Turn **right** onto Mason Hill Rd.
   Then 3.22 miles — 5.29 total miles
5. Turn **left** onto S Country Club Rd.
   Then 0.88 miles — 6.17 total miles
6. Take the 1st **right** onto McConnell Rd.
   Then 0.86 miles — 7.03 total miles
7. Take the 3rd **left** onto Lily Pond Rd.
   Then 1.10 miles — 8.13 total miles
8. Turn **right** onto US Highway 14/US-14 W.
   Then 0.63 miles — 8.77 total miles

9. Take the 1st **left** onto Doty Rd.
   Then 1.10 miles — 9.86 total miles
10. Turn **right** onto Lucas Rd.
    Then 0.19 miles — 10.05 total miles
11. Take the 1st **left** onto Mt Thabor Rd.
    Then 1.07 miles — 11.12 total miles
12. Turn **right** onto State Route 176/IL-176.
    Then 0.99 miles — 12.11 total miles
13. Take the 2nd **right** onto S State Route 47/IL-47/IL-176.
    Then 0.86 miles — 12.97 total miles
14. Turn **left** onto IL-176.
    Then 8.39 miles — 21.36 total miles
15. Turn **left** onto N Prospect St.
    Then 0.77 miles — 22.13 total miles
16. Turn **right** onto E Grant Hwy/US-20 W.
    Then 0.33 miles — 22.46 total miles
17. 546 E Grant Hwy, Marengo, IL 60152-3346, 546 E GRANT HWY is on the **right**.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17D



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(1-877-577-5766)

Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

YOUR TRIP TO:

850 E US Highway 45, Mundelein, IL, 60060-4612

32 MIN | 18.7 MI

Est. fuel cost: $1.80

Trip time based on traffic conditions as of 4:05 PM on March 16, 2018. Current Traffic: Light

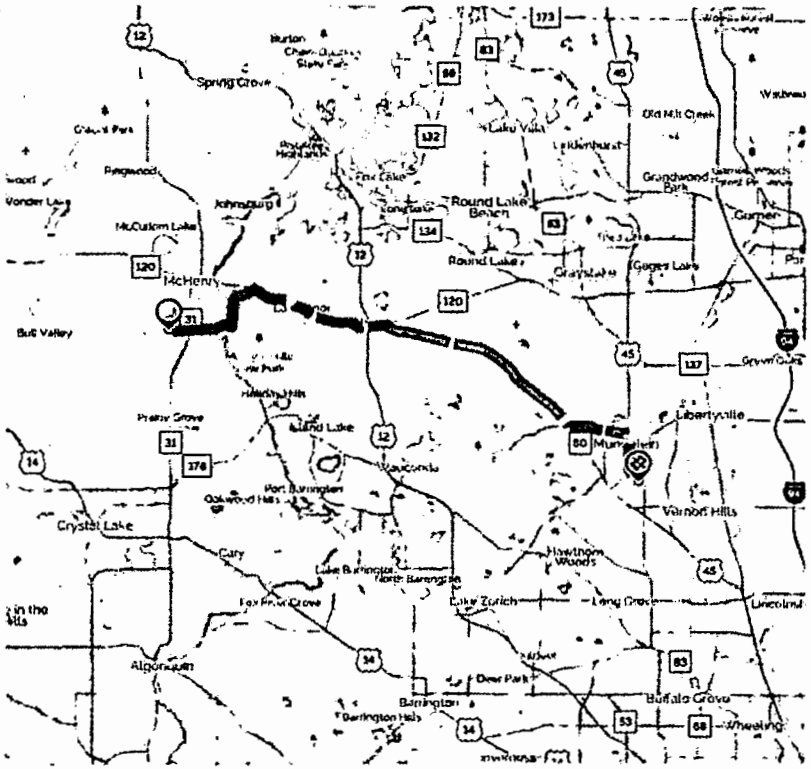
Print a full health report of your car with HUM vehicle diagnostics (800) 908-2501

Transitional Care of Lake County

1. Start out going **north** on Ridgeview Dr toward Bull Valley Rd.
   Then 0.00 miles — 0.00 total miles
2. Take the 1st **right** onto Bull Valley Rd.
   Then 0.76 miles — 0.76 total miles
3. Stay **straight** to go onto Charles J Miller Rd.
   Then 1.19 miles — 1.95 total miles
4. Turn **left** onto S River Rd.
   Then 0.86 miles — 2.81 total miles
5. Stay **straight** to go onto N Chapel Hill Rd.
   Then 0.74 miles — 3.55 total miles
6. Take the 1st **right** onto W State Route 120/IL-120. Continue to follow IL-120.
   Then 4.72 miles — 8.27 total miles
7. Turn **right** onto E State Route 60/IL-60.
   Then 6.88 miles — 15.14 total miles
8. Turn **left** onto W State Route 176/IL-176. Continue to follow IL-176.
   Then 1.91 miles — 17.05 total miles

9. Turn **right** onto N Lake St/US-45 S.
   Then 1.70 miles — 18.75 total miles
10. 850 E US Highway 45, Mundelein, IL 60060-4612, 850 E US HIGHWAY 45.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



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Car trouble mid-trip? MapQuest Roadside Assistance is here:
(1-888-461-3625)

General Long-Term Care Category of Service

Planning Area: McHenry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	46,610
CROSSROADS CARE CENTER WOODSTOCK	WOODSTOCK	McHenry County	115	32,785
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114	35,453
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51	15,002
FLORENCE NURSING HOME	MARENGO	McHenry County	56	16,347
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75	17,700
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45	9,386
SPRINGS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	21,518
TRANSFORMATIVE HEALTH OF MCHENRY (PERMIT)	MCHENRY	McHenry County	98	
6/21/2016 15-044	**Permit issued to estabish a facility with 98 Nursing Care beds at Bull Valley Road and Lawrence Parkway in McHenry.**			
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	44,241
		Planning Area Totals	**1,095**	**239,042**

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
008	0-64 Years Old	345,137	1,350,600	255.5	153.3	408.9
	65-74 Years Old	330,803	115,100	2,874.0	1,724.4	4,598.5
	75+ Years Old	1,355,759	74,400	18,222.6	10,933.5	29,156.1

	2015 PSA Patient Days	2015 PSA Estimated Populations	2015 PSA Use Rates (Per 1,000)	2015 HSA Minimum Use Rates	2015 HSA Maximum Use Rates	2020 PSA Planned Use Rates	2020 PSA Projected Populations	2020 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	16,082	269,500	59.7	153.3	408.9	153.3	294,300	45,124			
65-74 Years Old	35,089	25,400	1,381.5	1,724.4	4,598.5	1,724.4	32,400	55,872			
75+ Years Old	187,871	13,900	13,515.9	10,933.5	29,156.1	13,515.9	18,400	248,693			
						Planning Area Totals		**349,688**	**955.4**	**1,062**	33

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 17-mile radius 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 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 the names and locations of all existing and approved LTC facilities located within a 17-mile radius 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 primary service area of the McHenry County has a ratio of Beds to population that equals 1 bed to every 315.2 persons. The over 65 age cohort's ratio equates to one nursing bed for every 46.4 seniors. As compared to the State's ratios that respectively are one nursing bed to every 138.2 people and one nursing bed to every 22.5 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 17-mile radius is as follows:

$$\frac{\text{(17-Mile Radius)}}{\text{Population (2016) (30-minute drive time)}} \quad \frac{2{,}337\ (2{,}253 \text{ existing} + 84 \text{ proposed beds})}{699{,}806} = \mathbf{.00334}$$

$$\frac{\text{Total of Nursing Care Beds (State of Illinois)}}{\text{Population (2018)}} \quad \frac{94{,}980\ (2017 \text{ Inventory})}{12{,}881{,}000} = .007712 * 1.5 = \mathbf{.011568}$$

The State's resultant ratio is one hundredths nursing beds to every person. The market contour's ratio is three thousandths nursing for every person, or 28.9% of the State's ratio. The rules allow for up to 150% of the State's ratio before there is a maldistribution. Thus, a "maldistribution" in accordance with the Board's definition does not exist. In fact, it would appear reverse maldistribution is in place. This rule seeks to identify and limit an area having too many beds in one area. Here, there are too few. It is reasonable to presume that if 150% is too many beds in an area then less than 50% would be too few beds. At 50% there would still be an outstanding need for 1,603 additional nursing beds needed in the 17-mile radius.

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.

The utilization of the McHenry County Planning area is reported at 68.8% according to its 2016 Illinois Long-Term Care LTC Planning Area Data Summary. Refer to **ATTACHMENT-18D**. Therefore, the existing facilities' utilization is already less

than the State's optimum rate of 90%. So, item "a." above is not applicable. As far as the potential to lower utilization "to a further extent", the State's calculated bed need addresses this issue. Specifically, the bed need takes into consideration the existing beds and their low use rate and it still finds that additional beds and services are necessary and should not, to a further extent, reduce area facilities' utilization.

ATTACHMENT- 18

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data
(State's Market Area)

ZIP Code	Population
53128	not Illinois Zip Code
53179	not Illinois Zip Code
53181	not Illinois Zip Code
60002	24,368
60010	44,930
60012	10,696
60013	25,968
60014	48,822
60020	9,616
60021	5,709
60030	36,876
60033	13,569
60034	1,948
60041	9,276
60042	8,365
60046	35,132
60047	42,317
60050	32,387
60051	24,154
60060	37,763
60071	3,576
60072	955
60073	60,828
60081	9,840
60084	16,357
60097	10,352
60098	32,508
60102	32,618
60110	39,513
60118	15,705
60136	7,479
60142	27,337
60156	28,812
60180	2,030
	699,806

ATTACHMENT-18A

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

DP05: ACS DEMOGRAPHIC AND HOUSING
2012-2016 American Community Survey 5-Year

Subject	ZCTA5 60002	ZCTA5 60010	ZCTA5 60012	ZCTA5 60013	ZCTA5 60014	ZCTA5 60020	ZCTA5 60021
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
SEX AND AGE							
Total population	24,368	44,930	10,696	25,968	48,822	9,616	5,709
Male	12,451	21,497	5,195	13,228	24,240	4,460	2,744
Female	11,917	23,433	5,501	12,740	24,582	5,156	2,965
Under 5 years	1,237	1,697	334	1,556	2,782	562	459
5 to 9 years	1,527	3,128	423	1,491	2,776	495	218
10 to 14 years	2,030	3,428	912	2,194	4,019	362	287
15 to 19 years	1,717	3,223	988	1,969	3,769	650	558
20 to 24 years	1,513	1,710	718	1,540	2,833	566	331
25 to 34 years	2,100	2,920	491	2,715	5,920	1,151	933
35 to 44 years	3,746	4,830	1,140	3,139	6,266	1,260	523
45 to 54 years	3,713	7,788	2,464	4,538	8,449	1,348	1,129
55 to 59 years	1,874	4,436	1,061	2,385	4,043	1,065	570
60 to 64 years	1,546	3,320	779	1,878	2,415	550	257
65 to 74 years	2,194	5,073	789	1,658	3,081	919	261
75 to 84 years	959	2,420	397	716	1,767	445	153
85 years and over	212	957	200	189	702	243	30
Median age (years)	41.2	47.1	47	39.9	39	42.5	37
18 years and over	18,420	34,342	8,331	19,374	36,830	7,807	4,395
21 years and over	17,541	33,177	7,772	18,536	34,979	7,450	4,139
62 years and over	4,318	10,346	1,848	3,438	6,921	1,961	606
65 years and over	3,365	8,450	1,386	2,563	5,550	1,607	444
18 years and over	18,420	34,342	8,331	19,374	36,830	7,807	4,395
Male	9,250	16,240	4,123	9,866	18,026	3,671	1,990
Female	9,170	18,102	4,208	9,508	18,804	4,136	2,405
65 years and over	3,365	8,450	1,386	2,563	5,550	1,607	444
Male	1,599	3,939	629	1,258	2,482	593	213
Female	1,766	4,511	757	1,305	3,068	1,014	231
RACE							
Total population	24,368	44,930	10,696	25,968	48,822	9,616	5,709
One race	23,757	44,402	10,612	25,663	48,171	9,598	5,445
Two or more races	611	528	84	305	651	18	264

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

One race	23,757	44,402	10,612	25,663	48,171	9,598	5,445
White	22,554	38,758	10,341	23,950	45,580	8,888	5,086
Black or African American	501	345	49	457	742	137	0
American Indian and Alaska Native	5	24	0	0	37	8	16
Cherokee tribal grouping	0	9	0	0	0	0	0
Chippewa tribal grouping	5	5	0	0	0	0	0
Navajo tribal grouping	0	0	0	0	0	0	0
Sioux tribal grouping	0	7	0	0	0	0	0
Asian	295	4,622	219	730	989	473	107
Asian Indian	25	2,528	69	263	95	0	0
Chinese	46	772	43	165	504	114	0
Filipino	90	215	38	200	21	92	10
Japanese	28	208	18	17	37	8	0
Korean	70	522	3	13	152	0	97
Vietnamese	3	124	0	58	57	0	0
Other Asian	33	253	48	14	123	259	0
Native Hawaiian and Other Pacific Islander	0	0	0	0	36	0	0
Native Hawaiian	0	0	0	0	36	0	0
Guamanian or Chamorro	0	0	0	0	0	0	0
Samoan	0	0	0	0	0	0	0
Other Pacific Islander	0	0	0	0	0	0	0
Some other race	402	653	3	526	787	92	236
Two or more races	611	528	84	305	651	18	264
White and Black or African American	252	110	51	175	318	0	17
White and American Indian and Alaska	79	89	0	64	89	11	58
White and Asian	225	204	33	44	190	0	118
Black or African American and American Indian and Alaska Native	0	0	0	0	0	0	0
Race alone or in combination with one or more other races							
Total population	24,368	44,930	10,696	25,968	48,822	9,616	5,709
White	23,139	39,232	10,425	24,255	46,214	8,906	5,326
Black or African American	789	465	100	632	1,078	137	41
American Indian and Alaska Native	120	133	0	64	137	19	74
Asian	575	4,894	252	776	1,196	473	225
Native Hawaiian and Other Pacific Islander	19	6	0	11	44	0	0
Some other race	402	758	3	537	815	99	307
HISPANIC OR LATINO AND RACE							
Total population	24,368	44,930	10,696	25,968	48,822	9,616	5,709

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

Hispanic or Latino (of any race)	1,659	1,992	479	2,146	6,186	978	470
Mexican	1,280	1,381	284	1,698	5,294	388	352
Puerto Rican	242	118	10	278	235	152	0
Cuban	4	142	0	14	121	9	0
Other Hispanic or Latino	133	351	185	156	536	429	118
Not Hispanic or Latino	22,709	42,938	10,217	23,822	42,636	8,638	5,239
White alone	21,310	37,473	9,862	22,454	40,177	8,009	5,011
Black or African American alone	501	339	49	411	657	137	0
American Indian and Alaska Native alone	5	24	0	0	37	8	0
Asian alone	282	4,606	219	698	961	473	107
Native Hawaiian and Other Pacific Islander	0	0	0	0	9	0	0
Some other race alone	0	15	3	0	171	0	0
Two or more races	611	481	84	259	624	11	121
Two races including Some other race	0	77	0	0	10	0	0
Two races excluding Some other race, and Three or more races	611	404	84	259	614	11	121
Total housing units	10,772	17,484	4,023	9,430	18,304	5,483	2,114
CITIZEN, VOTING AGE POPULATION							
Citizen, 18 and over population	17,922	32,735	8,147	18,436	33,976	7,477	4,229
Male	9,030	15,425	4,055	9,397	16,422	3,544	1,932
Female	8,892	17,310	4,092	9,039	17,554	3,933	2,297

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

ZCTA5 60030	ZCTA5 60033	ZCTA5 60034	ZCTA5 60041	ZCTA5 60042	ZCTA5 60046	ZCTA5 60047	ZCTA5 60050	ZCTA5 60051	ZCTA5 60060
Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
36,876	13,569	1,948	9,276	8,365	35,132	42,317	32,387	24,154	37,763
17,902	7,046	997	4,585	4,303	17,623	20,974	16,105	11,959	18,976
18,974	6,523	951	4,691	4,062	17,509	21,343	16,282	12,195	18,787
2,024	1,186	156	595	335	2,009	2,027	1,515	1,203	2,366
2,100	1,089	127	591	635	2,442	2,932	2,277	1,578	2,352
2,766	1,192	91	507	552	2,913	3,705	2,243	1,495	2,436
2,565	817	112	645	642	2,798	3,596	2,182	2,063	2,908
2,701	1,008	180	525	444	2,224	2,230	2,120	1,293	2,485
3,560	1,838	230	1,307	925	3,518	3,294	3,769	2,740	5,078
5,220	1,556	175	839	1,218	4,343	5,267	4,399	3,372	5,027
6,197	1,454	310	1,604	1,626	6,436	7,678	4,888	4,039	5,741
2,625	872	214	627	674	2,682	3,798	2,360	1,763	2,620
2,153	776	95	633	546	1,887	3,088	2,062	1,705	2,780
2,328	1,152	187	969	479	2,437	3,102	2,583	1,884	2,647
1,945	444	45	357	218	924	948	1,151	750	1,105
692	185	26	77	71	519	652	838	269	218
40.6	33.4	40.6	40.5	40.4	39.7	42	40.2	40.3	37.8
28,378	9,651	1,516	7,271	6,419	26,077	31,318	24,942	18,563	28,845
26,921	9,085	1,452	6,765	6,094	24,390	29,512	23,852	17,522	27,220
6,276	2,265	300	1,667	1,003	5,006	6,402	5,634	3,794	5,641
4,965	1,781	258	1,403	768	3,880	4,702	4,572	2,903	3,970
28,378	9,651	1,516	7,271	6,419	26,077	31,318	24,942	18,563	28,845
13,417	4,863	746	3,631	3,215	13,013	15,381	12,208	9,050	14,441
14,961	4,788	770	3,640	3,204	13,064	15,937	12,734	9,513	14,404
4,965	1,781	258	1,403	768	3,880	4,702	4,572	2,903	3,970
2,107	873	101	624	272	1,856	2,106	1,877	1,330	1,709
2,858	908	157	779	496	2,024	2,596	2,695	1,573	2,261
36,876	13,569	1,948	9,276	8,365	35,132	42,317	32,387	24,154	37,763
35,671	13,327	1,909	9,227	8,117	34,310	41,595	31,563	23,806	36,839
1,205	242	39	49	248	822	722	824	348	924

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

35,671	13,327	1,909	9,227	8,117	34,310	41,595	31,563	23,806	36,839
32,205	12,761	1,785	8,757	7,876	31,315	36,020	30,170	22,868	30,534
957	12	4	34	37	853	635	162	273	804
71	10	0	0	0	4	6	66	21	52
0	0	0	0	0	0	0	21	0	6
0	0	0	0	0	4	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
2,186	0	7	61	103	1,655	4,127	740	193	3,626
541	0	0	0	0	511	1,549	183	67	1,328
342	0	7	0	32	199	1,334	125	86	507
520	0	0	0	0	500	207	376	12	912
113	0	0	0	7	52	38	0	12	62
422	0	0	10	34	138	459	18	6	660
0	0	0	29	7	1	110	0	0	8
248	0	0	22	23	254	430	38	10	149
0	21	0	128	0	0	27	0	0	0
0	0	0	0	0	0	5	0	0	0
0	0	0	0	0	0	0	0	0	0
0	21	0	0	0	0	22	0	0	0
0	0	0	128	0	0	0	0	0	0
252	523	113	247	101	483	780	425	451	1,823
1,205	242	39	49	248	822	722	824	348	924
220	41	33	0	127	177	164	170	58	56
204	11	3	28	0	91	56	299	27	64
498	0	0	0	90	429	308	127	80	407
0	10	0	0	0	0	0	7	0	0
36,876	13,569	1,948	9,276	8,365	35,132	42,317	32,387	24,154	37,763
33,383	12,993	1,821	8,806	8,114	32,063	36,665	30,882	23,189	31,204
1,199	144	37	34	164	1,072	848	339	391	917
309	50	3	28	0	171	129	494	58	116
2,723	0	10	61	193	2,158	4,551	871	292	4,283
10	83	0	128	10	10	83	0	9	13
491	622	116	268	132	507	850	642	615	2,163
36,876	13,569	1,948	9,276	8,365	35,132	42,317	32,387	24,154	37,763

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

3,987	4,649	265	959	1,080	2,822	3,113	4,044	2,440	10,634
3,078	4,119	242	842	892	1,745	2,356	3,668	1,808	9,277
409	295	0	117	145	562	112	175	283	273
142	0	0	0	0	82	71	45	95	69
358	235	23	0	43	433	574	156	254	1,015
32,889	8,920	1,683	8,317	7,285	32,310	39,204	28,343	21,714	27,129
28,810	8,751	1,636	8,066	7,024	29,071	33,952	26,811	21,047	22,010
905	12	4	34	37	846	482	138	273	801
71	10	0	0	0	4	6	21	15	31
2,186	0	7	61	103	1,655	4,098	740	181	3,570
0	21	0	128	0	0	5	0	0	0
43	0	0	0	0	24	50	0	14	0
874	126	36	28	121	710	611	633	184	717
27	9	0	0	21	10	25	11	0	152
847	117	36	28	100	700	586	622	184	565
14,351	5,052	877	3,774	3,292	12,897	14,345	13,121	9,839	13,590
26,143	8,137	1,397	6,996	6,235	25,303	29,103	23,425	18,116	23,146
12,417	4,049	692	3,473	3,083	12,677	14,250	11,516	8,905	11,329
13,726	4,088	705	3,523	3,152	12,626	14,853	11,909	9,211	11,817

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

ZCTA5 60071	ZCTA5 60072	ZCTA5 60073	ZCTA5 60081	ZCTA5 60084	ZCTA5 60097	ZCTA5 60098	ZCTA5 60102	ZCTA5 60110	ZCTA5 60118
Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
3,576	955	60,828	9,840	16,357	10,352	32,508	32,618	39,513	15,705
1,771	457	31,455	5,024	8,153	5,663	16,198	16,099	20,141	8,033
1,805	498	29,373	4,816	8,204	4,689	16,310	16,519	19,372	7,672
79	39	5,308	590	957	622	2,028	1,834	3,342	875
173	71	5,285	661	1,173	860	2,385	1,903	3,947	820
275	131	5,044	822	1,316	639	2,027	2,765	3,459	907
254	99	4,924	802	938	536	2,354	2,713	3,221	907
312	30	4,269	459	1,034	475	2,089	2,088	2,822	702
359	60	8,544	720	1,958	1,247	4,019	3,219	5,787	1,708
399	103	9,961	1,227	2,175	1,695	4,184	4,363	6,038	1,962
625	233	8,062	2,155	2,746	1,662	4,706	6,091	5,090	2,744
334	68	2,728	595	1,254	687	2,224	2,236	1,870	1,623
264	42	2,493	687	903	562	2,237	1,914	1,414	958
311	61	2,533	801	1,250	959	2,482	2,442	1,503	1,531
140	6	1,240	199	483	347	1,101	701	763	688
51	12	437	122	170	61	672	349	257	280
43.1	40.1	31.9	43.1	38.3	39.9	38	39.5	30.4	44.9
2,848	636	41,812	7,190	12,379	7,918	24,487	24,416	26,582	12,576
2,711	608	39,283	6,917	11,850	7,459	23,377	23,070	25,003	11,971
629	97	5,515	1,551	2,451	1,755	5,605	4,560	3,478	3,132
502	79	4,210	1,122	1,903	1,367	4,255	3,492	2,523	2,499
2,848	636	41,812	7,190	12,379	7,918	24,487	24,416	26,582	12,576
1,395	307	21,210	3,662	6,070	4,297	12,063	11,981	13,340	6,300
1,453	329	20,602	3,528	6,309	3,621	12,424	12,435	13,242	6,276
502	79	4,210	1,122	1,903	1,367	4,255	3,492	2,523	2,499
246	38	1,834	522	802	711	1,852	1,672	1,216	1,150
256	41	2,376	600	1,101	656	2,403	1,820	1,307	1,349
3,576	955	60,828	9,840	16,357	10,352	32,508	32,618	39,513	15,705
3,464	948	58,997	9,795	16,108	10,068	32,044	31,990	38,787	15,542
112	7	1,831	45	249	284	464	628	726	163

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

3,464	948	58,997	9,795	16,108	10,068	32,044	31,990	38,787	15,542
3,343	899	49,601	9,668	14,182	9,893	29,738	28,702	24,180	13,797
21	14	2,809	0	92	3	823	284	2,608	354
25	0	229	0	7	0	9	6	118	45
0	0	3	0	0	0	0	0	0	3
0	0	35	0	0	0	0	0	18	0
0	0	0	0	0	0	0	6	0	0
0	0	0	0	0	0	0	0	0	0
68	35	3,530	45	862	100	550	2,566	1,924	884
37	0	1,145	0	303	36	401	1,384	662	293
4	2	117	31	42	0	93	83	147	162
0	33	1,576	0	298	44	29	525	524	265
0	0	35	0	9	0	0	0	111	5
27	0	270	14	210	0	0	149	167	126
0	0	210	0	0	20	0	25	16	0
0	0	177	0	0	0	27	400	297	33
0	0	0	0	89	0	6	0	29	10
0	0	0	0	0	0	0	0	16	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	6	0	13	10
0	0	0	0	89	0	0	0	0	0
7	0	2,828	82	876	72	918	432	9,928	452
112	7	1,831	45	249	284	464	628	726	163
22	7	534	0	0	0	119	98	182	0
78	0	165	37	64	85	202	55	161	89
0	0	387	0	58	199	78	359	103	46
0	0	9	0	0	0	3	55	0	0
3,576	955	60,828	9,840	16,357	10,352	32,508	32,618	39,513	15,705
3,455	906	51,211	9,713	14,403	10,177	30,179	29,272	24,822	13,960
55	21	3,405	0	92	3	955	477	2,853	354
115	0	497	37	99	85	247	153	288	134
80	35	4,205	45	924	299	681	2,925	2,063	930
0	0	109	0	89	0	6	3	29	24
7	0	3,327	90	999	72	937	453	10,208	466
3,576	955	60,828	9,840	16,357	10,352	32,508	32,618	39,513	15,705

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

208	38	24,896	488	3,215	960	6,225	2,412	20,623	1,133
188	22	22,200	355	2,781	745	5,755	1,682	18,487	829
7	4	465	119	135	37	245	310	870	155
6	0	246	0	0	105	47	13	27	10
7	12	1,985	14	299	73	178	407	1,239	139
3,368	917	35,932	9,352	13,142	9,392	26,283	30,206	18,890	14,572
3,148	863	28,398	9,241	11,990	9,062	24,461	26,853	13,919	13,204
21	14	2,809	0	84	3	823	284	2,543	323
25	0	73	0	0	0	9	0	44	3
68	35	3,456	29	862	100	550	2,566	1,902	884
0	0	0	0	89	0	6	0	0	0
0	0	0	45	0	0	0	5	85	9
106	5	1,196	37	117	227	434	498	397	149
0	0	48	0	0	0	10	0	36	0
106	5	1,148	37	117	227	424	498	361	149
1,588	347	19,258	3,730	6,349	4,596	13,045	11,916	11,853	6,490
2,809	629	34,707	7,067	10,961	7,665	22,163	23,261	18,762	11,934
1,356	303	17,508	3,586	5,391	4,250	10,758	11,465	9,334	5,975
1,453	326	17,199	3,481	5,570	3,415	11,405	11,796	9,428	5,959

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

ZCTA5 60136	ZCTA5 60142	ZCTA5 60156	ZCTA5 60180
Estimate	Estimate	Estimate	Estimate
7,479	27,337	28,812	2,030
4,068	13,091	13,912	957
3,411	14,246	14,900	1,073
677	1,226	1,789	30
764	1,778	2,798	89
913	1,968	2,371	268
307	1,452	2,322	223
254	1,058	1,709	142
1,234	1,979	3,260	95
1,628	3,491	4,899	212
738	3,199	4,930	337
310	1,303	1,711	248
214	1,453	1,119	37
335	5,325	1,291	265
0	2,585	410	82
105	520	203	2
32.2	46.4	35.5	42.7
4,990	21,383	20,416	1,489
4,769	20,650	19,090	1,415
620	9,271	2,494	377
440	8,430	1,904	349
4,990	21,383	20,416	1,489
2,398	9,951	9,984	717
2,592	11,432	10,432	772
440	8,430	1,904	349
199	3,426	846	170
241	5,004	1,058	179
7,479	27,337	28,812	2,030
7,385	27,126	27,875	2,030
94	211	937	0

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

7,385	27,126	27,875	2,030
5,413	24,447	25,347	2,027
496	373	868	3
47	26	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1,249	1,956	1,274	0
256	1,037	630	0
0	0	248	0
946	546	230	0
0	0	41	0
0	266	0	0
0	0	0	0
47	107	125	0
0	34	0	0
0	0	0	0
0	34	0	0
0	0	0	0
0	0	0	0
180	290	386	0
94	211	937	0
0	0	253	0
0	36	41	0
0	139	377	0
0	0	15	0
7,479	27,337	28,812	2,030
5,413	24,658	26,161	2,027
496	373	1,154	3
47	62	74	0
1,343	2,095	1,772	0
0	34	121	0
274	326	498	0
7,479	27,337	28,812	2,030

Transformative Health of McHenry (REFILE)
17-Mile Radius
Zip Codes and Population Data

1,039	2,490	3,274	53
462	1,109	2,165	39
51	843	367	8
0	24	103	6
526	514	639	0
6,440	24,847	25,538	1,977
4,623	22,384	22,783	1,977
496	283	868	0
0	0	0	0
1,249	1,956	1,261	0
0	0	0	0
72	85	33	0
0	139	593	0
0	0	0	0
0	139	593	0
2,340	11,856	10,102	685
4,226	20,966	19,460	1,489
2,106	9,778	9,614	717
2,120	11,188	9,846	772

Transformative Health of McHenry (REFILE)
17-Mile Radius Facilities

FACID	FACNAME	ADDRESS	CITY	ZIP	2016 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6008304	Alden Terrace Of McHenry Rehab	803 Front Royal Drive	Mchenry	60050-0000	316	2.4	4.6
6011803	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	4.5	6.9
6002299	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	6.7	11.5
6002976	Fair Oaks Health Care Center	471 W Terra Cotta Ave	Crystal Lake	60014-0000	51	7.1	12.65
6008585	Sheltering Oak (1)	27888 N Beech St	Island Lake	60042-0000	01/13/2013 CLOSURE	7.1	12.65
6010136	Crossroads Care Center Woodstock	309 Mchenry Avenue	Woodstock	60098-0000	115	9.4	17.25
6009310	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	9	17.25
6009435	Wauconda Healthcare & Rehab	176 Thomas Court	Wauconda	60084-0000	135	9.6	18.4
6009542	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	14.5	23
6004410	Hillcrest Retirement Village	1740 Circuit Dr	Round Lake Beach	60073-0000	144	14.2	28.75
6014138	Lexington Of Lake Zurich	900 South Rand Road	Lake Zurich	60047-0000	203	16.9	29.9
13-013	Alden Estates of Huntley	Princeton Drive and Regency Parkway	Huntley		Permitted - 170 beds	18	31.05
6011332	The Village at Victory Lakes	1055 East Grand Avenue	Lindenhurst	60046-0000	120	16.8	31.05
6016158	Prairieview Nursing Unit	6000 GARLANDS LANE	Barrington	60010	20	16.8	32.2
6005359	Libertyville Manor Ext Care	610 Peterson Road	Libertyville	60048-0000	174	18	33.35
6010052	Winchester House Nursing Home	1125 North Milwaukee Avenue	Libertyville	60048-0000	224	19.5	34.5
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	18.1	35.65
6003180	Florence Nursing Home	546 East Grant Highway	Marengo	60152-0000	56	22.5	35.65
16-012	Transitional Care of Lake County	850 East U.S. Highway 45	Mundelein	60060	Permitted - 185 Beds	18.7	36.8
					2122		

(1) 01/13/2013 CLOSURE. License not renewed efective this date; 70 beds removed from inventory

Source: Long-Term Care Facility Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2017 - Long-Term Care Services
Microsoft MapPoint 2009

Transformative Health of McHenry (REFILE)
17-Mile Radius Facilities

FACID	FACNAME	2016 PROFILE DATA # of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Admissions	ALOS
	McHenry County Facilities							
9111001	Mercy Harvard Hospital Care Center	45	32	9314	56.71%	79.74%	126	73.92
6008304	Alden Terrace Of McHenry Rehab	316	316	51753	44.87%	44.87%	240	215.64
6011803	The Springs at Crystal Lake	97	97	19656	55.52%	55.52%	822	23.91
6002299	Crystal Pines Rehab & HCC	114	92	33603	80.76%	100.07%	161	208.71
6002976	Fair Oaks Health Care Center	51	51	15834	85.06%	85.06%	453	34.95
6010136	Crossroads Care Center Woodstock	115	115	34290	81.69%	81.69%	97	353.51
6009310	Hearthstone Manor	75	75	15594	56.96%	56.96%	283	113.44
6009542	Valley Hi Nursing Home	128	128	43842	93.84%	93.84%	60	730.70
6003180	Florence Nursing Home	56	56	17710	86.64%	86.64%	107	165.51
		997	962	241596	66.39%	68.81%	2349	109.88

Source: Long-Term Care Facility Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development
Inventory of Health Care Facilities and Services and Need Determinations - 2017 - Long-Term Care Services
Microsoft MapPoint 2009

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. Appended as **ATTACHMENT-19A**, is the proposed staffing pattern by position title for the 84-bed long-term care facility.

The applicant intends to begin to hire staff for the facility approximately four to six months prior to opening in order to ensure the new facility has all of the necessary positions filled with qualified personnel. A comprehensive recruitment plan will include local advertising both in local newspapers but also online at sites such as Indeed.com, local job fairs to be held at the construction trailer to meet applicants one on one, and communication with local nursing schools. A construction trailer will be set up so local potential employees can come meet the applicant and learn more about the facility and open positions. Additionally, the trailer can host the aforementioned job fairs face to face. The applicant will first hire an Administrator and then subsequently hire certain management positions such as Director of Nursing and Director of HR before the facility is opened. Additionally, line staff will be hired 2-4 weeks before opening and will go through an orientation to prepare for the opening. As the facility ramps census, the facility will hire more line staff accordingly. The applicant will provide the proper training and orientation to all staff. The applicant will pay competitive wages and have benefit packages (retirement savings, health, vision, tuition reimbursement) that are attractive to prospective employees. Additionally, the applicant will offer discounts at the Medical Resorts café and restaurant and will partner with local day care's, fitness centers, and other businesses to offer discounts to employees. The applicant has a strong focus on both recruitment and retention and

its other facility in the area has a very low turnover and a long tenured management team.

Regarding JCAHO: The proposed facility intends to seek accreditation by The Joint Commission within the first 6-9 months of receiving its licensure from the Illinois Department of Public Health. Additionally, the proposed facility will seek certification for Post Acute Care.

Transformative Health of McHenry
Staffing Pattern

Sample Staffing Plan

All positions are listed as Full Time Equivalents (FTE's). One FTE equals 2080 hours per year. This plan is based upon a stabilized census of 76 (90%). The facility will employ everyone, and will not outsource any position.

Position	# of FTE's
Administrator	1.0
Director of Nursing	1.0
Nursing Unit Manager	2.0
Wound Treatment Nurse	1.4
MDS/Care Plan	2.0
Business Office Manager	1.0
HR Director	1.0
Admissions Director	1.0
Community Liaison	1.0
Customer Service Director	1.0
Social Work Director	1.0
Life Enrichment Director	1.0
Health Information Supervisor	1.0
Maintenance/Housekeeping Director	1.0
Executive Chef	1.0
Director of Therapy	1.0
Social Services Assistant	1.0
Reception	2.1
Supply Clerk	1.0
Housekeeping Staff	7.0
Laundry Staff	2.9
Dietary Aides Staff	11.2
Dietary Cooks Staff	5.6
Activities Staff	1.0
Physical Therapists/Aides	9.0
Occupational Therapists/Aides	7.0
Speech Therapists/Aides	1.0
Therapy Transport Aide	1.0
Certified Nurses Aide	33.6
Registered Nurses	9.8
Licensed Practical Nurse	11.2
PM Supervisor (RN)	1.0
Total	**123.8**

ATTACHMENT-19A

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 an 84-bed nursing care facility. Upon project completion the licensed bed capacity will be 84 nursing care beds. Therefore, the proposed project is compliant with this criterion.

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 seventeen (17) letters of support for the proposed Transformative Health of McHenry. These letters are from:

- Douglas P. Martin, Director of Economic Development, City of McHenry;
- Edwin P. Hettermann, Village President, Village of Johnsburg;
- William D. Cox, M.D., Medical Director of Orthopaedics, Centegra Physician Care, McHenry County Orthopaedics;
- Lisa M. Glosson, M.D., Centegra Primary Care, Woodstock, IL;
- Charles W. Ruth, C.E.O., Alliance Contractors, Inc.;
- Charie A. Zanck, Chief Executive Officer, American Community Bank & Trust;
- Stephen Barron, President, Barron Development, LLC;
- Thomas Carey, Vice President, Carey Electric Contracting, Inc.;
- Michael J. Curran, President, Curran Group;
- Paula Dorion-Gray, CFP, Chief Executive Officer, Registered Representative, Securities America, Inc., Dorion Gray Retirement Planning, Inc.;
- William J. Busse, President & CEO, First National Bank, McHenry - Island Lake - Richmond;
- Thomas Jakacki, President, One Home Health;
- Reverend Paul C. White, Pastor, The Church of Holy Apostles;
- Kay Bates, President, McHenry Area Chamber of Commerce;
- Christine Denton, Executive Director, Fox Point;
- Teri Schultz, LNHA, CDP, Campus Administrator, Heritage Woods of McHenry; and
- Gilbert Arroyo, LPN, CDP, Memory Care Director, White Oaks at McHenry.

ATTACHMENT- 21

ALLIANCE CONTRACTORS, INC.
1166 LAKE AVENUE • WOODSTOCK, ILLINOIS 60098
OFFICE: 815/338-5900 FAX: 815/338-9109
www.alliancecontractors.com

April 18, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Charles W. Ruth
C.E.O.

ATTACHMENT-21A

American Community
BANK & TRUST

April 23, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance. Having taken care of four aging parents and worked through local nursing home and skilled nursing facilities, I am able to personally attest to the fact that there is a strong need for a facility of this nature in our community and the proximity to the hospital and doctors is a distinct advantage.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs, but even more importantly it will meet a very strong need for this type of care in our county. Residents today are seeking this option in Barrington, Evanston and Chicago because nothing else like it is available here in McHenry County.

ATTACHMENT-21A

1290 Lake Avenue ★ Post Office Box 1720 ★ Woodstock, Illinois 60098
Phone 815-338-2300 ★ Fax 338-9289 ★ email @ amcombank.com

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Charie A. Zanck

Charie A. Zanck
Chief Executive Officer

ATTACHMENT-21A

Barron
Development LLC

Corporate Office
5000 W. Roosevelt Rd.
Suite 101
Chicago, IL 60644
(773)854-4040 x224
(773)854-4045 fax

West Loop Office
Inspire Business Center
1016 West Jackson Blvd.
Chicago, IL 60607
(312) 288-8598
(312) 288-8597 fax

April 17, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

Speaking specifically and relative to our two senior facilities, Ignite Medical Resorts will address the needs of post acute patients who could not otherwise be treated in our assisted living for the frail elderly nor would they be eligible for our memory care facility. The transitional care aspect of Ignite alleviates extended hospital stays and in fact accelerates healing process.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Stephen Barron
President

ATTACHMENT-21A

3309 WEST WAUKEGAN ROAD • McHENRY, ILLINOIS 60050
TELEPHONE 815 / 385-3600
FAX NO. 815 / 385-3671
EMAIL carey@cecinc.org

CEC CAREY ELECTRIC CONTRACTING INC.

April 3, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Heath
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery,
It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital – McHenry (and its original project site) on the corners of Bull Valley Rd. and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

A project of this stature will help improve the quality of life for the residents of McHenry, our county and our entire state.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration

Sincerely,

TC A Cy

Thomas Carey-Vice President
TC/ln

ATTACHMENT-21A

Electrical Contracting Since 1923

Douglas Martin
Director of Economic Development
City of McHenry
dmartin@ci.mchenry.il.us
www.ci.mchenry.il.us
815.363.2110 (d)
815.363.2173 (f)

April 10, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital–McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

I believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, I believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County. An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs. I completely support and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas. The City of McHenry is a healthcare community, home to Centegra Hospital, McHenry County's largest employer, as well as Mercy Medical Center. The City also is home to numerous similar industries, such as Medela and Medcor, as well as many independent, assisted and memory care facilities therefore the proposed facility is a natural complement to our existing healthcare base.

Thank you for your consideration.

Sincerely,

Douglas P. Martin, Director of Economic Development
City of McHenry

The City of McHenry is dedicated to providing the citizens, businesses and visitors of McHenry with the highest quality of programs and services in a customer-oriented, efficient and fiscally responsible manner.

ATTACHMENT-21A

CURRAN GROUP

STRENGTH THROUGH DIVERSITY

April 20, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Michael J Curran
President

ATTACHMENT-21A

Curran Group, Inc. 286 Memorial Court Crystal Lake, IL 60014 p: 815.455.5100 f: 815.455.1093

DORION GRAY
RETIREMENT PLANNING, INC.

T 800-244-9373
DORIONGRAY.COM

April 14, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Paula Dorion-Gray

Paula Dorion-Gray, CFP®
Chief Executive Officer
Registered Representative, Securities America, Inc.

DORION-GRAY RETIREMENT PLANNING, INC.
2602 IL ROUTE 176 CRYSTAL LAKE, IL 60014-2225 T 815-459-6800 F 815-455-4989
977 LAKEVIEW PARKWAY, SUITE 150 VERNON HILLS, IL 60061-1476 T 224-864-2424 F 224-513-5054

SECURITIES OFFERED THROUGH SECURITIES AMERICA, INC. MEMBER FINRA/SIPC. ADVISORY SERVICES OFFERED THROUGH SECURITIES AMERICA ADVISORS, INC. DORION-GRAY RETIREMENT PLANNING, INC. IS NOT AFFILIATED WITH SECURITIES AMERICA COMPANIES.

April 30, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Heath
525 West Jefferson Street, second floor
Springfield, IL 62761
Regarding: Letter of support for a replacement CON for a previously approved 84 bed skilled nursing facility in McHenry, Illinois.

Dear Ms. Avery,

It is my understanding that TCO-JV, LLC, a joint venture between a Leo Brown Development Group and Ignite Medical Resorts proposed to establish a brand new, state of the art, 84 bed long term care skilled nursing facility in Health Serve Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the stress from Centegra Hospital McHenry on the corners of Bull Valley Road and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

As orthopedic surgeons, a significant percentage of our patients need long term care skilled nursing facilities. The location near Centegra Hospital McHenry will be ideal for this patient population. We wholeheartedly endorse this project and its location.

We ask for your approval of this worthwhile health care project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you very much for your consideration.

Sincerely,

William D. Cox, M.D.
Medical Director of Orthopaedics, Centegra Physician Care - McHenry County Orthopaedics

WC/AH Job: 48266797/1144264

CentegraHealthSystem
ALWAYS LOOKING AHEAD™

Centegra Physician Care-McHenry County Orthopedics
420 N. IL Route 31, Crystal Lake, IL 60012
Phone 815.356.5200
Fax 815.356.5262

ATTACHMENT-21A

CentegraHealthSystem

Centegra Physician Care
3707 Doty Road
Medical Office Building 2
Woodstock, IL 60098

April 23, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital- McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

This project will undoubtedly have a large impact on the surrounding communities and provide an important resource, especially in an area with our demographics. It will accomplish goals of making sure we provide quality residencies for patients in need. It will provide jobs in the fields of construction, healthcare, social services, and many other opportunities for community members. As I have come to understand it, this project is estimated to create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Lisa M. Glosson, M.D.
Centegra Primary Care, Woodstock, IL

ATTACHMENT-21A

1st

FIRST NATIONAL BANK

McHenry • Island Lake • Richmond

April 15, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Letter of Support: Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, has proposed establishment a brand new, state of the art, 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now is proposed to be located directly across the street from Centegra Hospital–McHenry (its original project site) on the northeast corner of Bull Valley Rd and Ridgeview Drive in McHenry, Illinois.

As a former mayor of McHenry, I am confident a facility of this nature will fill a desperate need in our community for high quality, skilled healthcare for our senior citizens and residents of the community desiring a serene, close to home setting to heal and recover following a hospital stay. In addition, I believe this undertaking is ideally located adjacent to the City's medical campus. Upon completion, it will serve as a catalyst for additional growth in health care services.

An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance. It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time health care related jobs. We're excited for the opportunity. I am impressed with the venture's business model and excited about prospects for construction and development.

I endorse and respectfully ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry and greater McHenry County.

Thank you kindly for your consideration.

Sincerely,

William J. Busse
President & CEO

The First National Bank of McHenry

3814 West Elm Street, McHenry, Illinois 60050 Phone 815 385.5400 Fax 815 385.8989

612 South Route 31, McHenry, Illinois 60050 Phone 815 363.5800 Fax 815 363.2040

660 East State Road, Island Lake, Illinois 60042 Phone 847 526.1770 Fax 847 526.1788

9705 Prairie Ridge Road, Richmond, Illinois 60071 Phone 815 678.BANK (2265) Fax 815 678.6505

www.firstmchenry.com

EQUAL HOUSING LENDER

Member FDIC

FOX POINT

a Senior Lifestyle community

May 4, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

Fox Point has been a part of this community for 15 years and we have a strong commitment to the residents that reside here. We believe that not only McHenry residents will benefit from having a health care facility such as the one being proposed, but our residents here at Fox Point would benefit greatly as well. Our resident's families are often times forced to look outside the McHenry area when choosing care and rehab options for their loved ones.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Christine Denton
Executive Director

INDEPENDENT LIVING | ASSISTED LIVING | MEMORY CARE
3300 CHARLES J. MILLER ROAD | MCHENRY, IL 60050 | 815-385-9840 | FAX: 815-385-9845
WWW.SENIORLIFESTYLE.COM

ATTACHMENT-21A

Heritage Woods
of McHenry
An Affordable Assisted Lifestyle Community for the Older Adult

May 8, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

Heritage Woods of McHenry provides Supportive Living services to seniors in McHenry, and often our residents and their loved ones have to go outside of McHenry to get rehab services. Our residents would benefit greatly from a brand new state of the art facility that focuses on rehab to be here in McHenry.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

TSchultz

Teri Schultz, LNHA, CDP
Campus Administrator

4609 W. Crystal Lake Rd. • McHenry, IL 60050
Phone: (815) 344-2690 • Fax: (815) 344-2691

ATTACHMENT-21A

McHenry area Chamber of commerce

May 3, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

With the McHenry area residents aging, I am aware that this facility is needed by our senior population as well as others in the community for rehabilitation.

Of course, as a chamber, what is important to me is the positive impact Ignite will provide by developing jobs in the community in areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

I ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Kay Bates
President

p: 815.385.4300 | f: 815.385.9142
1257 N. Green St., McHenry, IL 60050
www.mchenrychamber.com

April 18, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

Based on the current options in the direct McHenry market, we feel that a new skilled nursing facility will enhance the quality in healthcare options available to seniors who may need in-patient skilled care following an acute episode or will need long-term care.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Thomas Jakacki
President I ONE Home Health
350 E Congress Parkway, Crystal Lake, IL 60014
(o) 630-451-9020
(f) 630-451-9025
(d) 248-880-4209

ATTACHMENT-21A

The Church of
Holy Apostles

"The Church of Holy Apostles is a compassionate, welcoming and healthy family that strives to love God and serve others with respect and dignity."

April 12, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance. Our parishes service seven care facilities. We are grateful to have this type of service care.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Rev. Paul C. White
Pastor
The Church of Holy Apostles, McHenry, IL

5211 West Bull Valley Road | McHenry, IL 60050-7429 | (815) 385-5673 | Fax: (815) 385-6045
Email: hapostles@thechurchofholyapostles.org | Website: www.thechurchofholyapostles.org

ATTACHMENT-21A

Village of
JOHNSBURG
Settled 1841 – Incorporated 1956

Edwin P. Hettermann
Village President

Claudett E. Peters
Village Administrator

1515 Channel Beach Avenue
Johnsburg IL 60051
Village Hall 815-385-6023
Fax 815-385-6054
www.johnsburg.org

April 20, 2018

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital – McHenry (at its original project site) on the corner of Bull Valley Road and Ridgeview Drive in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in McHenry County. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided not only to residents of the City of McHenry, but also neighboring communities like ours, and all the residents of McHenry County.

An important objective of every organization, including the Village of Johnsburg, is a strong commitment to the community and residents' quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance. I believe a project like this would benefit the residents of McHenry County and would provide a healthcare setting that doesn't currently exist in the area.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs that will benefit McHenry County and surrounding communities.

Village Trustees
Tom Curry Kyle Frost Josh Hagen Mary Lou Hutchinson Greg Klemstein Kevin McEvoy
A Hometown with Spirit

We endorse and ask for your approval of this worthwhile healthcare project for the residents of McHenry County and the surrounding service areas, like our community that is located directly next to the City of McHenry.

Respectfully,

Edwin P. Hettermann
Village President

Cc: Johnsburg Village Board
Mayor Wayne Jett, City of McHenry

ATTACHMENT-21A

May 8, 2018

Ms. Courtney Avery, Administrator

Health Facilities and Services Review Board

Illinois Department of Public Health

525 West Jefferson Street, Second Floor

Springfield, IL 62761

Re: Letter of Support for a Replacement CON for a previously approved 84-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that TCO JV, LLC, a joint venture between the Leo Brown Development Group and Ignite Medical Resorts, propose to establish a brand new, state of the art 84-bed long-term care skilled nursing facility in Health Service Area 8. The project was previously approved by the Illinois Health Facility and Service Review Board and now will be located directly across the street from Centegra Hospital– McHenry (and its original project site) on the corners of Bull Valley Rd and Ridgeview in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

White Oaks at McHenry provides assisted living memory care services to seniors in McHenry, and often our residents and their loved ones have to go outside of McHenry to get rehab services. Our residents would benefit greatly from a brand new state of the art facility that focuses on rehab to be here in McHenry.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We endorse and ask for your approval of this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

ATTACHMENT-21A

May 8, 2018

Thank you for your consideration.

Sincerely,

Gilbert Arroyo, LPN, CDP

Memory Care Director

White Oaks at McHenry

4605 W Crystal Lake Rd

McHenry, IL 60050

815-344-2970

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, Transformative Health of McHenry will comprise 55,000 gross square feet of space for 84 nursing care beds. This equates to 654.8 gsf per bed upon project completion. Moreover, the project's clinical area comprises 38,910 gsf or 463.2 gsf per bed. It should be noted that the proposed project conforms with the criterion as it is well within the range limit of 435-713 gross square feet per bed.

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 Douglas P. Martin, AICP ARM ICMA-MC, Director of Economic Development, City of McHenry. This letter indicates that the subject property is currently zoned I-1, Industrial; however, it is planned for Medium-Density Residential. Additionally, he stated that the project is worthwhile and appropriated located.

ATTACHMENT- 23

Community and Economic Development
333 Green Street
McHenry, Illinois 60050
Phone: (815) 363-2110
Fax: (815) 363-2173
www.ci.mchenry.il.us

January 5, 2018

Gerry Jenich, Manager
RE: Transformative Health of McHenry
7257 N Lincoln Avenue
Lincolnwood, Illinois 60712

Re: Letter of Support Transformative Living Facility

Dear Gerry:

The purpose of this letter is to express my support for your Transformative Health Care project proposed in the City of McHenry at the northeast corner of Bull Valley Road and Ridgeview Drive, across from Colonial Funeral Home, in the City of McHenry. The subject property is currently zoned I-1, Industrial, however it is planned for Medium-Density Residential. As you know the site is directly across the street from the location you formerly proposed which the City supported, by Centegra Hospital, but didn't come to fruition due to site constraints.

I understand your project will provide a campus-like setting for people requiring rehabilitative needs with private rooms. It is ideally situated at a traffic signal, along a major roadway with public transportation, across from Centegra Hospital and medical offices. The project will provide direct, indirect and the induced economic impact of the project during and through construction will be approximately $30,000,000. It will generate more than 150 full-time equivalent jobs once the facility is up and operational.

The City's zoning process is relatively straight forward. The project is also located along a major bike trail along the way to a state park and the proposed use will not in any manner adversely impact adjacent land uses. I believe this is a worthwhile project which is appropriately located for all the aforementioned reasons.

If you have any questions regarding this letter, please do not hesitate to contact me at 815-363-2110.

Sincerely,

Douglas P. Martin AICP ARM ICMA-CM, Director of Economic Development
City of McHenry

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

TCO JV, LLC

6840 W. Touhy Ave., Niles IL 60714

May 21, 2018

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, TCO JV, LLC understands that it is expected to achieve and maintain the occupancy specified in §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,

Gerry Jenich
Manager
TCO JV, LLC

Subscribed and sworn to before me
this 21 day of May, 2018

Notary Public

OFFICIAL SEAL
LESA J. JAGUSCH
Notary Public - State of Illinois
My Commission Expires 8/08/2018

ATTACHMENT-24A

TCO JV, LLC

MAY 21, 2018

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, TCO JV, LLC understands that it is expected to achieve and maintain the occupancy specified in §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,

Signature: _____

Printed Name: Thomas C. Smith

Title: Manager

Subscribed and sworn to before me
this 21st day of May 2018.

Notary Public
Deborah D. Clark

NOTARY PUBLIC SEAL INDIANA
DEBORAH D CLARK
Notary Public, State of Indiana
Marion County
Commission # 637774
My Commission Expires
August 20, 2020

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
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;

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:

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.;

Appended as **ATTACHMENT-27A** is a letter from First Merchants Bank attesting that the Applicant has an aggregate balance amongst all subsidiary companies to exceeds the equity portion of the project.

ATTACHMENT-27

Appended as **ATTACHMENT-27B** is a letter from Merchants Bank of Indiana providing the terms and conditions and stating its expectations in making the loan.

ATTACHMENT-27

First Merchants Bank

10333 N MERIDIAN ST | STE 350 | INDIANAPOLIS, IN 46290

May 3, 2018

To Whom It May Concern:

The Leo Brown Group has the following aggregate balance amongst all of their subsidiary companies:

$4,032,065.22

Thank you,

Sarah Shuler

Treasury Management Officer

260.820.1199

EQUAL HOUSING LENDER
MEMBER FDIC

May 7, 2018

Mr. Chris King
Leo Brown Group
802 East 86th Street
Indianapolis, IN 46240

Dear Mr. King:

RE: McHenry, Illinois Skilled Nursing Development

Merchants Bank of Indiana ("MBI") is pleased to provide Leo Brown Group (the "Borrower") with a conditional commitment for the above-referenced project (the "Project") for a mortgage loan.

Please carefully review each of the following exhibits, incorporated herein by reference:

EXHIBIT A – PROPOSED LOAN TERMS DUE DILIGENCE COSTS

EXHIBIT B – CONDITIONS

This conditional commitment is subject to the conclusions stated on the attachments and within this letter. The terms and conditions discussed herein are subject to change based on information provided to satisfy the conditions of the commitment. This conditional commitment will expire on October 7th 2018, unless duly extended in writing by MBI.

Oral agreements or commitments to loan money, extend credit or to forebear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrower(s)) and us (MBI) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

If you have any questions regarding this letter, please do not hesitate to call.

Sincerely,

Jeffrey T. Spahn

Vice President

ATTACHMENT-27B

EXHIBIT A – PROPOSED BASIC LOAN TERMS

SUMMARY OF TERMS AND INDICATIVE PRICING AS OF March 15, 2018

On behalf of Merchants Bank of Indiana ("MBI"), I am pleased to present you with the following financing proposal.

BORROWER:	A Single Asset Affiliate to the Leo Brown Group. This will be a joint venture between The Leo Brown Group and Ignite.
PURPOSE:	Provide construction financing for McHenry Senior Skilled Nursing, a 84 bed project located in McHenry, Illinois
LOAN AMOUNT:	Up to a $13,171,500.00 Construction Loan limited to the lesser of: 75% of Appraised Value, 75% of Total Project Costs, OR 1.25x DSCR based on the applicable underwriting rate
INTENDED LOAN TAKEOUT:	FHA LEAN 232/223(f)
COLLATERAL:	1. A first real estate mortgage together with a first security interest in all inventory, equipment, fixtures, major movables, contract rights, accounts, accounts receivable, instruments, documents, chattel paper, trademarks, licenses, letter of credit rights, supporting obligations, general intangibles and any other real or personal property. 2. A first assignment of all construction contracts. 3. A first assignment and pledge of any and all leases and rents, together with any guaranties of any such leases. 4. A first security interest in all funds deposited with Lender.
TERM (Including any extensions):	1. Construction Loan: 36 Month Construction Period. 2. Mini-Perm Loan: 36 Month Mini-Perm Loan Period.
AMORTIZATION:	1. Construction Loan: Interest Only 2. Mini-Perm Loan: 25 Years
PRICING:	1. Construction Loan: Floating 285 basis points over 30-day LIBOR 2. Mini-Perm Loan: Option to Fix or Float upon conversion to Mini-Perm a. Fixed: 285 basis points over the 3-year Federal Home Loan Bank Advance Rate b. Float: 285 basis points over 30-day LIBOR
LOAN AND EXIT FEES:	1. MBI Construction Loan Origination Fee: 1.00% 2. Mini-Perm Conversion Fee: 0.00% 3. Exit Fee: Regardless of whether the loan has converted to the mini-perm or not, an exit fee of 2.0% will apply when the MBI loan is paid in full by another loan unless permanent financing is provided by MBI/PR Mortgage, or the project is sold to an unaffiliated buyer.
GUARANTY STRUCTURE:	MBI requires an unlimited, joint and several guarantee(s) from principals and/or entities associated with the ownership of the project. Any proposed guarantor(s) will be subject to Bank underwriting, credit analysis, and must be acceptable to the MBI in its sole discretion. Please note burn off of guarantor structures once a project reaches particular milestones may be available but is subject to MBI's review and approval on a project to project basis.

ATTACHMENT-27B

TERMS FOR CONVERSION OF LOAN TO MINI-PERM TERM:	1. No default; 2. Construction Completion; 3. Construction costs paid and lien waivers obtained; 4. As-built survey; 5. Certificates of Occupancy (or equivalent) 6. Debt Service Coverage Ratio of 1.25 to 1 for 3 consecutive calendar months for operations; 7. Borrower and Guarantor certification; 8. Payment of Extension Loan Fee if applicable; 9. Deposit Account Control Agreement; 10. Deposit Account Instructions and Services Agreement if applicable; 11. Final Loan Title Insurance Policy Endorsement;
RESERVE/ESCROW REQUIREMENTS:	1. Reserve for Replacements: $400/unit per annum
REPORTING REQUIREMENTS:	So long as the Loan shall remain unpaid, Borrower shall: 1. Furnish to Lender within ninety (90) days following the end of each fiscal year financial statements for Borrower, the Project, and tenant as of and for the end of such fiscal year. Such financial statements shall be prepared in accordance with generally accepted accounting principles applied on a consistent basis throughout the periods involved by an independent certified public accountant acceptable to Lender which shall provide an unqualified opinion regarding such financial statements and shall include all details of the operations, including a profit and loss statement, balance sheet, reconciliation of surplus, and rent roll for the Project. 2. Furnish to Lender within thirty (30) days following the end of each calendar quarter internally prepared financial statements for Borrower, the Project, and tenant as of and for the end of such calendar quarter. Such financial statements shall include all details of the operations, including a profit and loss statement, balance sheet, reconciliation of surplus, and rent roll for the Project. 3. Furnish to Lender within thirty (30) days from filing and in no event later than May 1 of each calendar year a copy of the federal income tax return for Borrower for the calendar year then ended. 4. Furnish to Lender within one hundred eighty (180) days following the end of each calendar year an updated financial statement for each Guarantor, and, as soon as available and in any event within thirty (30) days from the date of filing and in no event later than April 30 of each calendar year, unless an extension is filed with the Internal Revenue Service (evidence of such extension to be promptly provided to Lender), and then within thirty (30) days of the extension date, but in no event later than October 15 of each year, a copy of the federal income tax return for each Guarantor for the calendar year then ended. Such financial statements shall be in form and substance acceptable to Lender. The tax returns to be provided shall be the primary return and shall not include any schedules or other attachments. Lender agrees that such tax returns are considered confidential by Guarantor and are not to be copied or shared with any party other than any financial institution that has acquired, or has expressed an interest in acquiring, a participation interest in the Loan, employees and professional advisors who need access to the information for purposes related to the Loan. It is expressly understood and agreed by Borrower that, in the event any financial institution that has acquired, or any prospective financial institution has expressed an interest in acquiring, a participation interest in the Loan requests or requires additional tax

	return information for Borrower or any Guarantor, including but not limited to schedules and/or attachments, and Borrower or any Guarantor fails to provide the requested additional information to Lender within ten (10) calendar days of Lender's request to Borrower, Lender shall have the right to immediately terminate this Commitment without penalty, liability or further obligation hereunder. Provided further, in the event of such termination by Lender, Borrower and each guarantor hereby agrees to promptly indemnify and reimburse Lender for all costs and expenses, of whatever nature, including attorney's fees, actually incurred from the date hereof in connection with the negotiation or processing of this Commitment or the Loan. 5. Such additional financial information and documentation as Lender may from time to time reasonably require.
COVENANTS:	1. To be Determined; subject to full MBI due diligence and underwriting.

This term sheet does not contain every condition to be imposed upon the loan such as late charges, default rates, insurance requirements, and other protective covenants. The loan agreement and loan documents shall contain representations and warranties; affirmative and negative covenants and defaults customarily found in MBI's credit agreements for similar financings and others appropriate in the judgment of MBI for this transaction. All terms are subject to final approval of the Bank's Loan Committee.

Due at the time this Summary of Terms is accepted for application, $15,000.00, which is an estimate of the costs to be incurred by Lender for third party reports in connection with the Loan, which may include but is not limited to Appraisal, Engineering, Environmental, Credit, Zoning, Lead Based Paint and Deposit Verification Reports. Any costs above and beyond the aforementioned estimated amount will be due from the Borrower. If the total costs of such reports are less than $*15,000.00*, and no other sums are due from the Borrower to Lender hereunder or in connection with the Loan, then the remainder will be refunded to the Borrower at the closing of the Loan. Lender shall not be liable or accountable in any way if after Lender's analysis of the appraisal, engineering report and other exhibits, Lender is unable to provide Loan terms acceptable to the Applicant.

ATTACHMENT-27B

EXHIBIT B - CONDITIONS

This commitment is condition upon:

1. Receipt by the Borrower of a Certification of Need from the appropriate licensing authority for the State of Illinois.

2. Receipt of an updated appraisal report supporting the committed loan amount and conforming with HUD and MBI requirements.

3. Receipt of an updated market study report supporting the committed loan amount and conforming with HUD and MBI requirements.

4. Receipt of a Phase I environmental study conforming with HUD and MBI requirements.

5. Any commitment to loan money may be subject to Bank's ability to enter into loan participation agreement(s) acceptable to Bank with Participant Banks.

6. MBI will complete full underwriting and working capital analysis of the GC to determine if a bonded GMP is required.

7. The Architect must have relevant experience in designing Licensed Residential Care Facilities and the project design must meet all applicable building standards to be eligible for the FHA LEAN 232 permanent financing program.

8. Receipt of the final Architectural and Cost Review report supporting the development costs of the proposed project and compliance with HUD's design requirements.

9. Formal Approval of the Loan Request Memorandum by the Merchants Bank of Indiana Loan Committee.

ATTACHMENT-27B

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.

The worksheets for all viability ratios from both the ownership and operating entities as well as the entities on a combined basis are appended as **ATTACHMENT-28A**.

ATTACHMENT-28

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 projected financial statements for the first full year at target utilization (second year after project completion (2022) are appended as **ATTACHMENT-29A**. The proforma statements are for the ownership entity, the operator entity, and on a combined basis.

ATTACHMENT-29

McHenry Senior Partners, LLC (Landlord)
Viability Ratios

$ actual	2021	2022	2023
Current Ratio	**4.20**	**5.56**	**6.92**
Current Assets	1,221,036	1,690,481	2,196,772
Current Liabilities	290,454	303,926	317,610
Net Margin Percentage	**-88.5%**	**1.9%**	**5.3%**
Net Income	(676,640)	27,078	78,561
Net Operating Revenue	764,341	1,459,891	1,496,388
Percent of debt to total capitalization	**77.8%**	**77.3%**	**76.6%**
Long term debt	12,512,251	12,271,505	12,015,911
Long term debt plus shareholders equity	16,081,947	15,868,280	15,691,247
Projected debt service coverage	**0.99**	**1.48**	**1.52**
Net Income + Depreciation + Interest	757,341	1,454,891	1,492,388
Principal + Interest expense	764,341	984,931	984,931
Days Cash on Hand	**172.85**	**397.30**	**649.69**
Cash in bank	366,695	836,140	1,342,431
Operating expenses / 365	2,121	2,105	2,066
Cushion Ratio	**0.37**	**0.85**	**1.36**
Cash & Investments	366,695	836,140	1,342,431
Maximum annual debt service	984,931	984,931	984,931

ATTACHMENT-28A

TCO JV, LLC (Operator)
Viability Ratios

$ actual	2021	2022	2023
Current Ratio	**1.10**	**1.70**	**2.34**
Current Assets	1,542,598	2,573,668	3,564,900
Current Liabilities	1,405,248	1,513,407	1,523,671
Net Margin Percentage	**-12.1%**	**7.4%**	**7.6%**
Net Income	(862,650)	922,912	980,967
Net Operating Revenue	7,104,242	12,500,185	12,830,129
Percent of debt to total capitalization	**0.0%**	**0.0%**	**0.0%**
Long term debt	-	-	-
Long term debt plus shareholders equity	137,350	1,060,262	2,041,228
Projected debt service coverage	**n/a**	**n/a**	**n/a**
Net Income + Depreciation + Interest	(862,650)	922,912	980,967
Principal + Interest expense	-	-	-
Days Cash on Hand	**15.80**	**15.67**	**44.16**
Cash in bank	344,900	497,096	1,433,709
Operating expenses / 365	21,827	31,719	32,463
Cushion Ratio	**n/a**	**n/a**	**n/a**
Cash & Investments	344,900	497,096	1,433,709
Maximum annual debt service	-	-	-

ATTACHMENT-28A

Combined Operations and Real Estate

Viability Ratios

$ actual	2021	2022	2023
Current Ratio	**1.63**	**2.35**	**3.13**
Current Assets	2,763,634	4,264,149	5,761,671
Current Liabilities	1,695,702	1,817,333	1,841,281
Net Margin Percentage	**-21.7%**	**7.6%**	**8.3%**
Net Income	(1,539,290)	949,990	1,059,528
Net Operating Revenue	7,107,242	12,505,185	12,836,129
Percent of debt to total capitalization	**77.1%**	**72.5%**	**67.8%**
Long term debt	12,512,251	12,271,505	12,015,911
Long term debt plus shareholders equity	16,219,297	16,928,542	17,732,476
Projected debt service coverage	**(0.14)**	**5.33**	**5.33**
Net Income + Depreciation + Interest	(105,309)	5,246,337	5,246,337
Principal + Interest expense	764,341	984,931	984,931
Days Cash on Hand	**32.56**	**44.70**	**91.23**
Cash in bank	711,595	1,333,236	2,776,140
Operating expenses / 365	21,854	29,823	30,430
Cushion Ratio	**0.72**	**1.35**	**2.82**
Cash & Investments	711,595	1,333,236	2,776,140
Maximum annual debt service	984,931	984,931	984,931

ATTACHMENT-28A

Combined Operations and Real Estate

Projected Statement of Profit and Loss

$ actual	2021	2022	2023
Room & Board	7,042,662	12,383,064	12,709,092
Ancillary Revenue	61,580	117,120	121,037
Interest Income	3,000	5,000	6,000
Total Revenue	**7,107,242**	**12,505,185**	**12,836,129**
Expenses			
Nursing & Medical Specialist	2,186,957	3,288,385	3,370,124
Clinical Reimbursement	136,137	167,449	171,635
Admissions & Medical Record	318,150	332,362	340,291
Pharmacy & Lab Services	505,477	848,658	866,095
Therapies	1,014,424	1,660,235	1,693,440
Activities & Social Services	196,999	218,950	224,390
Dietary	624,071	951,924	975,180
Housekeeping & Laundry	257,113	328,807	336,834
Facilities and Maintenance	747,851	763,424	779,325
Administration and General	799,118	817,176	835,652
Provision for Bad Debt	71,042	125,002	128,301
Management fee	355,212	625,009	641,506
Total expenses	**7,212,552**	**10,127,382**	**10,362,774**
Gross profit	**(105,309)**	**2,377,802**	**2,473,354**
Capital Costs:			
Interest expense	823,170	816,526	801,464
Depreciation expense	719,580	719,580	719,580
Total capital costs	**1,542,749**	**1,536,106**	**1,521,044**
Net Income	**(1,648,059)**	**841,696**	**952,311**

ATTACHMENT-29A

Combined Operations and Real Estate

Projected Statement of Financial Position

$ actual	2021	2022	2023
Current assets			
Cash in bank and on hand	711,595	1,333,236	2,776,140
Escrowed expenses	90,000	90,000	90,000
Accounts receivable, net	1,157,698	2,035,572	2,089,166
Inventory	15,000	15,375	15,759
Due from TCO JV, LLC	823,170	823,170	823,170
Prepaid expenses	25,000	25,625	26,266
Current assets	**2,822,463**	**4,322,978**	**5,820,501**
Property, plant and equipment			
Land	880,000	880,000	880,000
Building	15,489,490	15,489,490	15,489,490
Major moveables	700,000	700,000	700,000
Subtotal	**17,069,490**	**17,069,490**	**17,069,490**
Accumulated depreciation	(719,580)	(1,439,159)	(2,158,739)
Net fixed assets	**16,349,911**	**15,630,331**	**14,910,751**
Total assets	**19,172,373**	**19,953,309**	**20,731,252**
Liabilities and Stockholders Equity			
Current liabilities			
Accounts payable	228,658	331,657	338,687
Current portion of mortgage payable	244,212	259,275	275,266
Accrued interest	68,597	68,044	66,789
Accrued salaries & benefits	132,873	136,033	139,268
Accrued property taxes	176,381	176,381	176,381
Accrued provider taxes	22,995	22,995	22,995
Due to McHenry Senior Partners, LLC	823,170	823,170	823,170
Other liabilities	80,000	82,000	82,000
Total current liabilities	**1,776,887**	**1,899,555**	**1,924,555**
Long term debt - mortgage payable	13,475,283	13,216,008	12,940,741
Total liabilities	**15,252,169**	**15,115,562**	**14,865,297**
Stockholders equity			
Contributed capital	5,573,165	5,573,165	5,573,165
Retained earnings	(1,648,059)	(806,363)	145,948
Total stockholders equity	**3,925,106**	**4,766,802**	**5,719,113**
Total liabilities and stockholders equity	**19,177,276**	**19,882,365**	**20,584,410**

ATTACHMENT-29A

McHenry Senior Partners, LLC (Landlord)

Projected Statement of Financial Position

$ actual	2021	2022	2023
Current assets			
Cash in bank and on hand	366,695	836,140	1,342,431
Escrowed expenses	90,000	90,000	90,000
Due from TCO JV	823,170	823,170	823,170
Current assets	**1,279,865**	**1,749,310**	**2,255,601**
Property, plant and equipment			
Land	880,000	880,000	880,000
Building	15,489,490	15,489,490	15,489,490
Major moveables	700,000	700,000	700,000
Subtotal	**17,069,490**	**17,069,490**	**17,069,490**
Accumulated depreciation	(719,580)	(1,439,159)	(2,158,739)
Net fixed assets	**16,349,911**	**15,630,331**	**14,910,751**
Total assets	**17,629,775**	**17,379,641**	**17,166,352**
Liabilities and Stockholders Equity			
Current liabilities			
Current portion of mortgage payable	244,212	259,275	275,266
Accrued interest	68,597	68,044	66,789
Total current liabilities	**312,810**	**327,319**	**342,055**
Long term debt - mortgage payable	13,475,283	13,216,008	12,940,741
Total liabilities	**13,788,092**	**13,543,326**	**13,282,796**
Members equity			
Contributed capital	4,573,165	4,573,165	4,573,165
Retained earnings	(726,580)	(695,432)	(608,915)
Total stockholders equity	**3,846,585**	**3,877,733**	**3,964,250**
Total liabilities and stockholders equity	**17,634,678**	**17,421,060**	**17,247,047**

ATTACHMENT-29A

McHenry Senior Partners, LLC (Landlord)

Projected Statement of Profit and Loss

$ actual	2021	2022	2023
Rental Income	823,170	1,572,254	1,611,560
Interest income	3,000	5,000	6,000
Total income	**826,170**	**1,577,254**	**1,617,560**
Operating expenses			
Interest expense	823,170	816,526	801,464
Professional fees	7,000	7,000	7,000
Other costs	3,000	3,000	3,000
Depreciation expense	719,580	719,580	719,580
Total expenses	**1,552,749**	**1,546,106**	**1,531,044**
Net Income	**(726,580)**	**31,148**	**86,517**

ATTACHMENT-29A

TCO JV, LLC (Operator)

Projected Statement of Profit and Loss

$ actual	2021	2022	2023
	Year 1	Year 2	Year 3
Census			
Medicare	26	44	44
Mgd Care/ Part-C	4	5	5
Private	4	8	8
Medicaid	8	21	22
Total Census	**42**	**78**	**78**
Occupancy %	*50%*	*93%*	*93%*

$ actual	2021	2022	2023
$ actual	Year 1	Year 2	Year 3
Revenue			
Medicare	$ 5,578,457	$ 9,614,802	$ 9,855,172
Mgd Care/ Part-C	676,065	811,718	832,011
Private	432,966	833,978	854,828
Medicaid	466,744	1,314,862	1,364,185
Inpatient Revenue	$ 7,154,232	$ 12,575,360	$ 12,906,196
Sequestration	(111,569)	(192,296)	(197,103)
Room & Board	7,042,662	12,383,064	12,709,092
Ancillary Revenue	61,580	117,120	121,037
Total Revenue	**7,104,242**	**12,500,185**	**12,830,129**
Operating Expenses			
RN Wages & Benefits	523,444	715,373	733,258
LPN Wages & Benefits	292,678	553,838	567,683
CNA Wages & Benefits	451,212	799,988	819,987
RN Wages & Benefits LTC	-	-	-
LPN Wages & Benefits LTC	180,110	184,613	189,228
CNA Wages & Benefits LTC	235,769	399,994	409,994
Other Nursing Wages & Benefits	383,135	452,008	463,308
Other Variable Nursing OpEx	68,970	129,901	132,941
Other Fixed Nursing Opex	51,639	52,672	53,725
Nursing & Medical Specialist	2,186,957	3,288,385	3,370,124
Clinical Reimbursement Wages & Benefits	136,137	167,449	171,635
Other Variable Clinical Reimbursement Opex	-	-	-
Other Fixed Clinical Reimbursement Opex	-	-	-
Clinical Reimbursement	136,137	167,449	171,635
Admissions Wages & Benefits	194,506	199,369	204,353
Medical Records Wages & Benefits	45,946	47,095	48,272
Other Variable Admissions Opex	-	-	-
Other Fixed Admissions Opex	70,000	71,400	72,828
Other Variable Medical Records Opex	7,698	14,498	14,837
Other Fixed Medical Records Opex	-	-	-
Admissions & Medical Record	318,150	332,362	340,291
Other Variable Pharmacy Opex	505,477	848,658	866,095
Other Fixed Pharmacy Opex	-	-	-
Pharmacy & Lab Services	505,477	848,658	866,095
Contract Therapy Services	1,001,224	1,646,771	1,679,707
Other Fixed Therapy Opex	13,200	13,464	13,733
Therapies	1,014,424	1,660,235	1,693,440
Activities Wages & Benefits	78,619	80,585	82,599
Social Services Wages & Benefits	109,761	125,587	128,726
Other Variable Activities Opex	4,619	8,699	8,902

ATTACHMENT-29A

Other Fixed Activities Opex	4,000	4,080	4,162
Activities & Social Services	196,999	218,950	224,390
Dietary Wages & Benefits	457,511	655,484	671,871
Other Variable Dietary Opex	146,560	276,040	282,501
Other Fixed Dietary Opex	20,000	20,400	20,808
Dietary	624,071	951,924	975,180
Housekeeping Wages & Benefits	153,062	211,535	216,824
Laundry Wages & Benefits	65,665	76,922	78,845
Other Variable Housekeeping & Laundry Opex	1,386	2,610	2,671
Other Fixed Housekeeping & Laundry Opex	37,000	37,740	38,495
Housekeeping & Laundry	257,113	328,807	336,834
Maintenance Wages & Benefits	80,406	82,416	84,477
Supply Wages & Benefits	42,883	43,955	45,054
Other Variable Facilities & Maintenance Opex	-	-	-
Other Fixed Facilities & Maintenance Opex	624,561	637,053	649,794
Facilities and Maintenance	747,851	763,424	779,325
Administrative Wages & Benefits	455,124	466,502	478,165
Pre-Opening Expenses	-	-	-
Other Variable Administration Opex	-	-	-
Other Fixed Administration Opex	333,994	340,674	347,487
Administration and General	789,118	807,176	825,652
Provision for Bad Debt (% of Revenue)	71,042	125,002	128,301
Provision for Bad Debt	71,042	125,002	128,301
Operating Expenses	**6,847,340**	**9,492,373**	**9,711,268**
EBITDARM	**256,903**	**3,007,811**	**3,118,861**
Management Fee	355,212	625,009	641,506
EBITDAR	**(98,309)**	**2,382,802**	**2,477,354**
Rent Expense	823,170	1,572,254	1,611,560
Net Income	**(921,479)**	**810,548**	**865,794**

ATTACHMENT-29A

TCO JV, LLC (Operator)
Projected Statement of Financial Position

$ actual	2021	2022	2023
Current assets			
Cash in bank and on hand	344,900	497,096	1,433,709
Accounts receivable, net	1,157,698	2,035,572	2,089,166
Inventory	15,000	15,375	15,759
Prepaid expenses	25,000	25,625	26,266
Current assets	**1,542,598**	**2,573,668**	**3,564,900**
Total assets	**1,542,598**	**2,573,668**	**3,564,900**
Liabilities and Stockholders Equity			
Current liabilities			
Accounts payable	228,658	331,657	338,687
Due to McHenry Senior Partners	823,170	823,170	823,170
Accrued salaries & benefits	132,873	136,033	139,268
Accrued property taxes	176,381	176,381	176,381
Accrued provider taxes	22,995	22,995	22,995
Other liabilities	80,000	82,000	82,000
Total current liabilities	**1,464,077**	**1,572,236**	**1,582,500**
Total liabilities	**1,464,077**	**1,572,236**	**1,582,500**
Stockholders equity			
Contributed capital	1,000,000	1,000,000	1,000,000
Retained earnings	(921,479)	(110,931)	754,863
Total stockholders equity	**78,521**	**889,069**	**1,754,863**
Total liabilities and stockholders equity	**1,542,598**	**2,461,305**	**3,337,363**

ATTACHMENT-29A

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 or in part by borrowing because:

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-30B,** is a letter from the owner addressing the conditions of debt financing.

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 & Benefits	$6,609,484	
Supplies	$1,083,257	
Patient Days @ 90%		27,594
Total/Operating Cost/PT Day	$7,692,741	$278.78

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	$719,580	
Interest Expense	$816,526	
Amortization	$259,275	
Real Estate Taxes	$176,381	
Patient Days @ 90%		27,594
Total/Operating Cost/PT Day	$1,971,762	$71.46

ATTACHMENT - 30

McHenry Senior Partners, LLC

May 7, 2018

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for **Transformative Health of McHenry**; reasonableness of financing arrangements

Dear Ms. Avery:

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 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.

Respectfully,

Thomas C. Smith, Officer

Notarization:
Subscribed and sworn to before me
this 7th day of May 2018

Signature of Notary
Seal

NOTARY PUBLIC SEAL INDIANA
DEBORAH D CLARK
Notary Public, State of Indiana
Marion County
Commission # 637774
My Commission Expires
August 20 2020

[illegible]

ATTACHMENT-30A

LEO BROWN
GROUP

April 30, 2018

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for **Transformative Health of McHenry**; reasonableness of financing arrangements

Dear Ms. Avery:

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 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.

Respectfully,

Thomas C. Smith, Officer

Notarization:
Subscribed and sworn to before me
this 30th day of April 2018
Deborah D. Clark
Signature of Notary
Seal

NOTARY PUBLIC SEAL INDIANA
DEBORAH D CLARK
Notary Public, State of Indiana
Marion County
Commission # 637774
My Commission Expires
August 20, 2020

McHenry Senior Partners, LLC

May 7, 2018

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for
Transformative Health of McHenry;
reasonableness of financing arrangements

Dear Ms. Avery:

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:

1. 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;

2. 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.

Respectfully,

Thomas C. Smith, Officer

Notarization:
Subscribed and sworn to before me
this 7th day of May 2018

Deborah D. Clark
Signature of Notary
Seal

DEBORAH D CLARK
Notary Public, State of Indiana
Marion County
Commission # 637774
My Commission Expires
August 20 2020

ATTACHMENT-30B

LEO BROWN
GROUP

April 30, 2018

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for
Transformative Health of McHenry;
reasonableness of financing arrangements

Dear Ms. Avery:

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:

1. 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;

2. 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.

Respectfully,

Thomas C. Smith, Officer

Notarization:
Subscribed and sworn to before me
this 30th day of April 2018
Deborah D. Clark
Signature of Notary
Seal

NOTARY PUBLIC SEAL INDIANA
DEBORAH D CLARK
Notary Public, State of Indiana
Marion County
Commission #637774
My Commission Expires
August 20, 2020