19-030

LONG-TERM CARE APPLICATION FOR PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED
JUL 01 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

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

The applicants, Coulterville Rehabilitation and Health Care Center, LLC and TI-Coulterville, LLC ("Applicants"), presently own and operate 75-bed long-term care facility ("Facility"), which is located at 13138 Illinois Route 13, Coulterville, Illinois 62237 ("Project Site"). The Facility presently has a waiting list of persons seeking admission.

The Applicants propose the addition of 25 beds to the existing 75-bed Facility, which will increase the total number of beds to 100. The project will involve the construction of a new wing on the existing building, extending from the southeast corner. The current building has 29,505 square feet and the new space will add another 12,342 square feet.

The Project's total cost is $2,385,361. The entire cost of the project will be funded with cash.

The Facility will be in Health Service Area 5 ("HSA 5"), which, according to the most recent inventory of Health Care Services, presently has a need for 35 additional long-term care beds.

The Project involves the expansion of an existing healthcare facility; therefore, this project is considered substantive.

The estimated project completion date is December 31, 2020.

Facility/Project Identification

Facility Name: Coulterville Rehabilitation & Health Care Center		
Street Address: 13138 Illinois Route 13		
City and Zip Code: Coulterville, Illinois 62237		
County: Randolph	Health Service Area: 5	Health Planning Area: N/A

Applicant /Co-Applicant Identification

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

Exact Legal Name: Coulterville Rehabilitation & Health Care Center, LLC
Address: 13138 Illinois Route 13, Coulterville, Illinois 62237
Name of Registered Agent: Daniel Maher
Name of Chief Executive Officer: Joseph C. Tutera
CEO Address: 7611 State Line Road, Kansas City, Missouri 64114
Telephone Number: (816) 444-0900

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.

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: Mike Levitt
Title: Vice President
Company Name: Tutera Senior Living & Health Care
Address: 7611 State Line Road, Kansas City, Missouri 64114
Telephone Number: (816) 444-0900
E-mail Address: MikeL@Tutera.com
Fax Number: (816) 276-0114

Additional Contact

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

Name: Joseph Hylak-Reinholtz
Title: Legal Counsel for Applicant
Company Name: Hylak-Reinholtz Law Firm, LLC
Address: 601 West Monroe Street, Springfield, Illinois 62704
Telephone Number: (630) 464-4514
E-mail Address: JHRLaw2017@gmail.com
Fax Number: N/A

Facility/Project Identification

Facility Name: Coulterville Rehabilitation & Health Care Center		
Street Address: 13138 Illinois Route 13		
City and Zip Code: Coulterville, Illinois 62237		
County: Randolph	Health Service Area: 5	Health Planning Area: N/A

Applicant /Co-Applicant Identification

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

Exact Legal Name: TI-Coulterville, LLC
Address: 13138 Illinois Route 13, Coulterville, Illinois 62237
Name of Registered Agent: Daniel Maher
Name of Chief Executive Officer: Joseph C. Tutera
CEO Address: 7611 State Line Road, Kansas City, Missouri 64114
Telephone Number: (816) 444-0900

Type of Ownership (Applicant/Co-Applicants)

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

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Title: Vice President
Company Name: Tutera Senior Living & Health Care
Address: 7611 State Line Road, Kansas City, Missouri 64114
Telephone Number: (816) 444-0900
E-mail Address: MikeL@Tutera.com
Fax Number: (816) 276-0114

Additional Contact

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

Name: Joseph Hylak-Reinholtz
Title: Legal Counsel for Applicant
Company Name: Hylak-Reinholtz Law Firm, LLC
Address: 601 West Monroe Street, Springfield, Illinois 62704
Telephone Number: (630) 464-4514
E-mail Address: JHRLaw2017@gmail.com
Fax Number: N/A

Post Permit Contact

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

Name: Mike Levitt
Title: Vice President
Company Name: Tutera Senior Living & Health Care
Address: 7611 State Line Road, Kansas City, Missouri 64114
Telephone Number: (816) 444-0900
E-mail Address: MikeL@Tutera.com
Fax Number: (816) 276-0114

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: TI-Coulterville, LLC
Address of Site Owner: 7611 State Line Road, Kansas City, Missouri 64114
Street Address or Legal Description of Site: 13138 Illinois Route 13, Coulterville, Illinois 62237
Proof of ownership or control of the site is to be provided as an attachment. 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: Coulterville Rehabilitation & Health Care Center, LLC
Address: 13138 Illinois Route 13, Coulterville, Illinois 62237

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

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

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

☒ All reports regarding outstanding permits

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

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. 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 manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Coulterville Rehab. & Health Care Center, 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

Joseph C. Tutera
PRINTED NAME

manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19 day of June, 2019.

Signature of Notary

Seal

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____, 2019.

Signature of Notary

Seal

* Insert EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives 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 manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of TI - Coulterville, 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

Isaac Tufen

PRINTED NAME

Member

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 17 day of June, 2019.

Signature of Notary

Seal

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this ____ day of _____, 2019.

Signature of Notary

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**	**75**	**100**
☐ **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**	**2018**	**160**	**24,539**
☐ **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

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

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. 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 1125.550 - Service Demand – Expansion of General Long-Term Care

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

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 and shall be developed either after the housing complex has been established or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.

3. The applicant shall demonstrate that:

   a. The proposed number of beds is needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds shall not exceed one licensed LTC bed for every five apartments or independent living units;

   b. There is a provision in the facility's written operational policies assuring that a resident of the retirement community who is transferred to the LTC facility will not lose his/her apartment unit or be transferred to another LTC facility solely because of the resident's altered financial status or medical indigency; and

   c. Admissions to the LTC unit will be limited to current residents of the independent living units and/or congregate housing.

Defined Population:

The applicant proposing a project for a defined population shall provide the following:

1. The applicant shall document that the proposed project will serve a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic service area (GSA) proposed to be served and that includes, at a minimum, the entire health service area in which the facility is or will be physically located.

2. The applicant shall document each of the following:

   a. A description of the proposed religious, fraternal or ethnic group proposed to be served;

   b. The boundaries of the GSA;

   c. The number of individuals in the defined population who live within the proposed GSA, including the source of the figures;

   d. That the proposed services do not exist in the GSA where the facility is or will be located;

   e. That the services cannot be instituted at existing facilities within the GSA in sufficient numbers to accommodate the group's needs. The applicant shall specify each proposed service that is not available in the GSA's existing facilities and the basis for determining why that service could not be provided.

f. That at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of a written admission policy insuring that the requirements of this subsection (b)(2)(F) will be met.

g. That the proposed project is either directly owned or sponsored by, or affiliated with, the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant shall provide legally binding documents that prove ownership, sponsorship or affiliation.

APPEND DOCUMENTATION AS ATTACHMENT- 16, 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.

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:**

$2,385,361	a.	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b.	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c.	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d.	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$2,385,361	**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.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization	*Not Applicable: Cash-Funded Project*			
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

2. Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE

Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Clinical	$191.25		12,342				$191.25		$191.25
Contingency	$2.03		12,342				$2.03		$2.03
TOTALS	**$193.28**		**12,342**				**$193.28**		**$193.28**

* 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.

Project Costs and Sources of Funds

APPENDIX A

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	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$138,531	$0	$138,531
Off Site Work	$0	$0	$0
New Construction Contracts	$2,034,430	$0	$2,034,430
Modernization Contracts	$0	$0	$0
Contingencies	$25,000	$0	$25,000
Architectural/Engineering Fees	$90,000	$0	$90,000
Consulting and Other Fees	$37,500	$0	$37,500
Movable or Other Equipment (not in construction contracts)	$59,900	$0	$59,900
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	**$2,385,361**	**$0**	**$2,385,361**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,385,361	$0	$2,385,361
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
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	**$2,385,361**	**$0**	**$2,385,361**

Note: Additional information provided at the end of the application.

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: $_____
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 $ Not applicable.

Note: Additional information provided at the end of the application.

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): December 31, 2020

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.

Note: Additional information provided at the end of the application.

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:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL	$2,385,361	29,505	12,342	12,342			
Total Reviewable	*$2,385,361*			*12,342*			
NON-CLINICAL	$0	0	0	0			
Total Non-Clinical	*$0*	*0*	*0*	*0*			
TOTAL	**$2,385,361**			**12,342**			

Note: Additional information provided at the end of the application.

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

INDEX OF ATTACHMENTS

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ATTACHMENT 1

Applicant Ownership Information

Please find attached a Certificate of Good Standing issued by the Illinois Secretary of State for the two co-applicants: (1) Coulterville Rehabilitation and Health Care Center, LLC ("CRHCC"); and (2) TI-Coulterville, LLC ("TI-Coulterville").

CRHCC, a Missouri limited liability company authorized to transact business in Illinois, is the legal entity that presently owns, operates, manages, and controls the existing long-term care facility. TI-Coulterville, also a Missouri limited liability company authorized to transact business in Illinois, is the legal entity that owns and controls the real estate affected by this project and is covering the related construction costs.

A Certificate of Good Standing issued by the Illinois Secretary of State for both applicants is attached immediately following this page, along with documentation regarding each business' status in the State of Missouri.

File Number 0453723-8

To all to whom these Presents Shall Come, Greeting:

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

COULTERVILLE REHABILITATION & HEALTH CARE CENTER, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 03, 2013, 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* 5TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1915603168 verifiable until 06/05/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

DECEMBER 03, 2013 0453723-8

DANIEL MAHER
412 EAST LAWRENCE AVENUE
SPRINGFIELD, IL 62703-2208

RE COULTERVILLE REHABILITATION & HEALTH CARE CENTER, L.L.C.

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A $300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

04537238

Form **LLC-45.5**
May 2012

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act

Application for Admission to Transact Business

SUBMIT IN DUPLICATE
Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: $500
Penalty: $
Approved:

FILE #

This space for use by Secretary of State.

FILED
DEC 03 2013
JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name: Coulterville Rehabilitation & Health Care Center, L.L.C.

2. Assumed Name: _____
(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of Organization: Missouri

4. Date of Organization: 11-20-13

5. Period of Duration: perpetual
(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)

6. Address of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)

7611 State Line Road, Suite 301
Number Street Suite #

Kansas City, MO 64114-1698
City State ZIP Code

7. Registered Agent: Daniel Maher
First Name Middle Name Last Name

Registered Office: 412 East Lawrence Avenue
Number Street Suite #

(P.O. Box alone or c/o is unacceptable.) Springfield IL 62703-2208
City Zip Code

8. If applicable, Date on which Company first conducted business in Illinois: _____

(continued on back)

LLC-45.5

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: 623000 - nursing & residential care facilities

10. The Limited Liability Company: (check one)

a. ☑ is managed by the **manager(s)** (List names and addresses.)

Joseph C. Tutera
7611 State Line Road, Suite 301
Kansas City, MO 64114-1698

b. ☐ has management vested in the **member(s)** (List names and addresses.)

11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. **This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.**

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: 11/21/2013
Month, Day, Year

Signature

Joseph C. Tutera, Manager
Name and Title (type or print)

If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.

File Number: 201332480756
LC1357911
Date Filed: 11/20/2013
Jason Kander
Secretary of State

State of Missouri

Jason Kander, Secretary of State

Articles of Organization

1. The name of the limited liability company is:

   Coulterville Rehabilitation & Health Care Center, L.L.C.

2. The purpose(s) for which the limited liability company is organized:

   The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.

3. The name and address of the limited liability company's registered agent in Missouri is:

   Michael F Flanagan — *Name*
   7611 State Line Road, Suite 303, Kansas City MO 64114-1698 — *Address*

4. The management of the limited liability company is: [X] Manager [ ] Member

5. The duration (period of existence) for this limited liability company is:

   Perpetual

6. The name(s) and street address(es) of each organizer:

   Michael F Flanagan, 7611 State Line Road, Suite 303, Kansas City MO 64114-1698

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Michael F Flanagan
(Organizer Name)

State of Missouri

Jason Kander
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Coulterville Rehabilitation & Health Care Center, L.L.C.
LC1357911

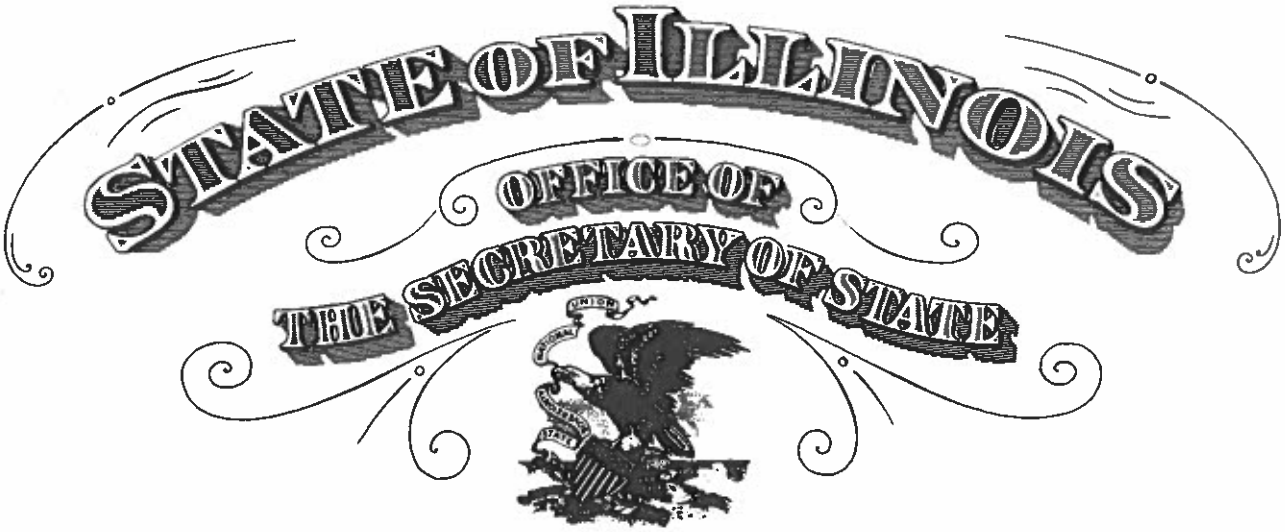
filed its Articles of Organization with this office on the November 20, 2013, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, JASON KANDER, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the November 20, 2013, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this November 20, 2013.

Secretary of State

File Number 0453720-3



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

TI-COULTERVILLE, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 03, 2013, 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* 5TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1915603162 verifiable until 06/05/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

DECEMBER 03, 2013

0453720-3

DANIEL MAHER
412 EAST LAWRENCE AVENUE
SPRINGFIELD, IL 62703-2208

RE TI-COULTERVILLE, L.L.C.

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A $300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

04537203

Form **LLC-45.5**
May 2012

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act

Application for Admission to Transact Business

SUBMIT IN DUPLICATE
Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: $500
Penalty: $
Approved:

FILE #

This space for use by Secretary of State.

FILED
DEC 03 2013
JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name: TI - Coulterville, L.L.C.

2. Assumed Name: _____
(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of Organization: Missouri

4. Date of Organization: 11-20-13

5. Period of Duration: perpetual
(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)

6. Address of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)

7611 State Line Road, Suite 301
Number Street Suite #

Kansas City, MO 64114-1698
City State ZIP Code

7. Registered Agent: Daniel Maher
First Name Middle Name Last Name

Registered Office: 412 East Lawrence Avenue
Number Street Suite #

(P.O. Box alone or c/o is unacceptable.) Springfield IL 62703-2208
City Zip Code

8. If applicable, Date on which Company first conducted business in Illinois: _____

(continued on back)

LLC-45.5

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: 531110 - Lessors of Residential Buildings & Dwellings

10. The Limited Liability Company: (check one)

a. ☑ is managed by the **manager(s)** (List names and addresses.)

Joseph C. Tutera

7611 State Line Road, Suite 301

Kansas City, MO 64114-1698

b. ☐ has management vested in the **member(s)** (List names and addresses.)

11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. **This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.**

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: 11/21/2013
Month, Day, Year

Signature

Joseph C. Tutera, Manager
Name and Title (type or print)

If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.

File Number: 201332480769
LC1357914
Date Filed: 11/20/2013
Jason Kander
Secretary of State

State of Missouri

Jason Kander, Secretary of State

Articles of Organization

1. The name of the limited liability company is:

   TI - Coulterville, L.L.C.

2. The purpose(s) for which the limited liability company is organized:

   The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.

3. The name and address of the limited liability company's registered agent in Missouri is:

   Michael F Flanagan — *Name*
   7611 State Line Road, Suite 303, Kansas City MO 64114-1698 — *Address*

4. The management of the limited liability company is: [X] Manager [ ] Member

5. The duration (period of existence) for this limited liability company is:

   Perpetual

6. The name(s) and street address(es) of each organizer:

   Michael F Flanagan, 7611 State Line Road, Suite 303, Kansas City MO 64114-1698

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Michael F Flanagan
(Organizer Name)

State of Missouri

Jason Kander
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

TI - Coulterville, L.L.C.
LC1357914

filed its Articles of Organization with this office on the November 20, 2013, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, JASON KANDER, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the November 20, 2013, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this November 20, 2013.

Secretary of State

ATTACHMENT 2

Site Ownership

The address of the project site is 13138 Illinois Route 13, Coulterville, Illinois 62237 ("Project Site"). This is the existing location of Coulterville Rehabilitation & Health Care Center.

TI-Coulterville, LLC ("Site Owner") owns the building in which the existing long-term care facility is located. The Site Owner provided a copy of the Lease Agreement between the Site Owner and Coulterville Rehabilitation & Health Care Center as evidence of its ownership of the Project Site.

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 18, 2019

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

Re: Site Ownership

Dear Ms. Avery:

This letter attests that TI-Coulterville, LLC ("Co-Applicant") is the owner of the real estate related to the certificate of need permit application submitted by Coulterville Rehabilitation & Health Care Center ("SNF"). The real estate houses a 75-bed skilled nursing facility, which was built in 1999. A lease agreement between the Co-Applicant and the SNF is attached to this letter as evidence of site ownership.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation & Health Care Center, L.L.C.

Attachment

LEASE

THIS LEASE (the "Lease") is made and entered into effective as of January 1, 2014 by and between **TI - COULTERVILLE, L.L.C.,** a Missouri limited liability company (the "Landlord"), and **COULTERVILLE REHABILITATION & HEALTH CARE CENTER, L.L.C.,** a Missouri limited liability company (the "Tenant").

RECITALS

WHEREAS, Landlord is the owner of that certain skilled nursing facility known as Coulterville Rehabilitation & Health Care Center, a 75 licensed bed skilled nursing facility located at 13138 State Route 13, Coulterville, Randolph County, Illinois 62237, which real property is more particularly described on **Exhibit "A"** attached hereto and incorporated herein by this reference (the "Real Property"), together with all furnishings, personal property and equipment located upon the Real Property (collectively, the "Personal Property").

WHEREAS, it is the mutual desire of Landlord and Tenant that Landlord and Tenant enter into this Lease pursuant to which Landlord shall lease to Tenant the Real Property and the Personal Property (collectively, the "Premises") on the terms and conditions as provided herein.

NOW, THEREFORE, in consideration of the rent and mutual covenants provided in this Lease, Landlord hereby rents, demises and leases unto Tenant the Premises on the terms and conditions set forth below:

AGREEMENT

1. **TERM**. This Lease shall have one (1) term beginning on January 1, 2014 (the "Commencement Date") and ending December 31, 2060 (the "Expiration Date"). Landlord and Tenant each hereby acknowledge and agree that this Lease does not contain any provision which would allow Tenant to renew or extend this Lease beyond the Expiration Date and that, unless terminated earlier, upon the Expiration Date the Premises shall revert back to Landlord.

2. **RENT**. Commencing on January 1, 2014, and continuing on the first business day of each month thereafter through the Expiration Date, unless the Lease is terminated earlier in accordance with the terms of this Lease, Tenant shall pay to Landlord a monthly payment (the "Monthly Rent") in the amount of $25,000.00. Monthly Rent for any fractional month shall be prorated and payable in advance. For purposes of this Lease, "Lease Year" shall be considered to be each twelve (12) month period commencing on January 1 of each calendar year.

3. **SECURITY DEPOSIT**. [INTENTIONALLY DELETED].

4. **USE, MAINTENANCE, IMPROVEMENTS**.

(a) Tenant shall, at all times during the term of this Lease, use and operate the Premises as a skilled nursing facility with not less than 75 licensed beds, and all purposes

incidental thereto, but for no other purposes without the prior written consent of Landlord, which consent shall not be unreasonably withheld or delayed.

(b) Tenant shall at all times during the term hereof maintain the Premises in as good a condition as when the Premises were delivered to Tenant hereunder, ordinary wear and tear and unavoidable casualties excepted. Tenant shall, at Tenant's expense, perform all parking lot maintenance (including snow removal, cleaning, repainting and repairs) and major mechanical repair or replacement of major components of the Premises, including but not limited to heating, ventilation, air conditioning, electrical, plumbing and sewer systems. Tenant shall, at Tenant's expense, perform all nonstructural repairs and maintenance to the Premises and to any part thereof, which are needed to maintain the Premises in a good, safe, operable and clean condition and state of repair, including glass. Tenant shall have no duty to improve the Premises beyond its present condition. To the extent the Personal Property and equipment are not obsolete and remain used in the operation of the Premises, Tenant shall also, at Tenant's expense, maintain, repair and keep in good, safe, operable and clean condition and state of repair, ordinary wear and tear excepted, the Personal Property. However, in the event that any of such Personal Property becomes obsolete, Tenant may discard the same or discontinue any maintenance or repair of the same if, in Tenant's opinion, it becomes uneconomical or is not prudent to continue such repairs or maintenance. Tenant shall further be responsible to replace, repair or clean up any condition of the Premises existing after the Commencement Date which shall violate any present or future local, state or federal environmental or hazardous waste laws, rules or regulations. Tenant shall not commit or suffer waste of any nature whatsoever to the Premises or any part thereof. Tenant shall not allow the Premises or any part thereof or any activity thereon to become a nuisance. Tenant shall maintain and conduct Tenant's activities on the Premises in a good, safe, prudent and businesslike manner.

5. **UTILITIES; LIENS**. Tenant shall arrange for, be liable for and pay for all utilities and utility service to the Premises arising on or after the Commencement Date, including all electricity, gas, water and fuel. Tenant shall protect, defend, indemnify and save Landlord and the Premises harmless from and against all utility and service charges, and laborers', materialman's or mechanic's liens that may attach to the Premises by reason of Tenant's use, occupancy or possession of the Premises or Tenant's activities thereon. Tenant shall not permit any such charge or lien, if uncontested, to remain un-discharged for more than thirty (30) days; provided, however, that Tenant, at its expense, may contest by appropriate legal proceedings conducted in good faith and with due diligence the amount or validity or application, in whole or in part, of: (a) any federal, state, county or local law, statute, act, code, rule, regulation or requirement affecting, applicable to or pertaining to all or any part of the Premises or the use thereof (each and every such law, statute, act, code, rule, regulation and requirement being herein collectively called the "Applicable Laws"), (b) the amount or validity of all taxes, assessments, water and sewer charges and public charges now or hereafter levied against the Premises and the valuation of the Premises for real estate tax purposes (collectively, the "Taxes"); or (c) the amount or validity of any mechanic's or materialman's lien against the Premises, or of any apparent or threatened adverse title or claim to or against the Premises, or any other lien, statement of lien, encumbrance, claim or charge against the Premises (collectively, the "Liens"); provided, however, that during the pendency each such contest by Tenant of such proceedings shall prevent: (i) the collection of or realization of or enforcement of

such Applicable Laws, Taxes or Liens; and (ii) the sale, forfeiture, interference with or loss of the Premises or any part thereof or the use and occupancy of the Premises to satisfy the same. Tenant further agrees that each such contest shall be promptly prosecuted to a final conclusion. Tenant will pay, and save Landlord harmless from and against, any and all losses, judgments, decrees and cost (including reasonable attorneys' fees and expenses) in connection with any such contest and will promptly after the final determination of such contest, pay and discharge any amounts levied, assessed, charged or imposed or determined to be payable therein or in connection therewith, together with all penalties, fines, interests, costs and expenses thereof or in connection therewith, and perform all acts, the performance of which shall be ordered or decreed as a result thereof. No such contest shall subject Landlord to the risk of any civil liability or criminal liability.

6. **INDEMNIFICATION**.

(a) Except as herein provided, Landlord shall not be liable for any bodily injury to or death of any person, or for any damage to or loss of any property, resulting from or arising out of Tenant's use, occupancy or possession of the Premises. From and after the Commencement Date, Tenant shall protect, defend, indemnify and save Landlord and the Premises harmless from and against any loss, cost, damage, demand, claim, suit or other liability, including reasonable attorneys' fees and other expenses of litigation, because of: (i) bodily injury or death at any time resulting therefrom, or (ii) property damage which directly or indirectly results from or arises out of Tenant's use, occupancy or possession of the Premises or Tenant's activities thereon, or which otherwise results from or arises out of this Lease, without regard to the cause of the same.

(b) Landlord shall not, under any circumstances be liable or otherwise accountable to Tenant or to any third person for any damage or injury to Tenant or to any third person or to the property of Tenant or of any third person, however caused, and whether such damage or injury has its origin in the Premises. This provision applies to such items as, but is not limited to, damage to the Premises and damage to any of the fixtures, merchandise, property or equipment therein contained, whether owned by Tenant or by any other person, due to the overflowing or breaking of steam, sewer or water pipes, tanks, drains, boilers, basins, toilets, lavatories or gutters, or other plumbing, or from smoke, fire, odors, earthquake, explosion, gas, electricity, lightning and wiring, or from any other cause whatsoever.

(c) Tenant shall protect, defend, indemnify and save Landlord and the Premises harmless from and against any loss, cost, damage, demand, claim, suit, fine, sanctions or other liability, including reasonable attorneys' fees and other expenses of litigation, resulting from any violations of the Omnibus Budget Reconciliation Act ("OBRA"), or any other federal, state or local laws regulating the operation of a skilled nursing facility upon the Premises and imposing sanctions upon the owner thereof for violations of their provisions. Tenant further represents, warrants and covenants to remedy or repair any such violation at Tenant's sole cost and expense.

7. **INSURANCE**. Tenant, at its expense, shall procure and keep in force while this Lease remains in effect the insurance in the amounts listed below, or such other or greater amounts

as may be required by Lender, with an insurance carrier acceptable to Landlord and Lender. Prior to the Commencement Date, Tenant shall obtain all such insurance and shall furnish Landlord with Certificates of Insurance attested by the duly authorized representatives of Tenant's insurance carriers, or other proof reasonably satisfactory to Landlord and Lender, evidencing that such insurance is in effect.

(a) **General Liability Insurance**. Tenant shall carry Comprehensive General Liability Insurance, including Contractual Liability Insurance, covering all Tenant's activities on the Premises, with limits of not less than $1,000,000 per occurrence, and not less than $1,000,000 for property damage, or in the form of a combined limit policy of not less than $3,000,000, or such other or greater amounts as may be required by Lender. The policy or policies providing such insurance shall expressly name Landlord as an additional insured party, shall be primary to any and all other insurance of Landlord with respect to any and all claims and demands which may be made against Landlord for bodily injury or death resulting therefrom, including injury or death to Tenant or directors, officers, employees, workmen, agents, invitees, guests or trespassers of Tenant and for property damage, including damage to Tenant's property or equipment and all other property and equipment under lease at the Premises, caused or alleged to have been caused by any act, omission or default by Tenant.

(b) **Property Insurance**. Tenant shall, at its sole cost and expense, carry and keep in force and effect a single policy of fire, casualty, extended coverage and other perils insurance in an amount necessary to cover the replacement cost of the improvements and structures located upon the Premises, together with any and all personal property owned by Landlord which is located upon the Premises, and all such insurance shall name Tenant, Landlord and Lender as "named insureds" as their respective interests may appear.

(c) **Insurance on Personal Property**. Tenant agrees to independently insure the Personal Property, trade fixtures, installations and improvements, owned by the Tenant or placed upon the Premises by the Tenant. Tenant waives its rights to recover against Landlord for any loss to Tenant's property and equipment and all other property and equipment placed upon the Premises under the Lease against loss due to fire or the usual extended coverage perils.

(d) **Failure to Comply**. If Tenant fails to comply in any respect with the provisions of this Section, then Landlord, after ten (10) days written notice at its option, may: (i) procure and keep in force any insurance required hereunder which Tenant has failed to maintain in breach of this Lease and charge the cost thereof to Tenant as additional rental; or (ii) deem any such continuing failure after thirty (30) days written notice to Tenant to be an event entitling Landlord to cancel this Lease or retake possession of the Premises.

8. **WAIVER OF SUBROGATION**. As part of the consideration for this Lease, each of the parties hereto does hereby release the other party hereto from all liability for damage due to any act or neglect of the other party (except as hereinafter provided) occasioned to property owned by said parties which is or might be incident to or the result of a fire or any other casualty against loss for which either of the parties is now carrying or hereafter may carry insurance; provided,

however, that the releases herein contained shall not apply to any loss or damage occasioned by the willful, wanton, or premeditated negligence of either of the parties hereto, and the parties hereto further covenant that any insurance that they obtain on their respective properties shall contain, to the extent obtainable at no additional cost, an appropriate provision whereby the insurance company, or companies, consent to the mutual release of liability contained in this Section.

9. **TAXES**.

(a) Tenant shall pay or discharge before delinquency all real estate and property taxes, assessments (but only to the extent installments thereof are due and payable during the term of this Lease) or charges levied or assessed against the Premises subsequent to the Commencement Date through the term of this Lease. Notwithstanding anything herein to the contrary, if any mortgage encumbering the Premises should require the escrowing in advance (by the payment in monthly installments to the mortgagee) of amounts to pay the ad valorem taxes and the insurance premiums for fire and extended coverage insurance for the Premises and its contents, then Tenant shall timely make such escrow payments to Landlord in the manner and amounts as required by such mortgages. Any sum escrowed by Tenant with the holder of the mortgage in excess of the amount actually utilized for the expense of such property taxes, assessments or charges levied or assessed against the Premises shall belong to and shall be returned to Tenant as soon as practicable.

(b) Tenant shall not be required to pay any franchise, corporate, estate, inheritance, succession, capital levy, single business tax or transfer tax of Landlord or any business tax, income, profits, or revenue tax or any other tax, assessment, charge, or levy charged upon the Monthly Rent payable by Tenant under this Lease.

10. **CASUALTY; CONDEMNATION**.

(a) In the event that less than any substantial portion of the Premises is lost, damaged or destroyed, then, Tenant shall restore the Premises to its condition prior to the date of such casualty with due diligence and as expeditiously as reasonably possible. Landlord and Tenant shall be joint loss payees of any insurance proceeds in connection with such loss (except with regard to that portion attributable to Tenant's property). The Monthly Rent reserved by Section 2 hereof shall not be abated during the term hereof after the occurrence of such loss, damage or destruction. Tenant shall, at its own expense and with the insurance proceeds, replace and repair so much of said Premises which may be damaged or destroyed by fire or any other cause whatsoever, as may be necessary for the resumption by Tenant of its business on the Premises. Such replacement or repair shall take place as soon after the damage or destruction as may be reasonably possible.

(b) In the event all or any substantial portion of the Premises is lost, damaged or destroyed, then Tenant shall have the option to terminate this Lease or restore the Premises to their condition prior to the date of such casualty with due diligence and as expeditiously as reasonably possible. Landlord and Tenant shall be the joint loss payee of any insurance proceeds in connection with such loss (except with regard to that portion attributable to Tenant's property). If Tenant elects to repair the Premises, the Monthly Rent reserved by

Section 2 hereof shall not be abated during the term hereof after the occurrence of such loss, damage or destruction and Tenant shall, at its own expense and with insurance proceeds, replace and repair so much of said Premises which may be damaged or destroyed by fire or any other cause whatsoever, as may be necessary for the resumption by Tenant of its business on the Premises. Such replacement or repair shall take place as soon after the damage or destruction as may be reasonably possible. If Tenant elects to terminate this Lease, all insurance proceeds in connection with such loss (except with respect to any of Tenant's property) shall be paid to Landlord.

(c) For purposes of this Lease, a "substantial portion" of the Premises shall be deemed to be lost, damaged or destroyed in the event that the capacity of the Premises is reduced by more than ten (10) resident beds.

(d) Except as herein otherwise specifically provided, Landlord shall be entitled to all awards and proceeds payable by reason of any condemnation or taking, whether whole or partial, provided, however, that where such condemnation or taking results in a loss of a substantial portion of the Premises, then Tenant shall be entitled to terminate this Lease, and then Tenant shall be entitled to that portion of an award made to or for the benefit of Tenant (by a court of competent jurisdiction or by appraisal) for the loss of Tenant's business, Tenant's moving expense, the value of Tenant's leasehold estate, depreciation to and the cost of removal or loss of Tenant's trade fixtures and personal property and leasehold improvements owned by Tenant which are permitted to be removed upon the natural expiration of this Lease and the value of the loss of the going concern of Tenant's business.

11. **LANDLORD'S RIGHT TO INSPECT**. Landlord retains full right and authority to enter onto and inspect the Premises and any part thereof at any reasonable hour upon reasonable prior notice to Tenant.

12. **COMPLIANCE WITH LAWS, LICENSES, PERMITS**. Subsequent to the Commencement Date, Tenant shall comply with all applicable local, state and federal laws, regulations, rulings and orders, relating to the use or occupancy of the Premises and shall, at Tenant's cost and expense, obtain and thereafter maintain in good standing all permits, certificates and licenses required by the same. Tenant agrees to protect, defend, indemnify and save Landlord and the Premises harmless from and against any loss, cost, damage, demand, claim, suit, fine, penalty and expense of litigation, including reasonable attorneys' fees, which arises directly or indirectly out of Tenant's failure to comply with the provisions of this Section. Notwithstanding anything contained herein to the contrary, Tenant shall not be required to comply with any applicable local, State and Federal laws, regulations, rulings and orders relating to a violation of any environmental law or hazardous waste law if the condition of the Premises or the cause of such violation existed prior to the Commencement Date, including but not limited to any remedial actions required, caused or occasioned by Landlord or Landlord's predecessors' prior use of the Premises.

13. **DEFAULTS; REMEDIES.**

(a) If any one or more of the following events occurs:

(i) If the Monthly Rent, or any portion thereof, is unpaid when due and remains unpaid for a period of fifteen (15) days following becomes due and payable after written notice of such default by Landlord to Tenant;

(ii) If Tenant defaults in the performance of or breaches any other provision of this Lease and does not within thirty (30) days after written notice of such default or breach by Landlord to Tenant cure the same; provided, however, that if such default or breach cannot be cured within thirty (30) days and Tenant is diligently pursuing such cure, Tenant shall be granted such additional time as is reasonably necessary to cure the same, but in no event longer than one hundred twenty (120) days following the date of the Landlord's written notice;

(iii) If Tenant merges with another entity, without the prior written consent of Landlord;

(iv) If Tenant transfers any substantial portion of Tenant's property to any party for less than fair and adequate consideration during the term of this Lease; or

(v) If any execution, attachment or bankruptcy proceeding involving this Lease or the Premises is taken against Tenant and not dismissed within one hundred twenty (120) days of such filing.

(b) In the event of an uncured default, following the required written notice, if any, Landlord shall have the following options:

(i) Landlord may elect to re-enter, as herein provided, or take possession of the Premises pursuant to legal proceedings or pursuant to any notice provided for herein, and may either terminate this Lease, or it may from time to time, without terminating this Lease, make such alterations and repairs as may be necessary in order to relet the Premises and relet the Premises or any part thereof for such term or terms (which may be for a term extending beyond the term of this Lease) and at such rent and upon such other terms and conditions as Landlord, in its sole discretion, may deem advisable. Upon each such reletting all rent received by Landlord from such reletting shall be applied first to the payment of any indebtedness other than the Monthly Rent due hereunder from Tenant to Landlord; second to the payment of any costs and expenses of such reletting, including brokerage fees and attorneys' fees, and of costs of such alterations and repairs; third to the payment of the most current rent owed at that time; and the residue, if any, shall be held by Landlord and applied in payment of future Monthly Rent as the same may become due and payable hereunder from Tenant. If such rent received from such reletting during any month is less than the Monthly Rent to be paid during that month by Tenant hereunder,

during that month by Tenant hereunder, Tenant shall be liable for the payment of such deficiency to Landlord. Such deficiency shall be calculated and become payable monthly. No such re-entry or the taking of possession of the Premises by Landlord shall be construed as an election on its part to terminate this Lease or to accept a surrender thereof unless a written notice of such intention is given to Tenant. Notwithstanding any such reletting without termination, Landlord may at any time thereafter elect to terminate this Lease for such previous breach. Should Landlord at any time terminate this Lease for any default, in addition to any other remedies it may have, Landlord may recover from Tenant all damages it may incur by reason of such breach, including the cost of recovering the Premises, and the worth at the time of such termination of the excess, if any, of the amount of rent and charges equivalent to rent reserved in this Lease for the remainder of the stated term over the then reasonable rental value of the Premises for the remainder of the stated term (subject to an appropriate adjustment for the present value of such remaining rent), all of which amounts shall be immediately due and payable from Tenant to Landlord. Landlord shall have at all times a valid lien for all rentals and other sums of money becoming due hereunder from Tenant, upon all goods, wares, equipment, fixtures, furniture and other personal property of Tenant situated on the Premises, and such property shall not be removed therefrom without the consent of Landlord until any arrearage in rent as well as any and all other sums of money then due to Landlord hereunder shall first have been paid and discharged. Upon the occurrence of any default by Tenant, Landlord may, in addition to any other remedies provided herein or by law or equity, enter upon the Premises and take possession of any and all goods, wares, equipment, fixtures, furniture and other personal property of Tenant situated on the Premises without liability for trespass or conversion, and sell the same with notice at a public or private sale, with or without having such property at the sale, at which Landlord or its assigns may purchase, and apply the proceeds thereof less any and all expenses connected with the taking of possession and sale of the property, as a credit against any sums due by Tenant to Landlord. Any surplus shall be paid to Tenant, and Tenant agrees to pay any deficiency forthwith. Alternatively, the lien hereby granted may be foreclosed in the manner and form provided by law for foreclosure of security interest or in any other form provided by law. Any statutory lien for rent is not hereby waived, the express contractual lien herein granted being in addition and supplementary thereto. In addition to other remedies available under this Lease, in the event of an occurrence of a default, Landlord shall have the right of injunction and the right to invoke any remedy allowed at law or in equity as if re-entry, summary proceedings and other remedies were not herein provided for. Mention in this Lease of any particular remedy shall not preclude Landlord from any other remedy, in law or in equity. Tenant hereby expressly waives any and all rights of redemption granted by or under any present or future laws in the event Tenant is evicted or dispossessed for any cause, or in the event Landlord obtains possession of the Premises. No receipt of funds by Landlord from or for the account of Tenant or from anyone in possession or occupancy of the Premises after the termination in any way of this Lease or after the giving of any notice of termination, shall reinstate, continue, or extend the term of this Lease or affect any notice given to Tenant prior to the receipt of such money, it being agreed

that after the service of notice of termination, or after final judgment for possession of the Premises, Landlord may receive and collect any rent or other amounts due Landlord and such payment shall not in any respect reinstate this Lease and shall not waive, affect or impair said notice or said judgment without the express written consent of Landlord. No delay or omission of Landlord to exercise any right or remedy under this Lease, or in law or in equity shall be construed as a waiver of any such right or remedy of any default.

Notwithstanding anything contained herein to the contrary, Landlord shall use reasonable to mitigate its damages in the event of a default by Tenant.

14. **QUIET ENJOYMENT**. Tenant, upon paying the Monthly Rent reserved herein and complying with all other provisions of this Lease, shall have quiet enjoyment of the Premises.

15. **NO PARTNERSHIP RELATION**. Landlord shall not be deemed to be a partner or associate of Tenant, nor shall Landlord be deemed to be engaged in a joint venture with Tenant, as a result of this Lease. The intention of Landlord and Tenant is that their relationship hereunder be solely that of Landlord and Tenant and no other.

16. **REPRESENTATIONS AND WARRANTIES OF TENANT**. Tenant represents, covenants and warrants that:

(a) Tenant is duly organized and validly existing and in good standing under the laws of the State of Missouri and authorized to do business in the State of Illinois. Tenant has full right, title and authority to execute and perform this Lease and consummate all of the transactions contemplated herein.

(b) Tenant shall give to Landlord immediate written notice of the institution of any litigation, threatened litigation, proceeding, or threatened proceeding affecting the Tenant in any material ways, Landlord, the Premises, or the use of the Premises as a skilled nursing facility.

(c) Tenant shall operate the Premises in a manner so that the Premises shall at all times qualify as a licensed skilled nursing facility under the laws and regulations of the State of Illinois and Tenant shall at all times maintain a license from the State of Illinois permitting the Premises to accommodate a total of not less than 75 licensed beds.

(d) Tenant shall do all things necessary to obtain, maintain and renew from time to time, as necessary, all permits, licenses, and other governmental approvals necessary for operation of the Premises as a provider of health care services eligible for reimbursement under Medicaid and Medicare.

(e) Tenant shall furnish to Landlord with a copy of its unaudited financial statements within sixty (60) days following Tenant's fiscal year end, together with a copy of each Medicaid Cost Report and Medicare Cost Report filed by Tenant within five (5) business days following the filing of each such cost report.

(f) Tenant shall not transfer any substantial portion of Tenant's property to any party for less than fair and adequate consideration during the term of this Lease.

17. **REPRESENTATIONS AND WARRANTIES OF LANDLORD**. Landlord represents, covenants, and warrants that:

(a) Landlord is duly organized and validly existing and in good standing under the laws of the State of Missouri and authorized to do business in the State of Illinois. Landlord has full right, title, and authority to execute and perform this Lease and consummate all of the transactions contemplated herein.

(b) Landlord shall give to Tenant immediate written notice of the institution of any litigation, threatened litigation, proceeding, or threatened proceeding affecting the Tenant, Landlord, the Premises, or the use of the Premises as a skilled nursing facility.

(c) Landlord shall reasonably cooperate with Tenant in obtaining or renewing all necessary governmental licenses and permits required to operate a skilled nursing facility on the Premises.

(d) There is no pending condemnation or similar proceeding affecting the Real Property or Personal Property or any portion thereof, and Landlord has not received any written notice, and has no knowledge, that any such proceeding is contemplated.

(e) Landlord has no knowledge that the continued ownership, operation, use, and occupancy of the Premises violates any zoning, building, health, flood control, fire, or other law, ordinance, order, or regulation or any restrictive covenant. There are no violations of any federal, state, county, or municipal law, ordinance, order, regulation, or requirement, affecting any portion of the Real Property or the Personal Property, and no written notice of any such violation has been issued by any governmental authority.

(f) Landlord is not prohibited from consummating the transactions contemplated in this Lease, by any law, regulation, agreement, instrument, restriction, order, or judgment.

(g) There are no parties in possession of the Premises or of any part thereof, and no party has been granted any license, lease, or other right relating to the use or possession of the Premises.

(h) There are no attachments, executions, assignments for the benefit of creditors, receiverships, conservatorships, or voluntary or involuntary proceedings in bankruptcy or pursuant to any other debtor relief laws contemplated or filed by Landlord or pending against Landlord or the Premises.

(i) There are no actions, suits, claims, proceedings, or causes of action which are pending or have been threatened or asserted against, or are affecting, Landlord, or the

Premises or any part thereof in any court or before any arbitrator, board, or governmental or administrative agency or other person or entity which might have an adverse effect on the Premises or any portion thereof or on Tenant's ability to operate the Premises as a skilled nursing facility from and after the date hereof, other than those actions, suits, claims, proceedings, or causes of action identified in writing and delivered by Landlord to Tenant.

(j) All personal property located on the Premises and owned by Landlord or any related or affiliated entity is part of the property being leased hereunder and all such property is in good working order, sufficient for the purpose intended.

All of the warranties and representations of Landlord shall survive any inspection or investigation made by or on behalf of Tenant.

18. **ASSIGNMENT AND SUBLETTING**. Tenant shall not be entitled to assign the Lease or sublet the Premises without the prior written consent of Landlord, in its sole discretion, and any such assignment or subletting shall be an immediate event of default hereunder.

19. **COMPLIANCE WITH ENVIRONMENTAL LAWS**.

(a) Landlord represents and warrants to Tenant that as of the Commencement Date, to its actual knowledge, there are no Adverse Environmental Conditions affecting the Premises that have not otherwise been disclosed to Tenant. Landlord represents and warrants to Tenant that, to its actual knowledge, the Premises are free from Hazardous Materials other than those used or generated in the normal course of operating a skilled nursing facility.

(b) Tenant hereby indemnifies, defends, and holds harmless the Landlord from any and all loss, costs, damage, and claims, including reasonable attorneys' fees and other expenses of litigation, which directly or indirectly result from all claims, demands, suits, and other proceedings caused by or related to Environmental Laws, Hazardous Materials, or Adverse Environmental Conditions affecting the Premises brought on to the Premises by Tenant as a result of the negligent or wrongful act or omission of Tenant. This indemnity shall survive the termination or expiration of this Lease.

(c) Landlord shall immediately deliver to Tenant all notices, inquiries, and test results it receives concerning Environmental Laws, Hazardous Materials, or Adverse Environmental Conditions affecting the Premises.

(d) Definitions. As used herein:

(i) The term "Hazardous Materials" shall mean all pollutants, dangerous substances, industrial wastes, petroleum products, solid wastes, refuse, oil, insecticides, fungicides, rodenticides, polychlorinated biphenyls ("PCB's"), toxic substances, hazardous wastes, hazardous materials, and hazardous substances of any kind, as such terms are defined in or pursuant to any and all Environmental Laws.

(ii) The term "Environmental Laws" shall mean all federal, state or local environmental laws, ordinances, rules, regulations, requirements, licenses, permits, and acts, and all regulations promulgated thereunder, whether now existing or hereafter enacted, including, but not limited to: the Federal Water Pollution Control Act, 33 U.S.C. § 1251 et seq., as amended ("FWPCA"); the Clean Air Act, 42 U.S.C. §§ 741 et seq., as amended ("CAA"); the Resource Conservation and Recovery Act, 42 U.S.C. §§ 6901, et seq., as amended ("RCRA"); the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. § 9601 et seq., as amended ("CERCLA"); the Superfund Amendments and Reauthorization Act, as amended, ("SARA"); the Clean Water Act, as amended ("CWA"); The Toxic Substances Control Act, 15 U.S.C. § 2601 et seq., as amended ("TSCA"); The Occupational Safety and Health Act, 29 U.S.C. § 651 et seq., as amended ("OSHA"); The Safe Drinking Water Act, 42 U.S.C. § 300(f) et seq., as amended ("SDWA"); The Federal Insecticide, Fungicide and Rodenticide Act,7 U.S.C. § 136, et seq., as amended ("FIFRA"); The Hazardous Material Transportation Act; and The Marine Protection, Research and Sanctuaries Act.

(iii) The term "Adverse Environmental Conditions" shall mean any and all conditions in, on, under or resulting from the soil, surface water, ground water and stream sediments on or under the Premises that could require remedial action or result in claims, demands or liabilities by third parties against Tenant or Landlord, including the presence, release or threatened release of any Hazardous Materials.

20. **PERSONAL PROPERTY**. Tenant shall promptly replace all worn out or obsolete Personal Property as and when mutually agreed upon by Tenant and Landlord. Except as otherwise mutually agreed upon by Tenant and Landlord, upon the expiration, termination or cancellation of this Lease, all Personal Property (other than Tenant's personal property which does not constitute a replacement of any item of Personal Property located at the Premises as of the Commencement Date), equipment, trade fixtures, installations, and improvements located at the Premises shall remain the property of Landlord. Tenant's duty to replace personal property of Landlord is limited to that property which was in good working order on the Commence Date of the Lease. Any personal property acquired by Tenant that is not a replacement of personal property owned by the Landlord as of the Commencement Date shall remain property of Tenant and the Landlord and Tenant shall discuss entering into agreements for Landlord to acquire such personal property at the termination of the Lease.

21. **MISCELLANEOUS PROVISIONS**.

(a) This Lease shall be construed, governed, and administered in accordance with the laws of the State of Illinois.

(b) This Lease is the final and entire expression of the agreement between Landlord and Tenant with respect to the subject matter and shall expressly supersede and replace any prior agreements between Landlord and Tenant with respect to the Premises.

(c) Nothing in this Lease, express or implied, is intended to confer on any person other than Landlord or Tenant, and their respective successors and assigns, any right or remedy under or by reason of this Lease.

(d) This Lease will not be binding upon Landlord or Tenant until it is fully executed by and delivered to both parties. This Lease may not be amended, modified, or supplemented, except by written agreement of Landlord and Tenant, executed by their duly authorized representatives.

(e) All notices and other communications hereunder shall be deemed to have been duly given if they are in writing and: (a) sent by telecopy, confirmed receipt; (b) delivered personally or by overnight courier; or (c) sent by registered or certified mail, return receipt requested and first-class postage prepaid, to the following addresses:

If to Landlord: TI - Coulterville, L.L.C.
7611 State Line Road, Suite 301
Kansas City, MO 64114
Attn: Mr. Joseph C. Tutera
Telecopy: (816) 822-0081

If to Tenant: Coulterville Rehabilitation & Health Care Center, L.L.C.
7611 State Line Road, Suite 301
Kansas City, MO 64114
Attn: Mr. Joseph C. Tutera
Telecopy: (816) 822-0081

(f) No waiver of any breach of this Lease may be construed as a waiver of any continuing or subsequent breach of the same or any other provision of this Lease.

(g) If any provisions of this Lease or the application of any such provision to any person or circumstance is held invalid, then the application of that provision to other persons or circumstances and the remainder of this Lease shall not be affected thereby, but shall remain in full force and effect.

(h) Landlord and Tenant acknowledge that each has a duty to exercise its rights and remedies and perform its obligations reasonably and in good faith. Whenever the provisions of this Lease allow Landlord or Tenant to perform or not to perform some act at its option or in its judgment, the decision to perform or not to perform such act must be reasonable, subject to the express limitations contained in this Lease.

(i) No waiver of any breach of this Lease may be construed as a waiver of any continuing or subsequent breach of the same or any other provision of this Lease.

(j) Landlord and Tenant agree and acknowledge that both parties shall execute a Short Form Memorandum of Lease which shall be recorded in the appropriate local offices in Randolph County, Illinois to acknowledge the existence of this Lease.

(k) Landlord and Tenant acknowledge that if either party shall commence a suit, action or other legal proceeding due to the alleged breach of the terms of this Lease by the other party, the prevailing party shall be entitled to obtain its fees, costs and expenses, including reasonable attorney's fees, from the non-prevailing party.

(l) Landlord and Tenant each acknowledge and agree that Landlord may assign its right, title and interest to this Lease as collateral to a Lender to secure Landlord's obligations owing on account of any indebtedness incurred by Landlord with Lender and that this Lease shall be subject and subordinate to the lien of Lender on the Premises encumbering Landlord's right, title and interest in the Premises; provided, however, that Tenant shall agree to attorn to Lender in the event of foreclosure or deed in lieu of foreclosure, in a manner reasonably acceptable to Lender. In any event, Tenant shall be obligated to continue to pay Monthly Rent and comply with the terms of this Lease if allowed to remain in possession after any foreclosure or deed in lieu of foreclosure.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have executed this Lease as of the day and year first above written.

LANDLORD:

TI - COULTERVILLE, L.L.C.,
a Missouri limited liability company

By: _____
Joseph C. Tutera
Its: Manager

TENANT:

COULTERVILLE REHABILITATION & HEALTH CARE CENTER, L.L.C.,
a Missouri limited liability company

By: _____
Joseph C. Tutera
Its: Manager

EXHIBIT "A"

COULTERVILLE CARE CENTER
Coulterville, Illinois

Part of the East Half of the Northeast Quarter of Section 14, Township 4 South, Range 5 West of the Third Principal Meridian, Randolph County, Illinois. Beginning at the intersection of the East line of the West three-quarters of the Southeast Quarter of the Northeast Quarter of Section 14, Township 4 South, Range 5 West of the Third Principal Meridian, Randolph County, Illinois with the southerly line of Illinois State Highway 13 (80 feet wide); thence southerly along said East line of the West three-quarters of the Southeast Quarter of the Northeast Quarter, 550.43 feet to the northwesterly line of the Missouri-Illinois Railroad (50 feet wide); thence southwesterly along with a deflection angle of 49'18'57' along said northwesterly line of the railroad, 392.35 feet; thence northerly with a deflection angle of 130° 41 '03', 887'36 feet to said southerly line of Highway 13; thence southeasterly with a deflection angle of 105° 15' 29" along said southerly line of Highway 13, 308.39 feet to the point of beginning containing 4.910 acres, more or less.

Statutory Address:	13138 State Route 13, Coulterville, Randolph County, IL 62237
PIN:	16-043-056-50

ATTACHMENT 3

Operating Entity/Licensee Information

I. Certificate of Good Standing

Coulterville Rehabilitation & Health Care Center, LLC ("Primary CON Applicant") is the legal entity responsible for operating the long-term care facility, holding a skilled nursing facility license issued by the Illinois Department of Public Health and certification as a long-term care facility from Medicare.

A Certificate of Good Standing issued by the Illinois Secretary of State for the Primary CON Applicant is attached immediately following this page.

II. Ownership Disclosures

The following persons hold a five percent (5%) or greater ownership interest in the Primary CON Applicant (i.e., the Company):

Name	Entity/Individual	Ownership %
JCT Family Limited Partnership	Entity	100.0%
	TOTAL	**100.0%**

File Number 0453723-8

To all to whom these Presents Shall Come, Greeting:

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

COULTERVILLE REHABILITATION & HEALTH CARE CENTER, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 03, 2013, 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* 5TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1915603168 verifiable until 06/05/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 4

Organizational Relationship

Tutera Senior Living and Health Care
Non-Controlling Parent Company

OPERATING COMPANY

Coulterville Rehabilitation & Health Care Center, LLC
an Illinois Limited Liability Company

JCT Family Ltd. Partnership	100.0%
TOTAL:	**100.0%**

REAL ESTATE COMPANY

TI-Coulterville, LLC
an Illinois Limited Liability Company

JCT Family Irrevocable Trust	100.0%
TOTAL:	**100.0%**

No Subsidiary Companies

ATTACHMENT 5

Flood Plain Requirements

The address of the project site is 13138 Illinois Route 13, Coulterville, Illinois 62237 ("Project Site"). The Project Site is not located within a flood plain, as evidenced by the attached flood plain maps obtained from the Federal Emergency Management Agency ("FEMA"). Accordingly, the project is in compliance with the requirements of Illinois Executive Order #2006-5.

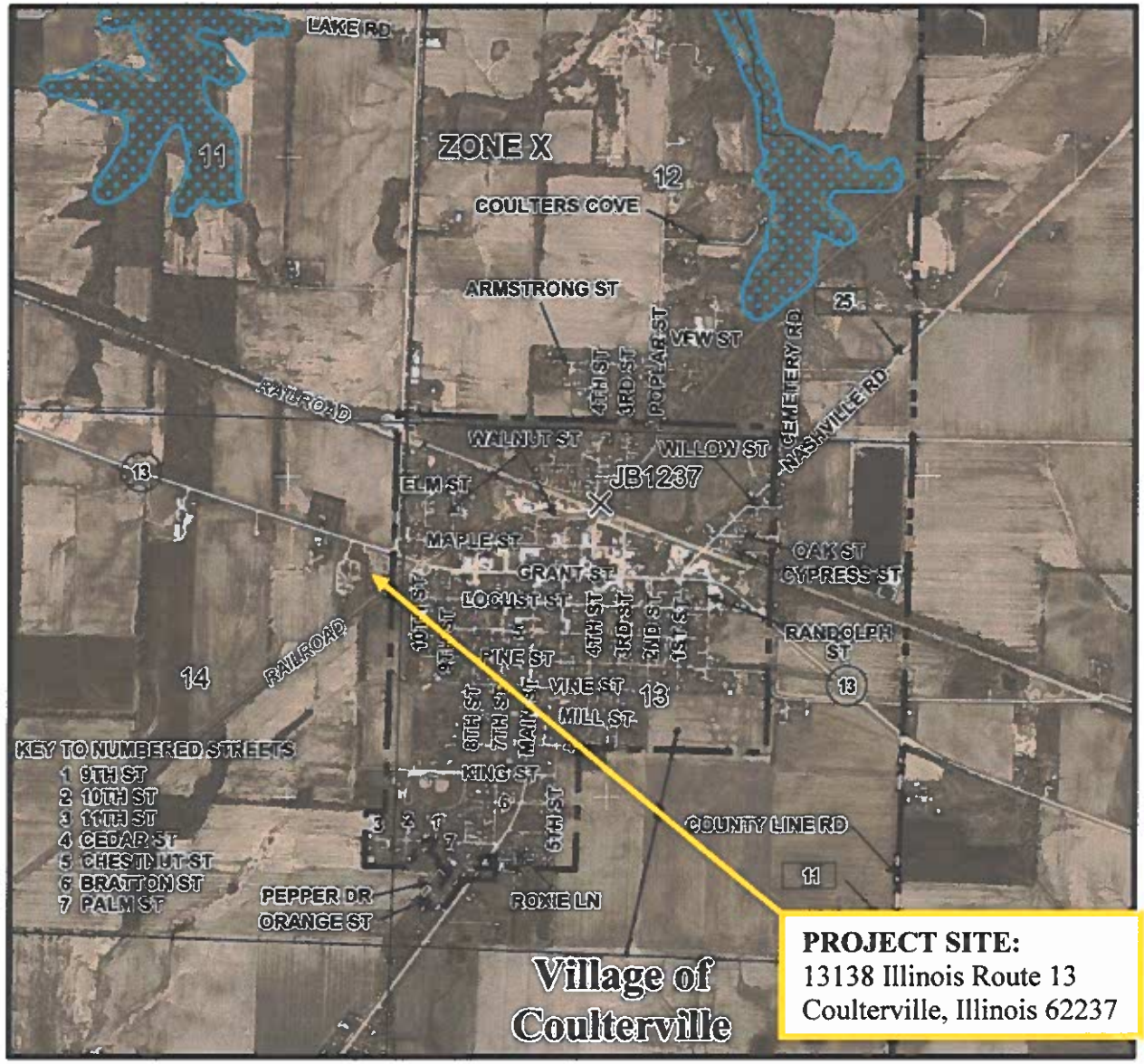
A series of FEMA-generated maps follow this page, which identify the Project Site and show that it is not located within a flood plain. A copy of Executive Order #2006-5 is provided after the FEMA maps.

Attachment 5 – Flood Plain Maps

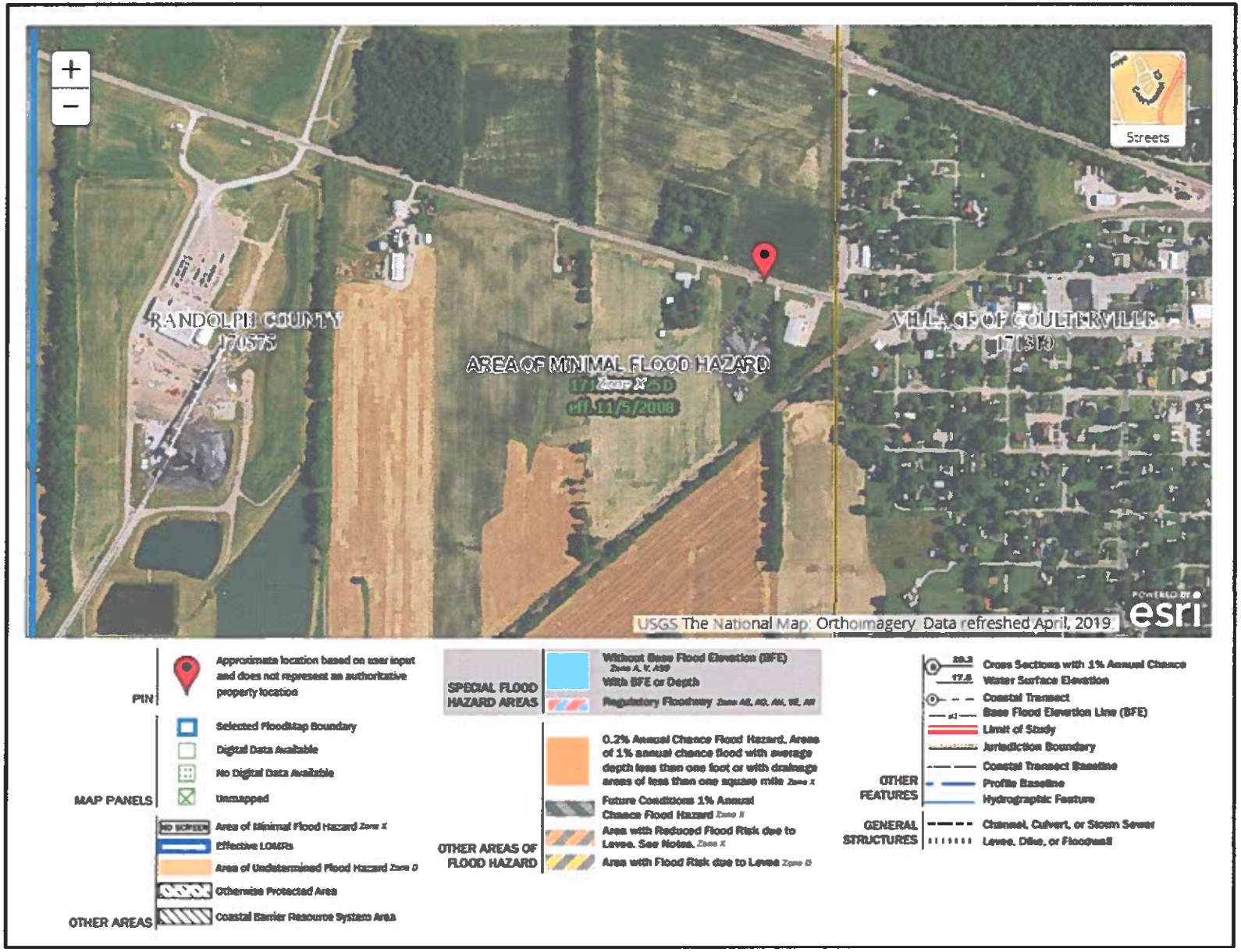
The maps provided to the right and on the following pages identify the Project Site. The maps show nearby flood plains as officially designated by the Federal Emergency Management Agency ("FEMA").

As the FEMA map shows, there is a flood plain to the northeast of the Project Site and another one to the northwest of the Project Site. However, neither of these flood plains pose a threat to the existing healthcare facility.

The FEMA map on the following page shows that the Project Site is in an "Area of Minimal Flood Hazard."



The map below provides a closer view of the Project Site, once again showing that the Project Site is not within a FEMA-designated flood plain (center of image reads "Area of Minimal Flood Hazard."



ATACHMENT 5
Flood Plain Requirements

STATE OF ILLINOIS

EXECUTIVE DEPARTMENT

SPRINGFIELD, ILLINOIS

2006-05

CONSTRUCTION ACTIVITIES IN SPECIAL FLOOD HAZARD AREAS

WHEREAS, the State of Illinois has programs for the construction of buildings, facilities, roads, and other development projects and annually acquires and disposes of lands in floodplains; and

WHEREAS, federal financial assistance for the acquisition or construction of insurable structures in all Special Flood Hazard Areas requires State participation in the National Flood Insurance Program; and

WHEREAS, the Federal Emergency Management Agency has promulgated and adopted regulations governing eligibility of State governments to participate in the National Flood Insurance Program (44 C.F.R. 59-79), as presently enacted or hereafter amended, which requires that State development activities comply with specified minimum floodplain regulation criteria; and

WHEREAS, the Presidential Interagency Floodplain Management Review Committee has published recommendations to strengthen Executive Orders and State floodplain management activities;

NOW THEREFORE, by virtue of the authority vested in me as Governor of the State of Illinois, it is hereby ordered as follows:

1. For purpose of this Order:

A. "Critical Facility" means any facility which is critical to the health and welfare of the population and, if flooded, would create an added dimension to the disaster. Damage to these critical facilities can impact the delivery of vital services, can cause greater damage to other sectors of the community, or can put special populations at risk. The determination of Critical Facility will be made by each agency.

Examples of critical facilities where flood protection should be required include:
Emergency Services Facilities (such as fire and police stations)
Schools
Hospitals
Retirement homes and senior care facilities
Major roads and bridges
Critical utility sites (telephone switching stations or electrical transformers)
Hazardous material storage facilities (chemicals, petrochemicals, hazardous or toxic substances)

Examples of critical facilities where flood protection is recommended include:
Sewage treatment plants
Water treatment plants
Pumping stations

B. "Development" or "Developed" means the placement or erection of structures (including manufactured homes) or earthworks; land filling, excavation or other alteration of the ground surface; installation of public utilities; channel modification; storage of materials or any other activity undertaken to modify the existing physical features of a floodplain.

C. "Flood Protection Elevation" means one foot above the applicable base flood or 100-year frequency flood elevation.

D. "Office of Water Resources" means the Illinois Department of Natural Resources, Office of Water Resources.

E. "Special Flood Hazard Area" or "Floodplain" means an area subject to inundation by the base or 100-year frequency flood and shown as such on the most current Flood Insurance Rate Map published by the Federal Emergency Management Agency.

F. "State Agencies" means any department, commission, board or agency under the jurisdiction of the Governor; any board, commission, agency or authority which has a majority of its members appointed by the Governor; and the Governor's Office.

2. All State Agencies engaged in any development within a Special Flood Hazard Area shall undertake such development in accordance with the following:

   A. All development shall comply with all requirements of the National Flood Insurance Program (44 C.F.R. 59-79) and with all requirements of 92 Illinois Administrative Code Part 700 or 92 Illinois Administrative Code Part 708, whichever is applicable.

   B. In addition to the requirements set forth in preceding Section A, the following additional requirements shall apply where applicable:

      1. All new Critical Facilities shall be located outside of the floodplain. Where this is not practicable, Critical Facilities shall be developed with the lowest floor elevation equal to or greater than the 500-year frequency flood elevation or structurally dry floodproofed to at least the 500-year frequency flood elevation.

      2. All new buildings shall be developed with the lowest floor elevation equal to or greater than the Flood Protection Elevation or structurally dry floodproofed to at least the Flood Protection Elevation.

      3. Modifications, additions, repairs or replacement of existing structures may be allowed so long as the new development does not increase the floor area of the existing structure by more than twenty (20) percent or increase the market value of the structure by fifty (50) percent, and does not obstruct flood flows. Floodproofing activities are permitted and encouraged, but must comply with the requirements noted above.

3. State Agencies which administer grants or loans for financing development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order.

4. State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order.

5. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.

6. The Office of Water Resources shall provide available flood hazard information to assist State Agencies in carrying out the responsibilities established by this Order. State Agencies which obtain new flood elevation, floodway, or encroachment data developed in conjunction with development or other activities covered by this Order shall submit such data to the Office of Water Resources for their review. If such flood hazard information is used in determining design features or location of any State development, it must first be approved by the Office of Water Resources.

7. State Agencies shall work with the Office of Water Resources to establish procedures of such Agencies for effectively carrying out this Order.

8. **Effective Date.** This Order supersedes and replaces Executive Order Number 4 (1979) and shall take effect on the first day of.

_____
Rod R. Blagojevich, Governor

Issued by Governor: March 7, 2006
Filed with Secretary of State: March 7, 2006

ATTACHMENT 6

Illinois Historical Preservation Act Requirements and Clearance Letter Request

Please find attached immediately after this page a letter submitted to the Illinois Department of Natural Resources, Historic Preservation Division ("DNR-HPD") by Coulterville Rehabilitation & Health Care Center, LLC ("Applicant"). The letter explains why the existing long-term care facility, which will involve both interior and exterior construction, does not adversely affect Illinois' historic resources. The Applicant asked the DNR-HPD to provide a "clearance letter" concluding the same.

The Applicant will submit the clearance letter to the Illinois Health Facilities and Services Review Board once it is obtained from the HPD.

HYLAK-REINHOLTZ
LAW FIRM, LLC

601 West Monroe Street
Springfield, Illinois 62704

Joseph J. Hylak-Reinholtz
Attorney at Law
(217) 525-0700 ext. 114
JHRLaw2017@gmail.com

June 18, 2019

VIA U.S. MAIL

Illinois Department of Natural Resources
Historic Preservation Division
1 Natural Resources Way
Springfield, Illinois 62702
Attention: Valerie Spurgeon, Executive Secretary

Re: Illinois Certificate of Need Clearance Letter Request

Dear Secretary Spurgeon:

The Illinois State Agency Historic Resources Preservation Act, 20 ILCS 3420/1 et seq. ("Act"), provides that written notice of a proposed undertaking shall be given to the Executive Secretary of the Historic Preservation Division ("HPD") either by a State agency or a recipient of its funds, licenses or permits when the proposed undertaking might affect historic, architectural or archaeological resources. This letter hereby provides notice of an undertaking proposed by Coulterville Rehabilitation & Health Care Center, LLC ("Applicant"), an entity currently licensed as a skilled nursing facility ("SNF") by the Illinois Department of Public Health ("IDPH"). The Applicant is proposing the expansion of its existing SNF, from 75 to 100 beds, by constructing a new wing extending from the southeast corner of the existing building ("Project"). State law and regulations require the Applicant to obtain a certificate of need ("CON") permit from the Illinois Health Facilities and Services Review Board ("State Board") before starting the Project.

The Applicant provides, in this letter, all information necessary for the HPD to conduct a review of the Project, to determine whether any historic, architectural, or archaeological sites exist within the Project's area, and if the proposed undertaking will adversely affect such sites. Upon conclusion of the review by the HPD, the Applicant asks your agency to issue a written summary of its findings. As you may be aware, the Applicant must provide this letter to the State Board as a required component of a CON permit application.

CON Requirements

In accordance with the requirements of the State Board, a CON permit applicant must submit the following information to the HPD: (1) a general project description and address; (2) a topographic or metropolitan map showing the general location of the project; (3) photographs of any standing buildings/structure within the project area; and (4) addresses for buildings/structures, if present.

General Location and Description of the Project

The Applicant is proposing the expansion of its existing SNF, from 75 to 100 beds, by constructing a new wing extending from the southwest corner of the existing SNF building. The SNF building is located at 13138 Illinois Route 13, Coulterville, Illinois 62237 ("Project Site"). The existing structure was built in 1999. A map showing the general location of the Project and photographs of the Project Site are attached hereto as Exhibit A.

Buildings/Structures Within the Project Area

The buildings immediately adjacent to the Project Site do not appear to have any known or anticipated historic or architectural significance. None of these structures are officially listed on the National Register of Historic Places or are otherwise officially recognized as having historical or architectural significance, nor are any considered historically significant for any reason. Immediately to the North and South of the Project Site is undeveloped farmland. To the East of the Project Site is a steel retail building presently occupied by a Dollar General store. To the West is a farmhouse and several wood barns and steel out-buildings. Photographs of the properties that are adjacent to the Project Site are attached hereto as Exhibit B.

Addresses for Buildings/Structures

The addresses for buildings/structures surrounding the Project Site, where known, are provided in the exhibits to this letter.

Conclusion

The Applicant must obtain a CON permit from the State Board for the proposed Project. The State Board's rules require a CON permit applicant to obtain a clearance letter from the HPD, which must conclude that the proposed undertaking is not a project, activity, or program that will have an adverse impact on the character or use of designated historic properties and sites. In the present case, there will be no adverse affect on historic properties or sites near the Project Site. Therefore, the HPD should have no reason to determine that the Project has the potential to harm any of our State's historic properties or sites.

Please let me know if you have questions. Thank you for your attention to this matter.

Sincerely yours,

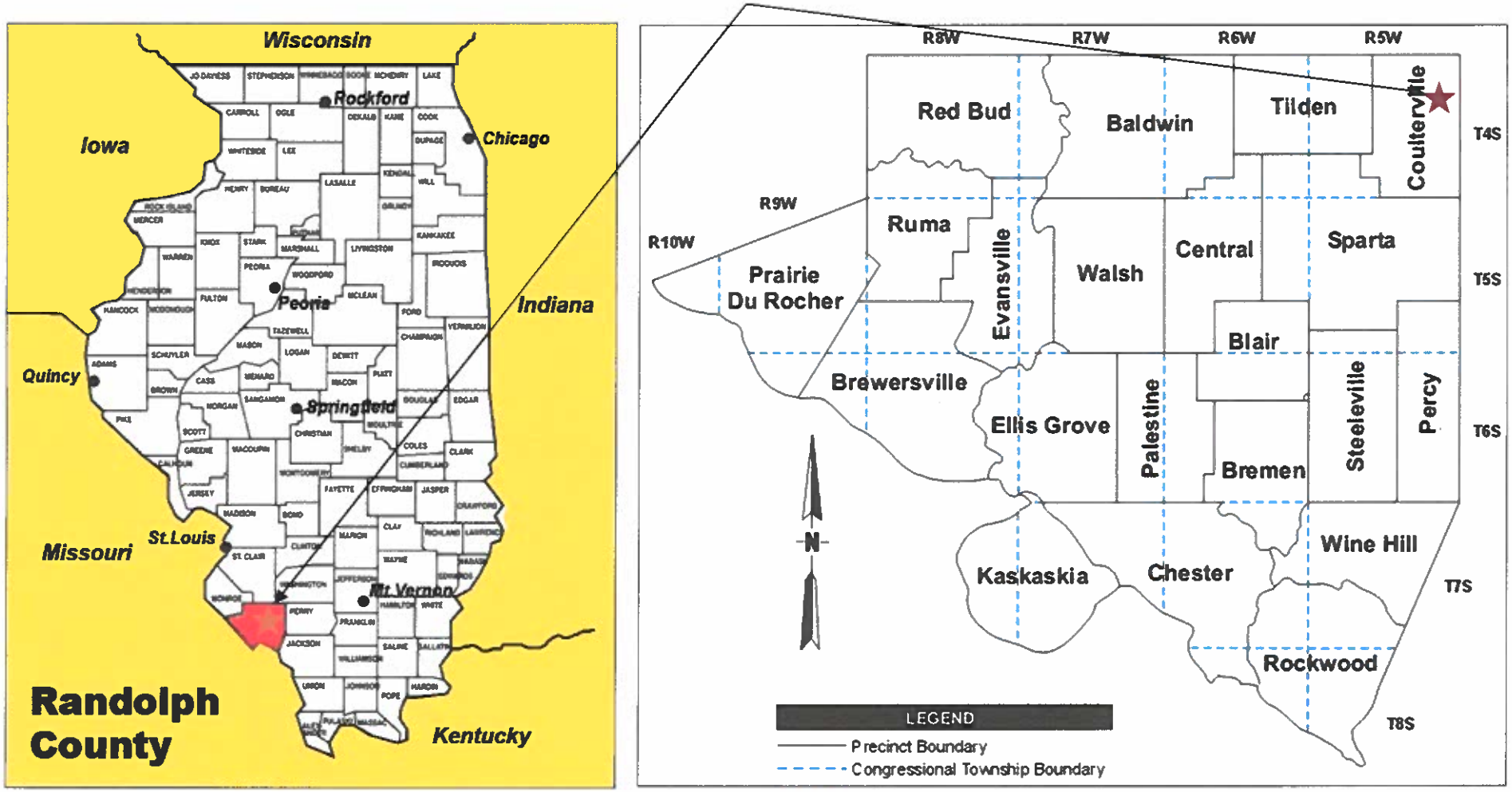
Joseph Hylak-Reinholtz

Enclosures

EXHIBIT A

Part 1 - General Location of the Project

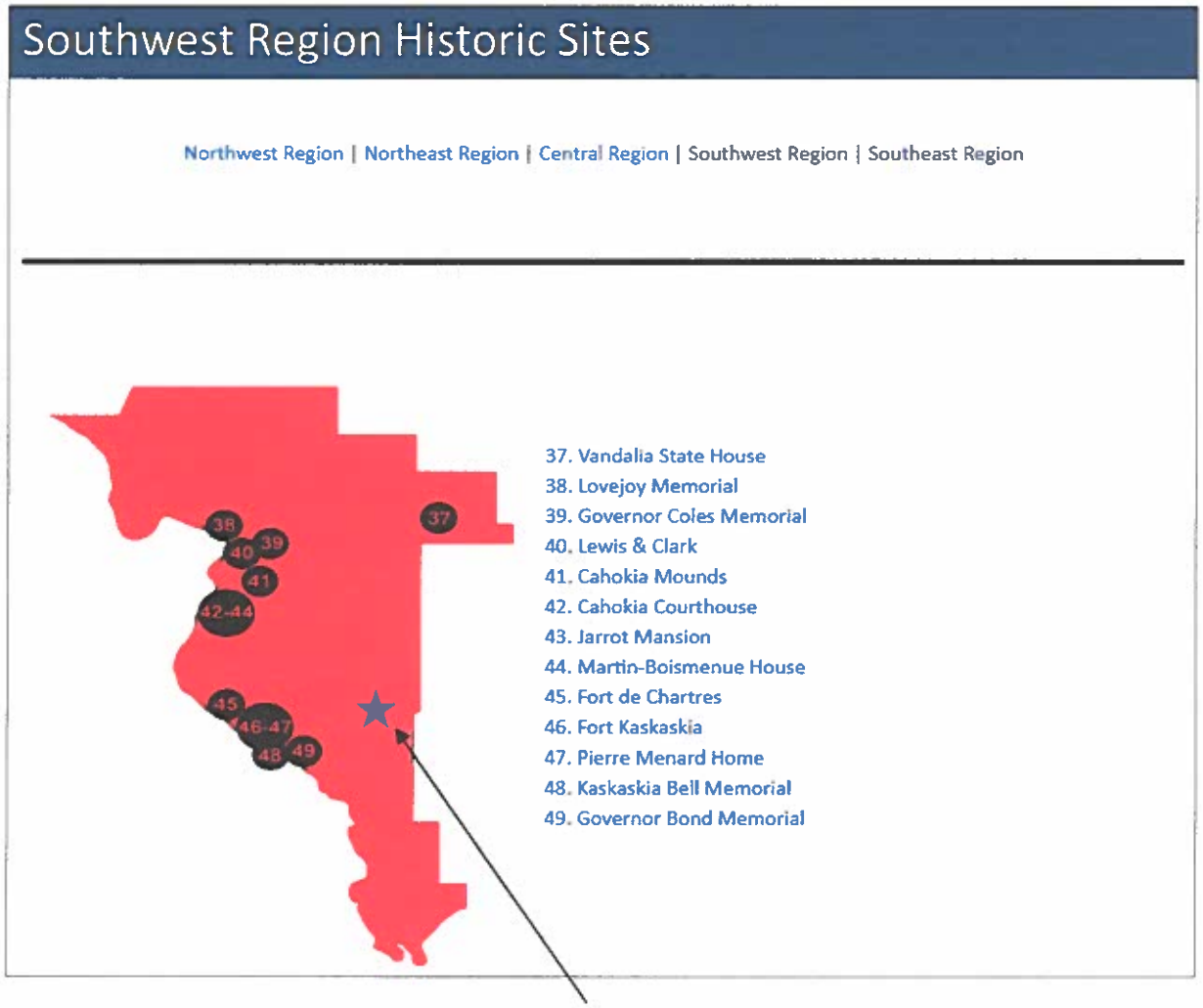
Project Site: 13138 Illinois Route 13, Coulterville, Illinois 62237



NOTE: The Project Site is located in the northeast corner of Randolph County, within Coulterville Township, within the city limits of Coulterville, Illinois.

Part 1 - General Location of the Project

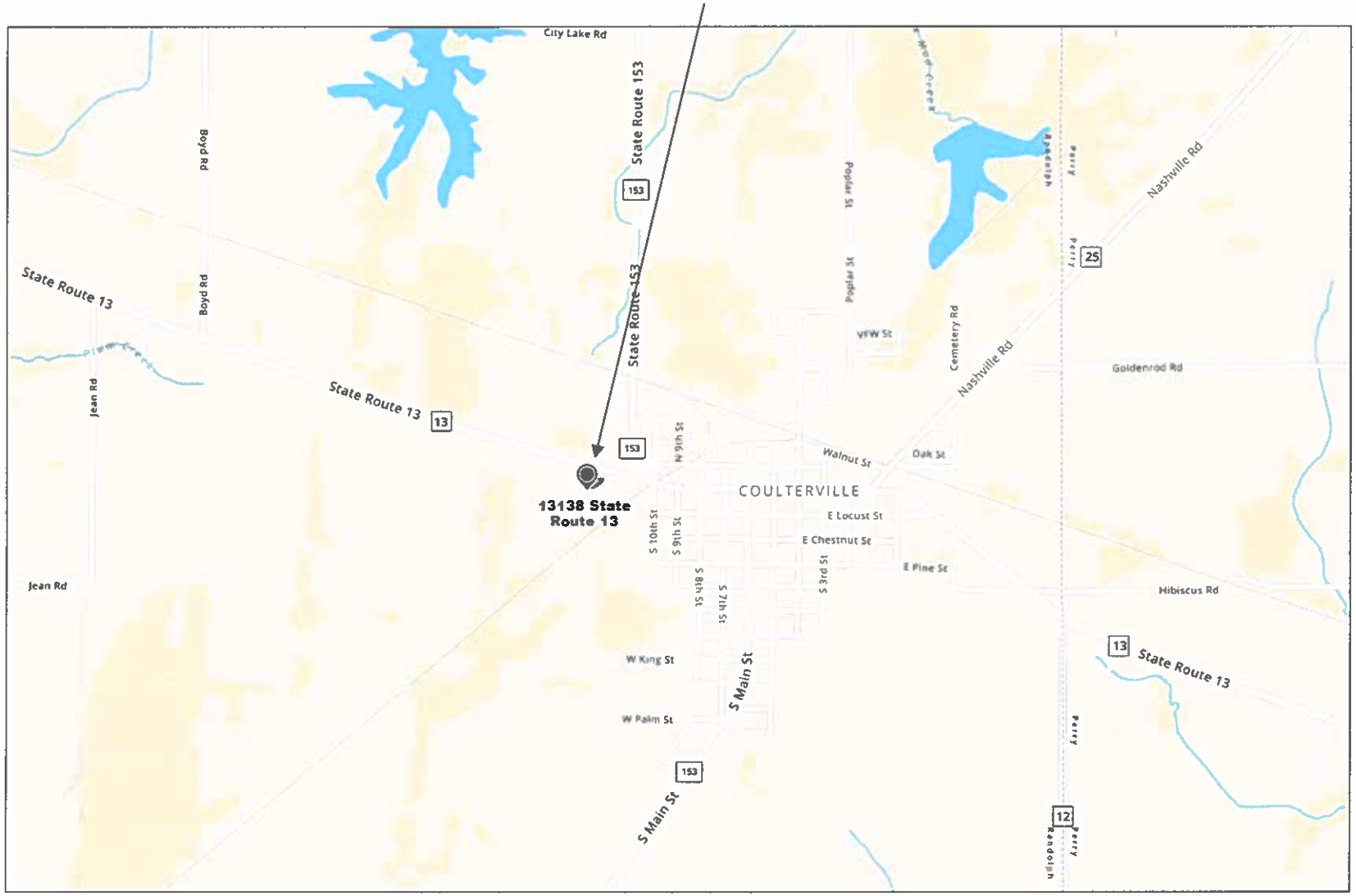
Project Site: 13138 Illinois Route 13, Coulterville, Illinois 62237



Note: The Project Site, in northwest Randolph County, is in the Illinois historic sites Southwest Region. There are no historic sites close to the proposed SNF expansion.

Part 1 - General Location of the Project

Project Site: 13138 Illinois Route 13, Coulterville, Illinois 62237



Part 1 - General Location of the Project

Project Site: 13138 Illinois Route 13, Coulterville, Illinois 62237

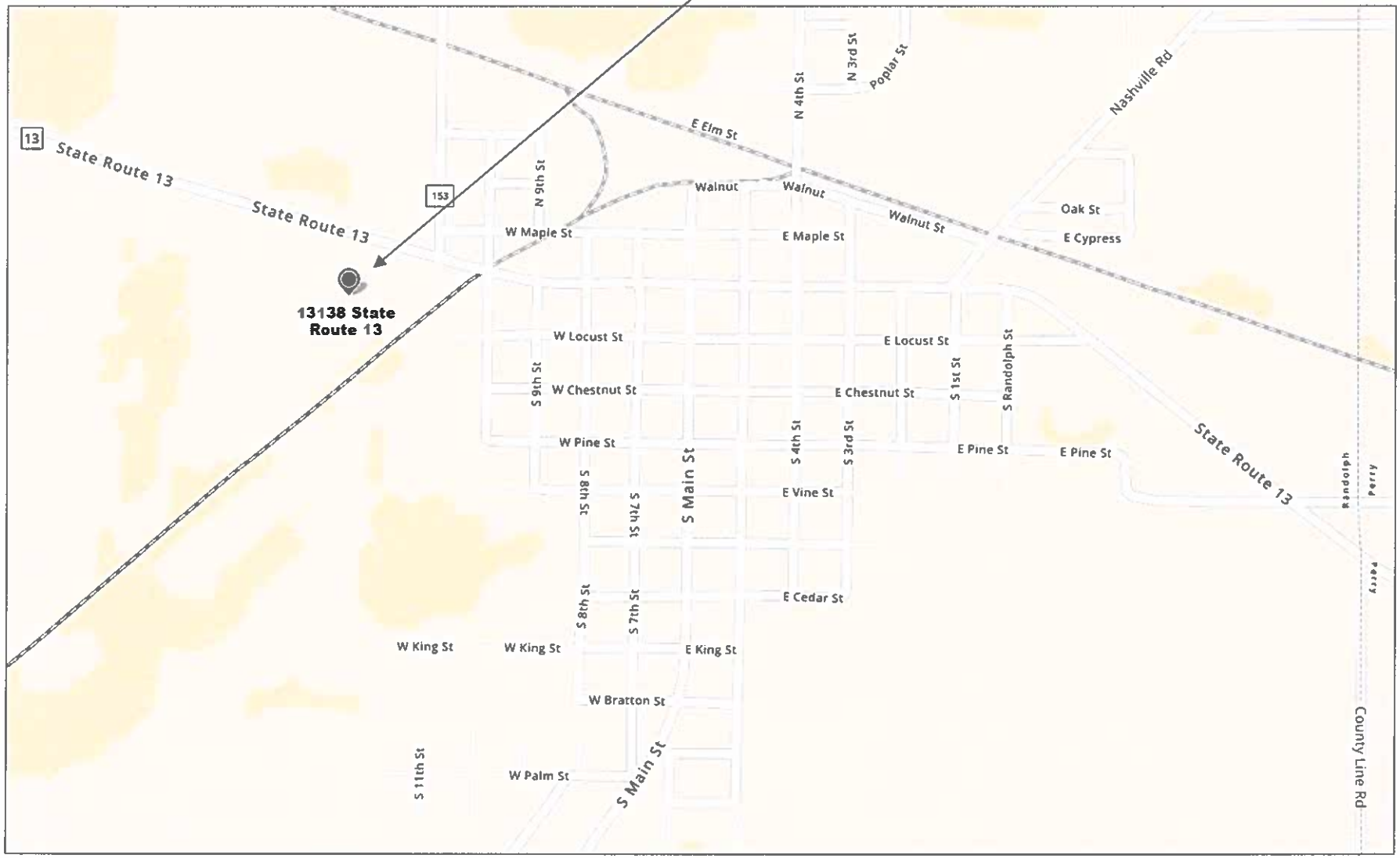
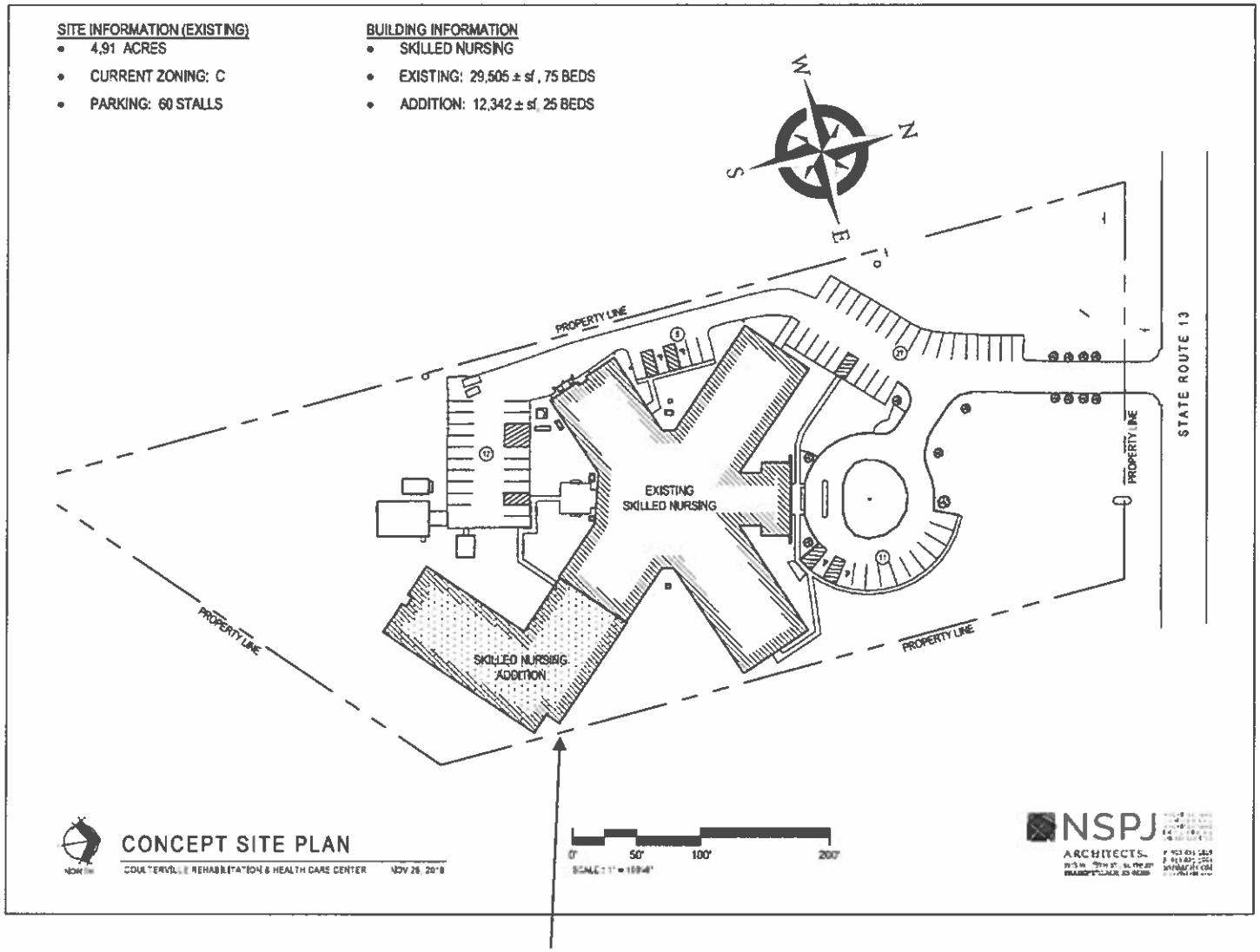


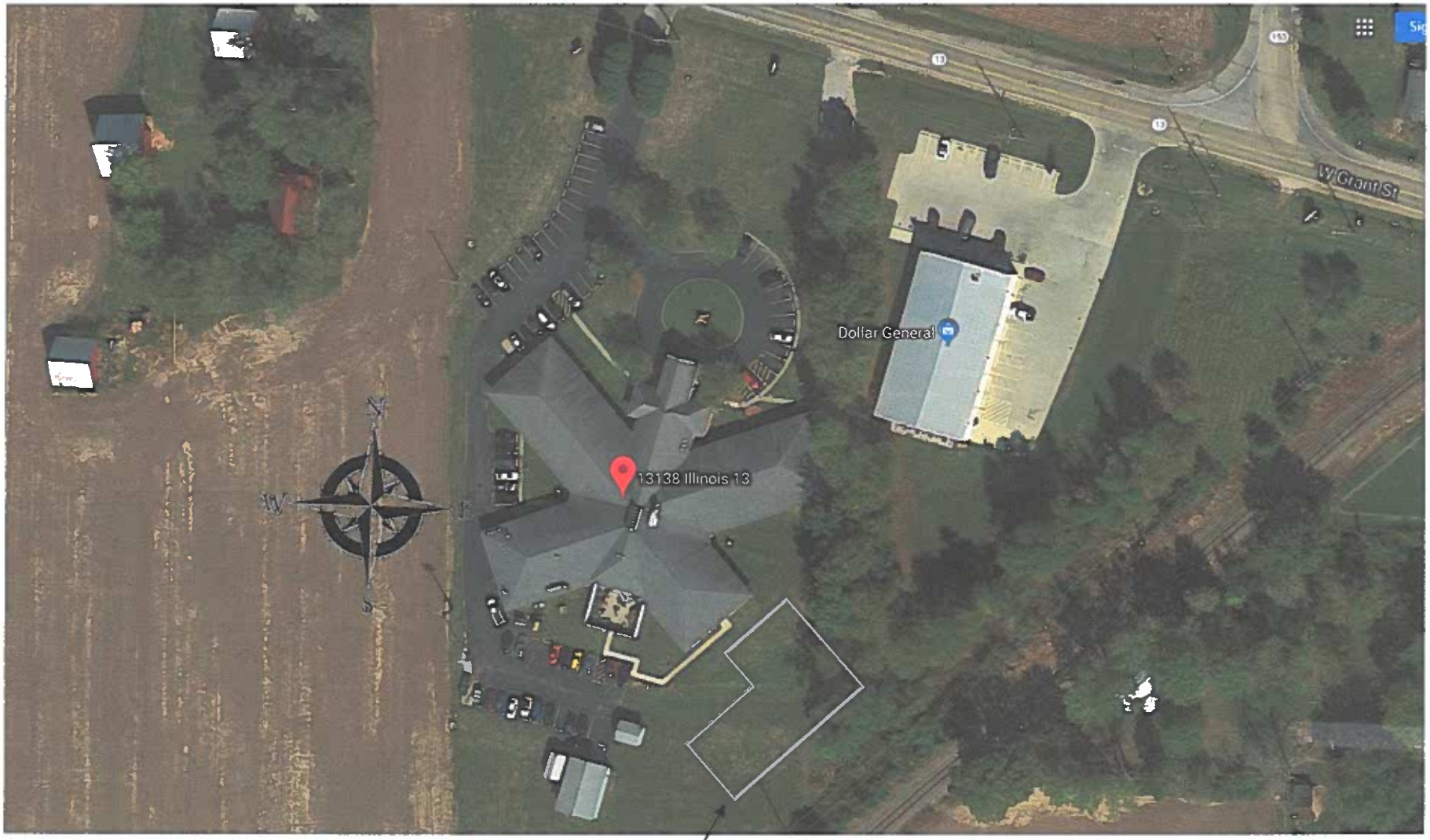
EXHIBIT A

Part 2 – General Description of Project



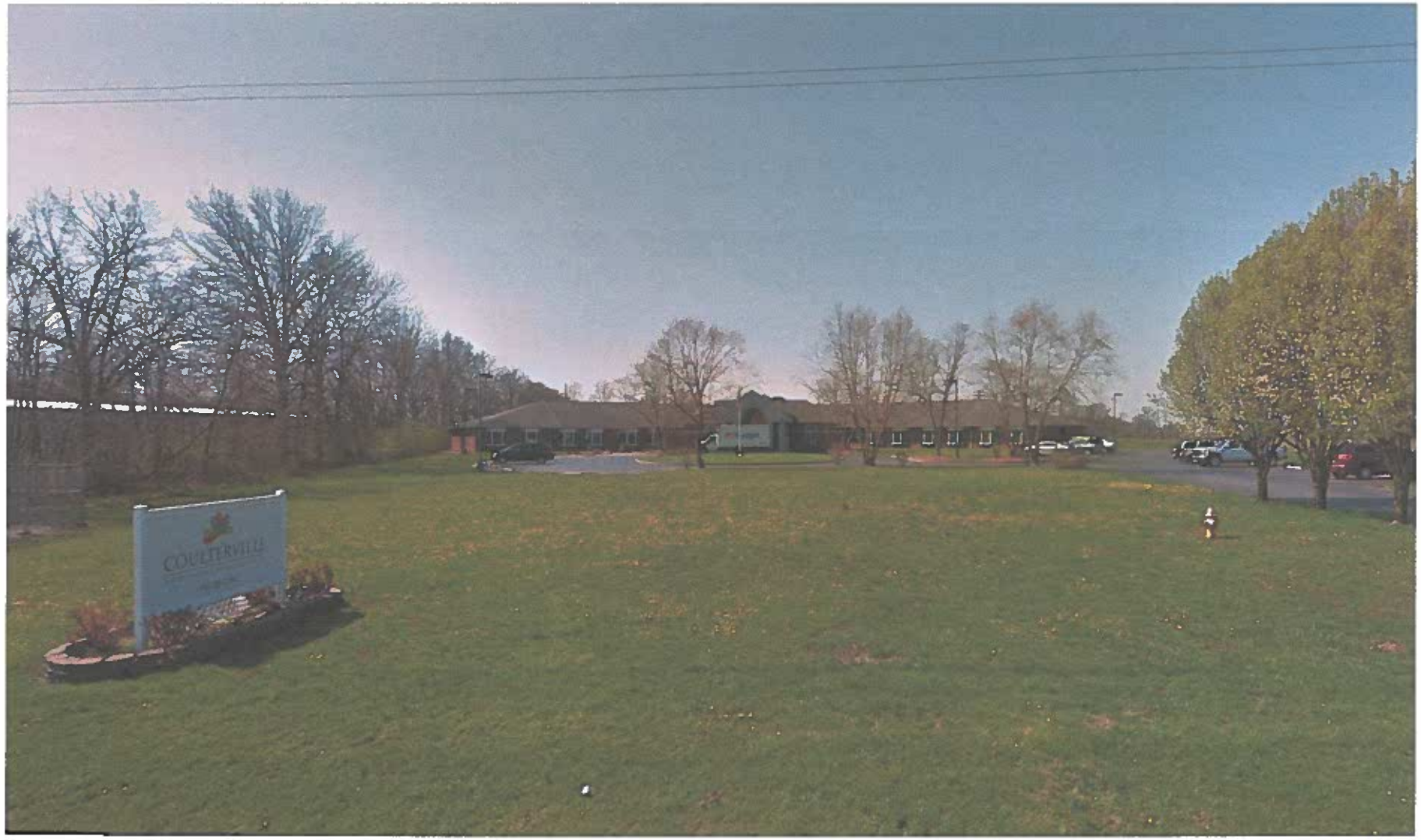
Note: The Applicant will be constructing the new SNF wing off of the southeast corner of the existing building.

Aerial View of Current Skilled Nursing Facility



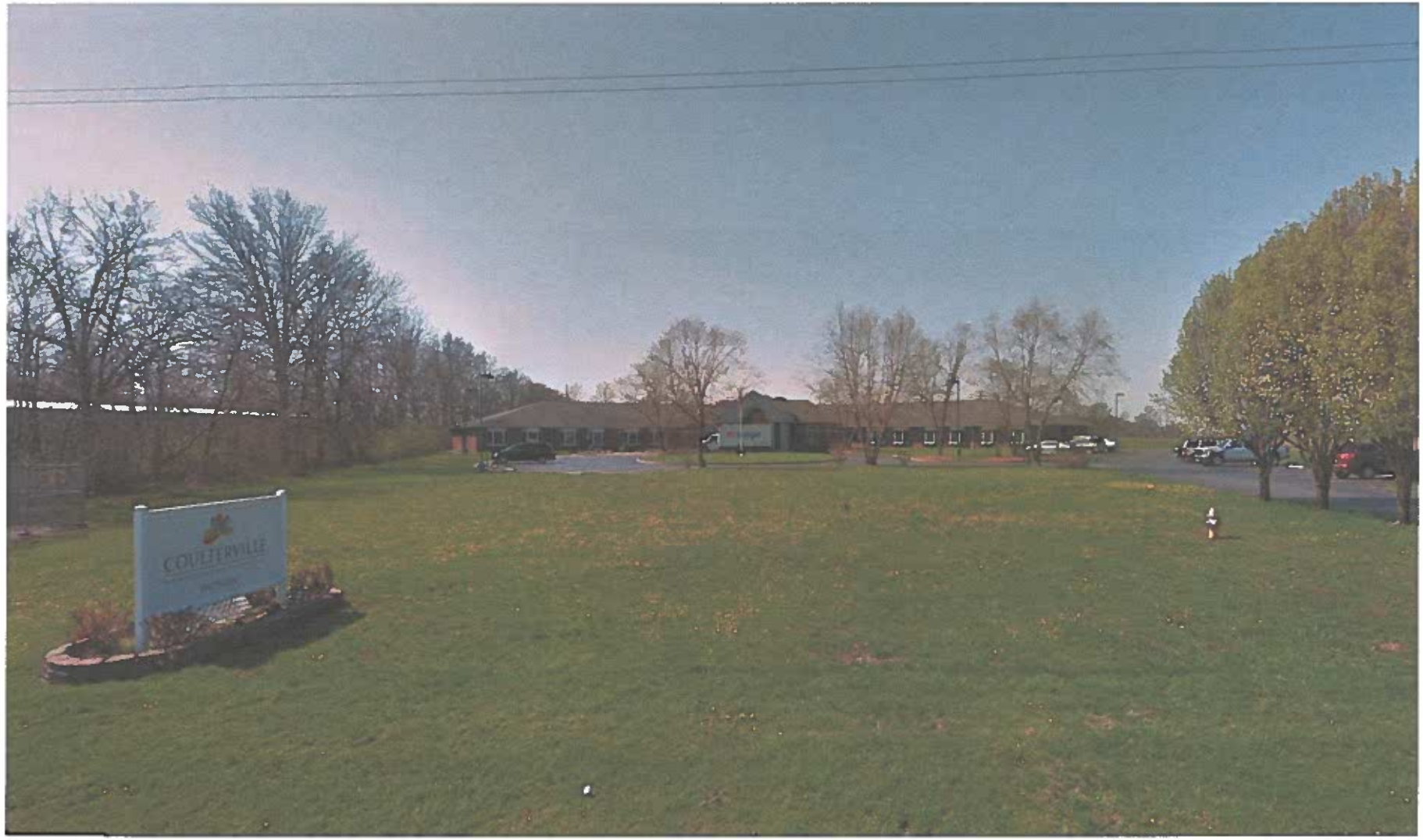
Note: The new wing will be constructed off of the current southeast wing.

Elevation: Facing South



Note: Minimal changes will be made to the south elevation exterior of this structure.

Elevation: Facing South



Note: Minimal changes will be made to the south elevation exterior of this structure.

Elevation: South and West

<u>Note</u>: No changes will be made to the two wings closest to the front of the building exterior nor will any changes be made to the right-hand side of this photograph (i.e., the west elevation).

Elevation: Looking North

Note: The expansion will extend from the current structure's southeast corner. The architect will match the existing building materials so that exterior changes will blend with the current image.

EXHIBIT B

Photographs of Structures Adjacent to the Project Site – Narrative

The buildings immediately adjacent to the Project Site do not have historic or architectural significance. None of the adjacent structures are listed on the National Register of Historic Places. The Project Site is not near any Illinois historic site. Immediately to the North and South is undeveloped farmland. Immediately to the East is a Dollar General retail store in a steel building. To the West is a farmhouse, a couple barns, and at least one steel out-building.

EXHIBIT B

Photographs of Structures Adjacent to the Project Site – Clockwise from Top

1. Undeveloped farmland.
2. Dollar General retail store, 13146 Rt. 13.
3. Railroad tracks and undeveloped farmland.
4. Undeveloped farmland.
5. Non-descript farmhouse, 13130-32 Rt. 13.
6. Barns and various out-buildings.
7. Insignificant farmhouse, 13135 Rt. 13.

Note: The image to the left, and most of the following images, taken from Google.com/maps.

N

Note: Additional photographs of the adjacent structures immediately follows this page.

NORTH OF THE PROJECT SITE

There are presently no structures immediately to the North of the Project Site, just undeveloped farmland.

SOUTH OF THE PROJECT SITE

There are no structures to the South of the Project Site. The closest man-made feature is a railroad track that passes the southern border of the SNF's property, which cuts through undeveloped farmland.

EAST OF THE PROJECT SITE

The structure immediately to the East of the Project Site is a Dollar General retail store located at 13146 State Route 13, Coulterville, Illinois. This steel and stone building does not have any known or anticipated historic or architectural significance.

WEST OF THE PROJECT SITE

The structures to the immediate West of the Project Site, a family farmhouse and barns, do not have any known or expected architectural or historic significance.

INTERIOR PHOTOGRAPHS

The following photograph shows the interior of the existing building; specifically, where the expansion is intended to be constructed. The extension will begin at the end of this hall and then turn to the right.

ATTACHMENT 10

Criterion 1125.320 -- Purpose of the Project

1. Purpose of the Project – Summary

The certificate of need permit applicant, Coulterville Rehabilitation and Health Care Center, LLC ("Applicant") presently owns and operates a 75-bed long-term care facility ("Facility") located at 13138 Illinois Route 13, Coulterville, Illinois 62237 ("Project Site"). Because the Project Site is located within Randolph County, the project is in Health Service Area 5 ("HSA 5").

The Applicant herein requests approval from the Illinois Health Facilities and Services Review Board ("State Board") to add 25 beds to the existing 75-bed Facility, which will increase the total number of beds to 100. The project will involve the construction of a new wing on the existing building ("Project"). The Project will add more skilled nursing beds, thus there will be no change to the scope of services provided at the Facility.

The Applicant wants to add 25 beds to its existing long-term care facility because, for the past three years, the facility has reached capacity and has to turn potential residents away. The Facility also maintains a waiting list, which at any given point in time, has 15-20 potential residents who cannot be admitted into the home. The Facility needs additional beds to meet the growing need for skilled nursing beds in the Applicant's geographic service area.

Facility Capacity

A primary reason the Applicant decided to seek a certificate of need ("CON") permit from the State Board is to ensure continued access to care for long-term care services for skilled nursing patients seeking admission to the existing Facility. The Applicant fully expects that the Facility will be able to fill the proposed 25-bed addition within a 12-month timeframe. The Facility's Administrator, Whitney Oberlink, provided information included in this application, which shows that the Facility has maintained a ninety plus occupancy percentage over the past three years. And this has grown each year. Furthermore, the Facility has a significant waiting list and regularly cannot accept new residents because there is an insufficient number of beds available.

Health Service Area Need

The need for nursing homes is increasing rapidly now across our nation because of the accelerating aging population and other socio-demographic developments. This is also true in Randolph County, Illinois. In addition to the Facility's particular need, the State Board's own data, recently adjusted to reflect the beds deleted from the inventory resulting from the Integrity Healthcare of Chester closure, shows a need for additional long-term care beds in Randolph County. As of June 5, 2019, in the most recently updated inventory of long-term care services, Randolph County shows a need for 35 more long-term care beds. This Project will enhance access to outpatient health care services by filling the need for additional long-term care beds.

2. Supporting Information

In sum, this project's goals are as follows: (a) address the current capacity issues and avoid turning resident applicants away; (b) fill the stated need for long-term care beds in Randolph County; and (c) ensure continued access to long-term care services in a market where need for nursing homes is increasing rapidly now because of the accelerating aging population and their growing need for skilled nursing services.

Evidence to support the need for this project immediately follows this attachment.

3. Access to Care

The project will improve access to care by ensuring that there are a sufficient number of long-term care beds available at the Facility, reducing or eliminating the current resident waiting list, and addressing the larger need for 35 additional long-term care beds in Randolph County as recently reported by the State Board. Access to care will be enhanced because local residents will not have to travel much longer distances to visit with their elderly family members who prefer to stay closer to home rather than closer to the St. Louis-Metro East area.

A scarcity of long-term care facilities in rural communities can cause hardship and difficult choices for individuals and their families. In such cases, people who need long-term care must decide, in consultation with their families and other caregivers, if home care is possible or if relocation to a facility outside of their community is necessary. A move to another community can be stressful, and family members might not be able to visit as often as they would like. Communities also experience economic loss and diminished social connections when people leave.

4. Modernization

This criterion is not applicable to the Project.

ATTACHMENT 10

Criterion 1125.320 -- Purpose of the Project Supplemental Documentation

HFSRB Need

Please find attached, immediately following this page, information pertaining to the State Board's latest long-term care inventory and updates, showing a need for 35 long-term care beds in Randolph County, Illinois (Health Service Area 5).

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
Madison	E-022-17	6/15/2017	St. Anthony's Health Center/St. Clare's Hospital, Alton	Received exemption for discontinuation of 26 bed Skilled Nursing unit.
	E-081-17	2/5/2018	Alton Memorial Hospital, Alton	Received exemption for discontinuation of 28 bed Skilled Nursing unit.
	CHOW	3/1/2018	Edwardsville Nursing & Rehab Center, Edwardsville	Change of ownership occurred.
	CHOW	3/1/2018	University Nursing & Rehab Center, Edwardsville	Change of ownership occurred.
	E-014-18	4/4/2018	Gateway Regional Medical Center, Granite City	Received exemption for discontinuation of 19 bed Skilled Nursing unit.
	Bed Change	3/29/2018	Eunice C. Smith Nursing Home, Alton	Added 2 Nursing Care beds; facility now has 64 Nursing Care beds.
Monroe	Bed Change	11/3/2017	Oak Hill, Waterloo	Facility added 13 Nursing Care beds; facility now has 144 Nursing Care beds.

CHANGES TO SPECIALIZED LONG-TERM CARE

			Health Service Area 1	
HSA 1	Closure	9/21/2018	Bethesda Lutheran - Sycamore, Sycamore	Facility closed and converted to CILA. 14 ICF/DD beds removed from inventory.
	Closure	4/21/2019	Amboy Terrace, Amboy	Facility closed and converted to CILA. 16 ICF/DD beds removed from inventory.
			Health Service Area 2	
			Health Service Area 3	
			Health Service Area 4	
HSA 4	Closure	11/30/2018	Forty-Fourth Street Place, Decatur	Facility closed and converted to CILA. 6 ICF/DD beds removed from inventory.
	Closure	11/30/2018	Beacon Street Place, Decatur	Facility closed and converted to CILA. 4 ICF/DD beds removed from inventory.
	Closure	11/30/2018	Hickory Street Place, Decatur	Facility closed and converted to CILA. 6 ICF/DD beds removed from inventory.
	Closure	11/30/2018	Moultrie County Community Center, Lovington	Facility closed and converted to CILA. 16 ICF/DD beds removed from inventory.
			Health Service Area 5	
HSA 5	Closure	6/30/2017	Ellner Terrace, Evansville	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
	Closure	11/26/2018	Helia Healthcare of Energy - DD, Energy	Facility closed; 48 ICF/DD beds removed from inventory.
	Closure	6/15/2016	Homestead House, West Frankfort	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
	Closure	3/1/2019	Oakview, Effingham	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
			Health Service Area 6, 7, 8, 9	
HSA 7	Closure	11/28/2017	Phoenix Court, South Holland	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
			Health Service Area 10	
			Health Service Area 11	
HSA 11	Closure	4/20/2018	Colonial Apartments, Centralia	Facility closed; 16 ICF DD beds removed from inventory.
	Bed Change	11/19/2018	Parents and Friends of the SLC, Swansea	Facility discontinued 15 ICF/DD beds; facility now has 85 ICF/DD beds.

CHANGES TO CHRONIC MENTAL ILLNESS

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION

CHANGES TO SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES

LONG-TERM CARE FACILITY UPDATES

6/5/2019

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	760	(4)
Jo Daviess	173	142	31
Lee	281	256	25
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	1,258	(69)
McDonough	325	360	(35)
Marshall/Stark	283	427	(144)
Peoria	1,429	1,604	(175)
Tazewell	1,075	1,095	(20)
Woodford	586	593	(7)
HEALTH SERVICE AREA 3			
Adams	1,029	1,107	(78)
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	606	40
Mason	105	164	(59)
Menard	119	106	13
Montgomery	405	480	(75)
Morgan/Scott	453	551	(98)
Sangamon	1,215	1,171	44

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 4			
Champaign	853	828	25
Clark	215	225	(10)
Coles/Cumberland	642	860	(218)
DeWitt	209	190	19
Douglas	187	233	(46)
Edgar	269	299	(30)
Ford	204	343	(139)
Iroquois	400	477	(77)
Livingston	422	458	(36)
McLean	979	986	(7)
Macon	899	839	60
Moultrie	238	361	(123)
Piatt	144	160	(16)
Shelby	161	259	(98)
Vermilion	604	766	(162)
HEALTH SERVICE AREA 5			
Alexander/Pulaski	88	83	5
Bond	96	90	6
Clay	121	209	(88)
Crawford	165	160	5
Edwards/Wabash	139	129	10
Effingham	348	434	(86)
Fayette	168	261	(93)
Franklin	306	383	(77)
Gallatin/Hamilton/Saline	537	582	(45)
Hardin/Pope	70	62	8
Jackson	264	251	13
Jasper	57	57	0
Jefferson	339	336	3
Johnson/Massac	280	299	(19)
Lawrence	216	197	19
Marion	472	509	(37)
Perry	150	208	(58)
Randolph	408	373	35
Richland	254	309	(55)
Union	273	293	(20)
Washington	161	148	13
Wayne	132	169	(37)
White	251	337	(86)
Williamson	513	555	(42)
HEALTH SERVICE AREA 6			
Planning Area 6-A	4,523	6,513	(1,990)
Planning Area 6-B	3,020	3,011	9
Planning Area 6-C	4,201	4,564	(363)

LONG-TERM CARE FACILITY UPDATES

6/5/2019

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	5,956	(108)
Planning Area 7-D	2,407	2,917	(510)
Planning Area 7-E	7,361	8,505	(1,144)
HEALTH SERVICE AREA 8			
Kane	2,826	2,964	(138)
Lake	3,804	3,909	(105)
McHenry	1,062	1,079	(17)
HEALTH SERVICE AREA 9			
Grundy	269	265	4
Kankakee	980	989	(9)
Kendall	305	184	121
Will	3,109	2,907	202
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	355	(35)
Madison	1,904	2,141	(237)
Monroe	293	263	30
St. Clair	1,867	2,101	(234)

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

HSA 1	253	303	(50)
HSA 2	241	224	17
HSA 3	207	336	(129)
HSA 4	307	80	227
HSA 5	222	160	62
HSA 6, 7, 8, 9	3,167	1,065	2,102
HSA 10	74	32	42
HSA 11	217	272	(55)

INVENTORY OF HEALTH CARE FACILITIES

HEALTH
SERVICE
AREA
5

Health Service Area 5

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 5				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2018	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Alexander/Pulaski Counties	83	88	5	0
Bond County	90	96	6	0
Clay County	209	121	0	88
Crawford County	160	165	5	0
Edwards/Wabash Counties	129	140	11	0
Effingham County	434	349	0	85
Fayette Counties	261	169	0	92
Franklin County	383	307	0	76
Gallatin/Hamilton/Saline Cos.	582	538	0	44
Hardin/Pope Counties	62	70	8	0
Jackson County	251	265	14	0
Jasper County	57	58	1	0
Jefferson County	336	340	4	0
Johnson/Massac Counties	299	281	0	18
Lawrence County	340	217	0	123
Marion County	509	474	0	35
Perry County	210	151	0	59
Randolph County	490	409	0	81

Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 5				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2020	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Richland County	309	255	0	54
Union County	293	274	0	19
Washington County	148	162	14	0
Wayne County	169	133	0	36
White County	351	251	0	100
Williamson County	555	515	0	40
HSA 5 TOTALS	6710	5828	68	950

General Long-Term Care Category of Service

Planning Area: Jackson

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
CARBONDALE REHAB & NURSING CENTER II	CARBONDALE	Jackson County	0	
1/15/2016 Closure — **Facility closed. 118 Nursing care beds removed from inventory.**				
INTEGRITY HEALTHCARE OF CARBONDALE	CARBONDALE	Jackson County	131	28,470
MANOR COURT OF CARBONDALE	CARBONDALE	Jackson County	120	40,140
ST. JOSEPH MEMORIAL HOSPITAL (SWING BEDS)	MURPHYSBORO	Jackson County	0	2,896
9/24/2013 13-046 — **Received permit to establish Swing Bed (Acute Care Beds Designated for Extended Care) category of service.**				
		Planning Area Totals	**251**	**71,506**

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
005	0-64 Years Old	176,392	498,000	354.2	212.5	566.7
	65-74 Years Old	245,715	65,900	3,728.6	2,237.2	5,965.8
	75+ Years Old	1,320,765	48,500	27,232.3	16,339.4	43,571.6

	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	8,645	51,500	167.9	212.5	566.7	212.5	53,000	11,264			
65-74 Years Old	12,458	4,300	2,897.2	2,237.2	5,965.8	2,897.2	5,300	15,355			
75+ Years Old	50,403	3,600	14,000.8	16,339.4	43,571.6	16,339.4	3,700	60,456			
						Planning Area Totals		**87,074**	**237.9**	**264**	**13**

General Long-Term Care Category of Service

Planning Area: Perry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
DUQUOIN NURSING AND REHAB	DUQUOIN	Perry County	74	13,819
3/1/2017 CHOW	**Change of Ownership occurred.**			
FAIRVIEW NURSING CENTER	DUQUOIN	Perry County	76	18,960
MARSHALL BROWNING HOSPITAL (SWING BEDS)	DUQUOIN	Perry County	0	636
PINCKNEYVILLE COMM. HOSP. (SWING BEDS)	PINCKNEYVILLE	Perry County	0	1,050
PINCKNEYVILLE NURSING & REHAB	PINCKNEYVILLE	Perry County	60	12,112
3/1/2017 CHOW	**Change of Ownership occurred.**			
		Planning Area Totals	**210**	**46,577**

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
005	0-64 Years Old	176,392	498,000	354.2	212.5	566.7
	65-74 Years Old	245,715	65,900	3,728.6	2,237.2	5,965.8
	75+ Years Old	1,320,765	48,500	27,232.3	16,339.4	43,571.6

	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	4,730	18,100	261.3	212.5	566.7	261.3	18,400	4,808			
65-74 Years Old	6,550	2,200	2,977.3	2,237.2	5,965.8	2,977.3	2,400	7,145			
75+ Years Old	35,297	1,600	22,060.6	16,339.4	43,571.6	22,060.6	1,700	37,503			
						Planning Area Totals		**49,457**	**135.1**	**150**	60

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General Long-Term Care Category of Service

Planning Area: Randolph

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
COULTERVILLE REHAB & HEALTH CARE CENTER	COULTERVILLE	Randolph County	75	24,987
INTEGRITY HEALTHCARE OF CHESTER	CHESTER	Randolph County	117	16,115
MEMORIAL HOSPITAL (SWING BEDS)	CHESTER	Randolph County	0	345
RANDOLPH COUNTY CARE CENTER	SPARTA	Randolph County	100	23,128
RED BUD REGIONAL CARE	RED BUD	Randolph County	115	32,551
RED BUD REGIONAL HOSPITAL (SWING BEDS)	RED BUD	Randolph County	0	2,968
SPARTA COMMUNITY HOSPITAL (SWING BEDS)	SPARTA	Randolph County	0	840
THREE SPRINGS LODGE	CHESTER	Randolph County	83	21,398
		Planning Area Totals	**490**	**122,332**

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
005	0-64 Years Old	176,392	498,000	354.2	212.5	566.7
	65-74 Years Old	245,715	65,900	3,728.6	2,237.2	5,965.8
	75+ Years Old	1,320,765	48,500	27,232.3	16,339.4	43,571.6

	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	12,082	26,800	450.8	212.5	566.7	450.8	26,200	11,812			
65-74 Years Old	15,480	3,300	4,690.9	2,237.2	5,965.8	4,690.9	3,500	16,418			
75+ Years Old	94,770	2,500	37,908.0	16,339.4	43,571.6	37,908.0	2,800	106,142			
						Planning Area Totals		**134,372**	**367.1**	**408**	82

Planning Area: Washington

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2015 Patient Days
FRIENDSHIP MANOR HEALTH CARE	NASHVILLE	Washington County	120	36,030
9/4/2015 Bed Change	**Facility discontinued 80 Nursing Care beds; facility now has 150 Nursing Care beds.**			
6/7/2017 Bed Change	**Facility discontinued 30 Nursing Care beds. Facility now has 120 Nursing Care beds.**			
WASHINGTON COUNTY HOSPITAL	NASHVILLE	Washington County	28	9,181
WASHINGTON COUNTY HOSPITAL (SWING BEDS)	NASHVILLE	Washington County	0	1,749
		Planning Area Totals	**148**	**46,960**

HEALTH SERVICE AREA	AGE GROUPS	2015 Patient Days	2015 Population	2015 Use Rates (Per 1,000)	2015 Minimum Use Rates	2015 Maximum Use Rates
005	0-64 Years Old	176,392	498,000	354.2	212.5	566.7
	65-74 Years Old	245,715	65,900	3,728.6	2,237.2	5,965.8
	75+ Years Old	1,320,765	48,500	27,232.3	16,339.4	43,571.6

	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	764	11,500	66.4	212.5	566.7	212.5	11,300	2,401			
65-74 Years Old	3,054	1,500	2,036.0	2,237.2	5,965.8	2,237.2	1,800	4,027			
75+ Years Old	43,142	1,200	35,951.7	16,339.4	43,571.6	35,951.7	1,300	46,737			
						Planning Area Totals		**53,166**	**145.3**	**161**	**13**

ATTACHMENT 10

Criterion 1125.320 -- Purpose of the Project Supplemental Documentation

Facility Need

Please find attached, immediately following this page, documentation of the Applicant's utilization over the past three years. Also attached is the current waiting list with applicant names redacted.

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Whitney Oberlink

Contact Person and Telephone
Whitney Oberlink
618-758-2256

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.

Date Questionnaire Completed 3/30/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	72
Total Admissions 2015	80
Total Discharges 2015	83
Residents on 12/31/2015	69

RESIDENTS BY PRIMARY DIAGNOSIS

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

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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	75	73	73	71	69	6	75	75
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	75	73	73	71	69	6	75	75

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3302	12.1%	12547	45.8%	0	406	8732	0	24987	91.3%	93.8%
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	3302	12.1%	12547	45.8%	0	406	8732	0	24987	91.3%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	5	35	0	0	0	0	0	0	5	35	40
TOTALS	13	56	0	0	0	0	0	0	13	56	69

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Classification Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph 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	33	0	1	27	0	69
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	33	0	1	27	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	149
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	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	15.00
Non-Health Staff	9.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.5%	35.0%	0.0%	3.6%	28.9%	100.0%		
1,521,587	1,637,845	0	169,988	1,352,165	4,681,585	0	0.0%

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

FACILITY NOTES

CHOW	1/1/2014	Change of Ownership occurred.
Name Change	1/1/2014	Formerly Coulterville Care Center.

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Whitney Oberlink

Contact Person and Telephone
Whitney Oberlink
618-758-2256

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.

Date Questionnaire Completed 3/15/2017

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	70
Total Admissions 2016	139
Total Discharges 2016	139
Residents on 12/31/2016	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	10
TOTALS	70

Total Residents Diagnosed as Mentally Ill 22

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	71	71	71	70	5	75	75
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	75	71	71	71	70	5	75	75

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	3499	12.7%	11365	41.4%	0	0	9314	0	24178	88.1%	93.0%
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	3499	12.7%	11365	41.4%	0	0	9314	0	24178	88.1%	93.0%

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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	11	0	0	0	0	0	0	4	11	15
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	2	30	0	0	0	0	0	0	2	30	32
TOTALS	15	55	0	0	0	0	0	0	15	55	70

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Classification Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	29	0	0	25	0	70
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	16	29	0	0	25	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	149
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	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	10.00
Totals	73.00

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
35.4%	33.4%	0.0%	0.0%	31.2%	100.0%		
1,642,194	1,548,249	0	0	1,443,724	4,634,167	0	0.0%

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

Coulterville Rehabilitation & Health Care Center
13138 State Route 13
Coulterville, IL. 62237

Reference Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Whitney Oberlink

Contact Person and Telephone
Whitney Oberlink
618-758-2256

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	79
Total Discharges 2017	84
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	7
TOTALS	65

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	71	71	71	65	10	75	75
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	75	71	71	71	65	10	75	75

FACILITY UTILIZATION - 2017

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	3463	12.7%	11824	43.2%	0	402	8461	0	24150	88.2%	93.2%
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	3463	12.7%	11824	43.2%	0	402	8461	0	24150	88.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	2	9	0	0	0	0	0	0	2	9	11
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	13	52	0	0	0	0	0	0	13	52	65

Coulterville Rehabilitation & Health Care Center
13138 State Route 13
Coulterville, IL. 62237

Classification Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	34	0	2	17	0	65
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	12	34	0	2	17	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

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	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	11.00
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
34.4%	34.1%	0.0%	3.2%	28.3%	100.0%		
1,611,795	1,598,682	0	149,137	1,328,846	4,688,460	0	0.0%

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

COULTERVILLE STMT PER 12-2018

71 BDS DATE: 1 0	COULTERVILLEV4 YTD PERIOD 12	1/29/2019 14:01 Budget Factors Dec 1 FY	Period 12 Dec Analytical	Monthly Variance To Analy.	Period 8 Aug Actual 18 FY	Period 9 Sep Actual 18 FY	Period 10 Oct Actual 18 FY	Period 11 Nov Actual 18 FY	Period 12 Dec Actual 18 FY	Mth PPD	Period 12 Dec Budget Plan	Monthly Variance To Budget Plan	Period 12 Dec Ytd Act.	Ytd PPD	YTD Dec To Budget	Ytd Variance To Budget	Ytd Average
	TOTAL AVAILABLE BEDS		71 BDS	0 BDS	71 BDS	71 BDS	71 BDS	71 BDS	71 BDS		71 BDS	0 BDS	71 BDS		71 BDS		71 BDS
	TOTAL PATIENT DAYS		2,077 DAYS	0 DAYS	2,112 DAYS	2 042 DAYS	2,057 DAYS	2,008 DAYS	2,077 DAYS		2,077 DAYS	0 DAYS	24,539 DAYS		24,455 DAYS	84 DAYS	2,045 DAY
	TOTAL FACILITY CENSUS		67.00 RES	0.00 RES	68.13 RES	68.07 RES	66.35 RES	66.93 RES	67 00 RES		67.00 RES	0.00 RES	67.23 RES		67.00 RES	0.23 RES	67.23 RE
	PERCENT OCCUPIED		94.37%	0.00%	95.96%	95.87%	93.46%	94.27%	94.37%		94.37%	0.00%	94.68%		94.37%	0.32%	94 69
	NET ROUTINE SERVICES	203.34 PPD	464,510	-62	409,695	436,800	420,349	439,698	454,457	218.80	422,348	32,111	5,115,748	208.47	4,957,937	157,803	426,31
	NET ANCILLARY REVENUES	9.06 PPD	11,528	0	26,970	16,321	26,005	21,600	11 528	5.55	19,823	-7,295	303,159	12.35	221,630	81,529	25,2
	TOTAL OTHER REVENUE	0.74 PPD	12,600	0	2,365	700	2,684	1,239	12,690	6.11	1,545	11,145	41,115	1.68	18,540	22,575	3,42
	TOTAL REVENUE	213.15 PPD	478,737	-62	439,030	453,621	449,038	462,537	478,675	230.46	442,714	35,960	5,460,014	222.50	5,198,107	261,907	455,00
	TOTAL ACTIVITIES	3.02 PPD	7,237	-1,018	8,131	6,333	6,232	6,768	6,221	2.99	6,267	-47	76,188	3.11	75,142	1,054	6,35
	TOTAL SOCIAL SERVICE	3.70 PPD	7,579	-2,178	3,505	5,938	6,649	6,507	5,401	2.60	7,689	-2,288	69,938	2.85	90,548	-20,610	5,82
	TOTAL NURSING & INVENTORY CONTROL	68.78 PPD	143,117	-679	129,983	123,581	146,944	130,944	142,138	68 43	142,813	-675	1,606,450	65.47	1,675,724	-69,274	133,87
	TOTAL DIETARY	16.40 PPD	33,691	-642	36,656	33,319	34,631	33,719	33,150	15.96	34,060	-911	402,060	16.38	399,056	3,004	33 50
	TOTAL LAUNDRY	2.98 PPD	6,145	195	6,283	5,737	6,795	6,187	6,341	3.05	6,145	195	75,437	3.07	73,600	1,836	6,28
	TOTAL HOUSEKEEPING	4.35 PPD	9,042	00	9,322	9,262	9,173	9,164	9,140	4.40	9,042	00	110,888	4.52	108,322	2,547	9,23
	TOTAL PLANT/MAINTENANCE	7.54 PPD	15,590	1,547	23,324	21,357	21,739	19,178	17,137	8.25	15,868	1,469	227,931	9.29	192,917	35,014	18,98
	TOTAL PROP INSURANCE/TAXES	3.85 PPD	9,337	0	8,337	8,337	8,337	8,337	8,337	4.01	8,000	337	94,552	3.85	96,000	-1,448	7,87
	TOTAL ADMINISTRATION & GENER	41.53 PPD	87,383	3,050	92,021	78,826	86,066	92,819	90,413	43.53	86,255	4,158	1,029,483	41.95	1,024,211	5,272	85,79
	TOTAL ANCILLARY EXPENSES	28.08 PPD	66,954	-3,716	62,453	68,513	62,779	66,324	63,238	30.45	58,328	4,910	833,014	33.95	686,899	146,115	69,41
	TOTAL OPERATING EXPENSES	180.20 PPD	385,065	-3,539	378,024	361,203	389,364	381,968	381,516	183.69	374,207	7,249	4,525,931	184.44	4,422,420	103,511	377,16
	NET OPERATING INCOME	32.95 PPD	93,681	3,477	61,006	92,418	59,674	80,569	97,159	46.78	68,447	28,711	934,084	38.07	775,687	158,397	77,84
	BUILDING RENT	9.48 PPD	19,684	-337	19,346	19,346	19,346	19,346	19,348	9.31	19,684	-337	237,651	9.68	236,203	1,448	19,80
	INTEREST EXPENSE	0.00 PPD	0	0	0	0	0	0	0	0.00	0	0	280	0.01	0	280	2
	TOTAL LEASES/INTEREST	9.48 PPD	19,684	-337	19,346	19,346	19,346	19,348	19,348	9.31	19,684	-337	237,931	9.70	236,203	1,728	19,82
	TOTAL OTHER EXPENSES	-8.59 PPD	-18,636	23,937	-17,952	18,685	208,157	4,301	4,301	2.07	-17,835	22,138	51,607	2.10	-208,298	259,905	4,30
	TOTAL DEPRECIATION/AMORTIZAT	0.18 PPD	378	-378	816	616	816	1,999	0	0.00	378	-378	4,156	0.17	4,538	-382	34
	NET INCOME	31.88 PPD	92,256	-19,744	58,996	91 141	168,444	58,900	73,512	35.39	68,221	7,291	640,389	26.10	743,244	-102,855	53,36

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COULTERVILLE REHAB - LTC WAITING LIST

Added / Last Contact	Potential Resident Name	Age - M / F	Contact Name / Relationship	Contact Number	Current Location	Pay Source	PRIV OR SEMI ROOM	Info Rec'd Y or N	Desired Move-In Date
	B.G. [redacted]	F	[redacted] Son/POA	[redacted]	Home, Cutler	MCD	SEMI		
	K.C. [redacted]	F	[redacted]	[redacted]					
	R.R. [redacted]	F	[redacted]	[redacted]	Home	MCD			
	J.S. [redacted]	F	[redacted] - Son	[redacted]					
07/17/18	F.V. [redacted]	F	[redacted]	[redacted]	Home, Indiana	MCD	SEMI		
08/07/18	R.N. [redacted]	F	[redacted] Son/POA	[redacted]	Craig Farms / Three Springs	PVT			
08/13/18	F.W. [redacted]	F	[redacted] - Dau/POA		CedarHurst	MP/MCD	SEMI		
	R.B. [redacted]	M	[redacted] - Wife	[redacted]	Sycamore Village on Hospice				
D.K.	[redacted] (ALZ, OVA CA)	F	[redacted]	[redacted]	PCH Rehab	MP/MCD			
09/10/18	K.G. [redacted]	M	[redacted] - Wife	[redacted]	Home	PVT	SEMI		
G.B. 09/13/18	[redacted] (DEM, ELOPEMENT)	F	[redacted]	[redacted]	Home, Steeleville	PVT/MP?	PVT		
09/28/18	K.R. [redacted]	M	[redacted]/son	[redacted]	Home	PVT/Hospice	Either		ASAP
10/09/18	L.P. [redacted]	F	[redacted]/Bro/POA	[redacted]	Four Fountains	MCD	Semi		ASAP
10/10/208	M.B. [redacted]	F	[redacted]/Niece	Cell [redacted] Home [redacted]	Carmi Rehabilitation	MCR/MCD	SEMI		ASAP

COULTERVILLE REHAB - LTC WAITING LIST

Added / Last Contact	Potential Resident Name	Age - M / F	Contact Name / Relationship	Contact Number	Current Location	Pay Source	PRIV OR SEMI ROOM	Info Rec'd Y or N	Desired Move-In Date
10/16/18	P.T. [redacted]	F	[redacted] Dau	[redacted]	Red Bud Hospital	Advantra/MCD	SEMI		ASAP
11/02/18	M.T. [redacted]	F			Sparta Community Hospital	MRC/Humana			ASAP
11/05/18	L.S. [redacted]	F	[redacted]	[redacted]			PVT		ASAP
11/05/18	S.D. [redacted]	F	[redacted]	[redacted]	Carbondale Hospital		SEMI		ASAP
01/30/18	S.W. [redacted]	M	[redacted]	[redacted]	HOME	MCD	either		ASAP

ATTACHMENT 10

Criterion 1125.320 -- Purpose of the Project Supplemental Documentation

Articles and Reports Showing Growing Need for Nursing Home Beds

Please find attached, immediately following this page, two articles that discuss the growing need for long-term nursing care beds. The articles are:

1. Yoder, Steve, The Coming Nursing Home Shortage, *The Fiscal Times* (January 26, 2012), republished by Kaiser Health News.

2. Whitman, John, Will the U.S. Face a Shortage of Nursing Homes for Baby Boomers?, published by The University of Pennsylvania-Wharton, (March 16, 2017), available at https://knowledge.wharton.upenn.edu/article/will-u-s-face-shortage-nursing-homes-baby-boomers/ (last visited on January 25, 2019).

KHN
KAISER HEALTH NEWS

The Coming Nursing Home Shortage

By **Steve Yoder, The Fiscal Times** • JANUARY 26, 2012

This story comes from our partner The Coming Nursing Home Shortage

The latest casualty of the Great Recession may soon be the nation's elderly. Cuts in government payments for patient care and less construction of new nursing homes are already taking a toll. Add to this the aging baby boom generation and you have a worst-case scenario in which older people who need full-time care won't be able to get it. "We believe we're at a tipping point," says Mark Parkinson, head of the American Health Care Association (AHCA), which represents nursing homes.

If so, the timing couldn't be worse. The first baby boomers hit age 65 last year. By 2030, 20 percent of the U.S. population will be at least 65, up from 13 percent today. In that same period, the number of 85-year-olds will increase more than 50 percent and the number of 100-year-olds nearly triple. But the number of nursing homes dropped almost 9 percent from 2000 to 2009.

Nursing homes and hospitals are places that everyone wants to avoid ... until they can't. Most people say they want to age at home, but as retiring boomers get older, more will need the type of 24-hour care that only a nursing home or hospital can offer. That's because the prevalence of chronic illnesses like Alzheimer's disease, cancer and diabetes increases with age. Fifty-five percent of all cancers are diagnosed in individuals 65 and older, and by 2030, 7.7 million of those 65 and older will suffer from Alzheimer's, 50 percent more than today according to the Alzheimer's Association. By 2025, the number of those 65 and older with diabetes is projected to almost double to 10.6 million.

Several trends are cutting into the number of nursing homes. Many homes were constructed during the 1960s under Lyndon Johnson's Great Society programs. Often those homes are closed because they are old or, with their long hallways and large, multi-resident rooms, don't fit what current residents want, says Robert Kramer of the National Investment Center for the Seniors Housing and Care Industry.

But the recession has made getting private financing for new nursing home construction tougher. From 2007 to 2011, the number of under-construction nursing home units (the sections of a facility that provide only nursing care) declined by a third. "I cannot tell you of anyone who has actually developed a new skilled nursing facility in at least the last five years in California," says Edward Steinfeldt, a consultant to developers of retirement housing and health care.

And existing nursing homes are struggling. They long have lost money on patients whose stays are covered by state-run Medicaid programs, which pay for long-term care for chronically or terminally ill patients who have run out of money. According to a report this month by the AHCA, in 2011 nursing homes lost at least $20 per Medicaid resident per day nationwide. Total losses came to $6.3 billion nationally, the highest yearly total ever, with higher deficits to come next year, according to the report.

Making matters worse, last year the federal government also cut its reimbursement rates by 11 percent to nursing homes for Medicare patients—people released from hospitals to nursing homes who need short-term care to recover from injuries or acute illnesses. That's a huge hit since Medicare payments are responsible for more than 20 percent of nursing home revenues. (Medicaid provides about 50 percent of revenues, and most of the rest comes from private long-term care insurance and people who pay out of pocket.) For the 187-bed nonprofit Lutheran Home in Milwaukee, which has gross receipts of about $20 million, the Medicare slash will take $700,000 to $750,000 straight off the organization's bottom line this year says CEO Scott McFadden.

The real estate crash has added to nursing homes' budget crunch. Many clients sell their homes and use the money to pay out of pocket for long-term care services from a nursing home. By obliterating more than $8 trillion in home equity, the collapse cut the number of patients who can pay their own way. McFadden says that the private-paying clients his home serves used to run out of money in two or three years. Now they're broke much more quickly. Once they can't pay, Medicaid picks up only some of the tab, and the Lutheran Home then starts losing money on them. It's illegal for a Medicaid-certified nursing home to ask a patient to leave just because they run out of money.

Residing at a nursing home is not cheap. The median annual cost of a private U.S. nursing home room rose to $77,745 in 2011—up almost 30 percent from 2005. People without chronic conditions have less costly options—it takes about $43,500 yearly to pay for a home health care aide who doesn't have specialized medical skills, and $39,000 to live in an assisted living facility that provides help with activities of daily life like cooking, but doesn't necessarily offer health care services.

If nursing homes continue to be squeezed, they may need to cut more staff. A November 2011 report by the University of California-San Francisco concluded that poor quality of care is already endemic in many nursing homes, especially the largest for-profit chains where staffing levels have been cut the deepest to save money. Parkinson maintains that so far, homes in his association are keeping up their level of service with less money by eliminating managers, freezing wages, and cutting capital improvements like painting walls and replacing carpets—anything to avoid laying off caregiver staff.

Bill Mulligan, a managing director at Ziegler Capital Management, which provides low-cost financing for nursing home developments, argues that given the decreasing supply and rising demand, nursing homes are still a good investment. "The demographics are going to level off the number [of homes], maybe even increase it at some point," he says. But Steinfeldt, who also works with developers, has little confidence in their profitability: "Why would you go into a business that can't cover its costs?"

If major shortages of nursing home space do surface, they'll likely show up in urban and high-poverty areas first. Widespread waiting lists have already been reported in Tallahassee in Florida, Rapid City in South Dakota, and San Francisco. Homes also have been closing in poor neighborhoods—a study published last year in the Archives of Internal Medicine showed that nursing homes shut down there more often than elsewhere (the hardest hit cities were New Orleans, Oklahoma City, San Francisco, and Dallas). And Medicaid patients may have an increasingly hard time finding nursing homes that will take them–Kramer says when homes replace their old buildings, they often cut the number of beds to make space for more private rooms and sophisticated medical facilities that can attract the higher paying Medicare and private-pay clients.

“Every adult is going to face this nursing home crisis in some way, whether it’s through their own care or the care of loved ones,” says McFadden. “Ignoring it is not going to make it better.”

PUBLIC POLICY

Will the U.S. Face a Shortage of Nursing Homes for Baby Boomers?

Mar 16, 2017 North America Health Economics, Law and Public Policy

Will adequate numbers of skilled nursing homes be available when the cresting waves of aging baby boomers begin to need those services in big numbers over the next two decades? That question has not gotten much attention in the current rounds of heated national health policy debate — but it needs to, according to Wharton lecturer John Whitman.

He painted a picture of widespread economic and policy turmoil across today's nursing home industry at a recent conference – the National Summit on the Future of America's Nursing Home Industry – co-sponsored by the Leonard Davis Institute of Health Economics and the TRECS Institute, a non-profit, long-term care consulting firm where Whitman is executive director.

While it is not readily apparent to the public, noted Whitman, there has been a slow decline in the number of skilled nursing homes across the country over the last decade. For example, "from 2000 to 2009 the total number of nursing homes in the U.S. decreased by 9%. Additionally, from 2007 to 2011 new construction of nursing-home units decreased by 33%," according to CNBC. Some industry observers foresee a continuing downturn in that number between now and 2021. "The changes this industry is being hit with every day are massive and significant in terms of economic realities," said Whitman.

Whitman characterized the nursing home industry's matrix of traditional assumptions, regulatory rules, clinical practices and misaligned incentives as one plagued by out-of-date policies that are a barrier to both fiscal viability and quality care.

New Priority Level

"One of the goals of this program," said Whitman, "is to raise the level of awareness about the situation. So much of the change happening across the long-term care community could drive negative outcomes if we don't pay attention to it and begin to take steps. This has not been elevated to the priority level that it really needs."

One of the group's major concerns was the shifting demographics of the business. "We still tend to use the word 'senior' but that has become a totally inappropriate description," Whitman said. "Seniors span four and five decades now. They come from diverse backgrounds in terms of economic capabilities, family supports and ethnic origins. We have individual nursing homes where as many as five languages are spoken. That increases costs and creates a quality-of-care issue in terms of understanding what a patient needs."

What About Telemedicine?

Whitman emphasized that many of the problems identified by summit participants resulted from the industry and regulators' "status quo mentality." One example: new telemedicine technologies that are just beginning to be used in nursing homes. One typical situation tends to occur in off hours — in the middle of the night, or on weekends and holidays. When patients suddenly have trouble breathing or experiencing chest pains, Whitman noted, a call goes out to a doctor, who 90% of the time sends them off to the hospital.

"The changes this industry is being hit with every day are massive and significant in terms of economic realities."

But that protocol has major negative implications for the patient — and for the system, noted Whitman. "So, the 85-year-old patient is taken to the ER where, in most cases, he or she is admitted and spends three or four days there. We know seniors, when admitted to the hospital often become confused, have an increased likelihood of developing skin breakdown, incontinence and even delirium." What's more, they become exposed to hospital infections. "And all of this generates unnecessary costs for the health care system."

"We also know," he continued, "a good percentage of those patients never should have gone to the hospital but they did because, at 2 a.m. on a Sunday morning, the nursing home lacked the ability to tell if Mrs. Smith's medical needs required hospital admission or not." But in recent years, new telemedicine systems have created the potential to choose a healthier — and cheaper — alternative.

In 2015 Whitman and David Chess, a clinical professor at the Yale University School of Medicine and chief marketing officer of the telemedicine firm TripleCare, did a telemedicine study at the Cobble Hill Health Center, a 360-bed skilled nursing facility in New York. Over a year's time, 91 hospital transfers were avoided after the patients were evaluated in-house by a two-physician telemedicine review.

"So when we start looking at preventing avoidable hospital admissions, telemedicine can be a huge piece but not the only piece," Whitman said. "There are a variety of things every facility needs to be doing that aren't getting done today."

Older and sicker demographics is another industry concern. "When I was [a nursing home] administrator," said Whitman, "the average patient came in and stayed for three or four years." But today's nursing home population comes in at a much later stage in life. "They're older, much sicker and require a lot more care. Their length of stay has dropped dramatically. Facilities are telling us the average stay is 90 to 100 days rather than several years. That means more resident turnover and more marketing costs."

"We know seniors, when admitted to the hospital, often become confused, have an increased likelihood of developing skin breakdown, incontinence and even delirium."

Meanwhile, nursing homes face unprecedented levels of competition. "It's coming from every direction," said Whitman. "Life Care retirement communities, PACE Programs, assisted living adult day care centers, increased use of home care and a significant push by both state and federal agencies to keep seniors at home through 'home and community-based programs.' Changing reimbursement models, like the Centers for Medicare and Medicaid Services (CMS)'s Bundled Payment Program are encouraging the wider use of home care."

He pointed out that, particularly in orthopedics, hospital patients who used to go to nursing facilities for rehab are now bypassing those facilities completely. Hospitals are keeping them for an extra day or two and then discharging them to home-based health care therapy.

The preferred provider networks that have risen during the Affordable Care Act era are also heavily impacting nursing home economics, he said. Such networks partner with only a few nursing homes in a given region. Whitman cited one area where a major provider network directed its patients to only five of the region's available 35 nursing homes – resulting in those non-preferred facilities receiving significantly fewer Medicare and private pay patients.

Once Gone, Will They Return?

"Once a nursing home is in the non-preferred status," Whitman said, "their census of Medicaid patients rises and that can begin a downward spiral. Medicaid in 35 of 50 states pays an average of $23 below the actual cost of providing care. So, unable to attract Medicare or private pay residents, these facilities then start admitting even more Medicaid residents to help fill their beds — as financial losses continue to increase.

"You don't have to be a Wharton grad to realize the economic implications of that," Whitman said. "But that's the risk this industry is facing right now."

Along with their struggle to attract sufficient numbers of better paying patients, nursing homes face a similar struggle recruiting and retaining staff. According to summit participants, this is an "enormous" issue with employee turnover rates in many facilities running as high as 60% or

70%. Whitman pointed out that even at the nurse's aide level, each time an employee leaves, it costs a facility between $2,000 and $10,000 to replace them.

Whitman cited difficulty in filling even nursing homes' most important position — director of nursing (DON). "It's critical," he said. "You can have a Medicare Five-Star facility and the director of nursing leaves. The owners bring in another DON who isn't as strong and things deteriorate quickly. I'm concerned we don't have enough people coming into these DON and administrator positions. I don't see a lot of interest among young people — as an industry we need to do a better job at recruiting, educating and training young people for these critical positions."

Star Rating System

Another area of concern he pointed to is the CMS Five-Star Quality Rating System. Whitman noted that both consumers and providers now frequently use that system when making decisions.

Launched in 2008, the national rating system was designed to make it easier for consumers to compare nursing homes. It uses information collected from health care surveys, quality measures and staffing patterns to rate a nursing home from one to five stars, much like a restaurant review system.

Yet, Whitman thinks the industry is being hurt by the star-rating system as currently applied because, despite its wide acceptance, it is not a true reflection of an individual facility's quality.

"In the greater Philadelphia market, for example" said Whitman, "you have 178 nursing homes; 25% are in the five-star category, 23% are four, 20% are three and over 30% are in the one or two-star category. These last two are at the greatest risk of not being selected for preferred provider networks."

"Historically," Whitman continued, "after two or three years of struggling in this downward spiral, a facility would be put on fast track for closure by the state because of its inability to meet regulatory requirements and decreasing quality of care for its residents. But if you have 30% of the facilities close, you don't have enough capacity to absorb all those patients. And what are we going to do when the baby boomers hit and we need more and more beds? There's a big opportunity to make some needed changes here."

The summit findings are to be the basis of a list of recommendations that will be delivered to CMS, according to organizers.

The attendees included nursing home executives, physicians, nurse practitioners, pharmacists, university researchers, and representatives from organizations such as the Center for Medicare and Medicaid Innovation (CMMI), the American Health Care Association, Leading Age, the National Association of Directors of Nursing Administration in Long Term Care (NADONA), Philadelphia Corporation on Aging and the Center for Advocacy for the Rights & Interests of the Elderly (CARIE).

An earlier version of this article appeared on the Leonard Davis Institute of Health Economics website.

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ATTACHMENT 11

Criterion 1125.330 -- Alternatives

Pursuant to 77 Ill. Adm. Code § 1125.330, the CON permit applicant, Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), considered the following alternatives before committing to the proposed 25 bed long-term care expansion project ("Project"):

1. Do Nothing.

The first alternative considered by the Applicant was to maintain the status quo and forgo the Project to expand its long-term care facility ("Facility") in Coulterville, Illinois.

Total Project Cost: $0

Reason(s) for Rejecting Alternative:

The Applicant rejected this alternative because it does not achieve any of the Applicant's goals for this Project. Doing nothing fails to address the current utilization/over-capacity currently affecting the Facility and potential resident applicants would continue to be turned away. Doing nothing also fails to address the stated need for 35 additional long-term care beds in Randolph County. Moreover, maintaining the status quo would maintain diminished access to long-term care services in a market where a nearby facility was recently closed and where a need for nursing homes is increasing rapidly now because of the accelerating aging population and their growing need for skilled nursing services

2. Refer Potential Residents to Other Tutera SNFs.

Another alternative considered by the Applicant was to advise potential SNF residents to apply to another long-term care facility owned and operated by Tutera.

Total Project Cost: $0

Reason(s) for Rejecting Alternative:

The Project will improve access to care by ensuring that there are a sufficient number of long-term care beds available at the Facility, reducing or eliminating the current resident waiting list, and addressing the larger need for 35 additional long-term care beds in Randolph County as recently reported by the State Board. Without the additional 25 beds, access to care will not be enhanced because local residents will have to travel much longer distances to visit with their elderly family members who prefer to stay closer to home rather than closer to the St. Louis-Metro East area.

A scarcity of long-term care facilities in rural communities can cause hardship and difficult choices for individuals and their families. In such cases, people who need long-term care must decide, in consultation with their families and other caregivers, if home care is possible or if relocation to a facility outside of their community is necessary. A move to another community can be stressful, and family members might not be able to visit as often

as they would like. Communities also experience economic loss and diminished social connections when people leave. Because of these reasons, the Applicant rejected this alternative.

Documentation

As discussed in alternatives narrative provided above, the Applicant considered several alternative options before submitting the present CON permit application. The narrative above compares the various alternatives considered by the Applicant and, pursuant to the State Board's rules, each one considered the costs and other necessary factors relevant to each alternative.

ATTACHMENT 12

Background of Applicant

Criterion 1110.1540(b) -- Background of Applicant

The primary CON permit applicant, Coulterville Rehabilitation & Health Care Center, LLC ("Applicant") is fit, willing, and able, and has the qualifications, background, character, and financial resources to adequately provide a proper service for the community. The Applicant also states that the project will promote the orderly and economic development of health care facilities or services in the State of Illinois.

(a) List of all Health Care Facilities Owned/Operated by the Applicant.

The Applicant, as a business entity, does not directly or indirectly own any health care facilities.

(b) List of all Health Care Facilities Owned/Operated by Persons with Ownership of 5% or Greater or Persons Who Are Officers or Directors of the Applicant.

See the Tutera company fact sheet that immediately follows this page, which provides a short history of the Applicant's parent company (i.e., Tutera Senior Living and Health Care) and lists all health care facilities under the parent company.

(c) Certifications

A certified letter is attached immediately following this Attachment 1. The certification provides as follows:

(1) no adverse action has been taken against either Applicant or any facility, owner, or officer/director of the Applicant, nor does any such person have an adverse criminal or civil ruling, decision, etc. that would preclude them from owning and operating a health care facility; and

(2) the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health are authorized to obtain information regarding this CON permit application.

TUTERA

senior living & health care

Inspired by you

COMPANY OVERVIEW

About Tutera Senior Living & Health Care
Tutera Senior Living & Health Care, headquartered in Kansas City, MO, is one of the nation's premier providers of diversified, post-acute senior health care services. The company provides a spectrum of services including independent living, assisted living, skilled nursing, rehabilitation, memory care, home health care, and hospice in 47 communities in 13 states across the U.S. The privately held company is dedicated to excellence in individualized services with a mission to provide a personalized approach to senior living and health care in home-like, residential communities. Tutera Senior Living & Health Care is a division of the Tutera Group, a well-capitalized, diversified investment company. Through involvement in development, ownership, management, and consultation, the Tutera Group remains financially strong and poised for growth through selective engagement and strategic assessment of acquisitions and development.

History
In 1983, Dominic F. Tutera, M.D., founded Tutera to provide compassionate patient care with the uncompromising values of integrity, accountability and commitment. The company began with the development of skilled nursing centers located on the campuses of hospitals in the Kansas City metropolitan area. More than 30 years later, Tutera Senior Living & Health Care continues to embrace the values established by Dr. Tutera and has held steadfast to his commitment to make a positive difference in the lives of residents and their families.

Industry Expertise
Tutera Senior Living & Health Care has earned a solid reputation for its expertise in all areas of senior living management. The management team is adept in both short-term crisis management and long-term stabilization of independent living, assisted living and skilled nursing facilities.

- **Turnaround Management:** Tutera's team of professionals has successfully transitioned more than 300 facilities, many during times of clinical and financial crisis. With the success of its early skilled nursing centers on the grounds of Kansas City hospitals, Tutera expanded its portfolio and built a national reputation as a turnaround expert and successful manager of both for-profit and non-profit senior living and health care communities.

- **Operations Management:** Tutera Senior Living & Health Care provides compassionate patient care with uncompromising values of integrity, accountability, and commitment. Through a highly trained management staff, Tutera implements proven systems to drive operational and clinical outcomes. All outcomes are measured, monitored, and managed in order to continuously improve results. Tutera places a high priority on ongoing training of corporate, regional, and local staff to assure quality outcomes.

Information Technology: Tutera Senior Living & Health Care has implemented a comprehensive electronics health record management system throughout all its locations across the country. Tutera's software management systems are designed to facilitate efficiency and collaboration in decision-making based on sophisticated data metrics that enable its multi-disciplinary team to deliver the highest quality of personalized care to residents.

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Services
Tutera Senior Living & Health Care provides services in the following areas:

- Independent Living
- Assisted Living
- Skilled Nursing
- Rehabilitation
- Memory Care
- Home Health Care
- Hospice

Tutera's rental-based residential living model allows residents access to the type of care they require, when needed, without large up-front "buy-in" costs. This model avoids the disadvantages of many "entrance-fee" Continuing Care Retirement Communities (CCRCs).

Locations
Tutera Senior Living & Health Care operates 45 senior living communities including Home Health and Hospice in 13 states across the U.S.:

- **Alabama:** Charlton Place Rehabilitation & Health Care Center, Deatsville; The Gables at Charlton Place, Deatsville; and Montgomery Children's Specialty Center, Montgomery
- **Arizona:** Acuity Rehabilitation & Health Care at Mesa, Mesa; Acuity Rehabilitation & Health Care at Sun City, Sun City
- **Georgia:** Gentilly Gardens Senior Living Community, Statesboro
- **Illinois:** Auburn Rehabilitation & Health Care Center, Auburn; Bethany Rehabilitation & Health Care Center, DeKalb; Carlinville Rehabilitation & Health Care Center, Carlinville; Coulterville Rehabilitation & Health Care Center, Coulterville; Crystal Pines Rehabilitation & Health Care Center, Crystal Lake; Dixon Rehabilitation & Health Care Center, Dixon; Fair Oaks Rehabilitation & Health Care Center, Fair Oaks; Hamilton Memorial Rehabilitation & Health Care Center, McLeansboro; Hillsboro Rehabilitation & Health Care Center, Hillsboro; Lakeland Rehabilitation & Health Care Center, Effingham; Mattoon Rehabilitation & Health Care Center, Mattoon; Metropolis Rehabilitation & Health Care Center, Metropolis; and Oakley Courts Assisted Living Community, Freeport
- **Iowa:** Greenfield Rehabilitation & Health Care Center, Greenfield; Griswold Rehabilitation & Health Care Center, Griswold
- **Kansas:** The Atriums Senior Living Community, Overland Park; Continua Home Health, Continua Hospice, Leawood; Iola Nursing & Residential Care Center, Iola; Lamar Court Assisted Living Community, Overland Park; Meridian Rehabilitation & Health Care Center, Wichita; Rose Estates Assisted Living Community, Overland Park; Stratford Commons Memory Care Community, Overland Park; and Victory Hills Senior Living Community, Kansas City
- **Louisiana:** Holly Hill House, Sulphur; Rosewood Nursing Center, Lake Charles
- **Michigan:** The Pines Rehabilitation & Health Care Center, Lansing; Windemere Park Senior Community, Warren
- **Missouri:** Beautiful Savior Home, Belton; Carnegie Village Senior Living Community, Belton; Highland Rehabilitation & Health Care Center, Kansas City; Monterey Park Rehabilitation & Health Care Center, Independence; The Plaza Rehabilitation & Health Care Center, Kansas City; Westridge Gardens Rehabilitation & Health Care Center, Raytown; and Willow Care Rehabilitation & Health Care Center, Hannibal

- **North Carolina:** Willow Place Assisted Living & Memory Care Community, Laurinburg
- **Oklahoma:** Country Gardens Assisted Living Community, Muskogee
- **South Carolina:** Wesley Court Assisted Living Community, Boiling Springs
- **Texas**: Windsor Rehabilitation & Health Care Center, Terrell

Senior Health Care Leadership

- **Joseph C. Tutera**, Chief Executive Officer
- **Randall L. Bloom**, Ph.D., President/Chief Operating Officer of Health Care Division
- **Scott A. Birk**, Senior Vice President of Accounting for Tutera Group and its Affiliates
- **Kiley Brooks**, Vice President of Health Care Accounting
- **Cody Sue Miller**, R.N., Vice President of Clinical Services
- **Tiffany Waisner**, R.N., RAC-CT, Director of Clinical Services
- **Christine Smith**, R.N., Director of Clinical Reimbursement
- **Michael S. Levitt**, Vice President of Acquisition and Development
- **Ilene Shapiro**, Vice President of IT and Accounting Information Services
- **Ron Cork**, Vice President of Human Resources
- **Angie McCall**, Vice President of Marketing

Employees

Tutera Senior Living & Health Care employs more than 5,200 full- and part-time associates comprising corporate and field staff, employees at Tutera facilities, and staff contracted through third-party vendors.

Inspired By You Foundation

Tutera Senior Living & Health Care created the "Inspired By You Foundation" in 2013 to make an impact on the people and organizations where Tutera shares mutual regard for service to others. The foundation has donated to diverse organizations, including:

- Think First, a program at Research Medical Center that educates children and teens on traffic safety and traumatic injury prevention
- Research Medical Center Foundation, to support nursing scholarships for students at Rockhurst University, William Jewel College and Avila University
- Research Medical Center Foundation, to support the Harmon Diabetes Center
- March of Dimes, to support the annual Nurse of the Year Awards

Affiliations and Professional Associations

- American Health Care Association
- Assisted Living Federation of America
- Health Care Compliance Association
- Illinois Health Care Association
- Kansas Health Care Association
- Michigan Health Care Association
- Missouri Health Care Association
- Missouri Hospice & Palliative Care Association
- National Fire Protection Association

To learn more about Tutera Senior Living & Health Care
Visit www.tutera.com

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	ID NUMBER
11/11/2019	0052597

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 75

UNRESTRICTED 75 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE
COULTERVILLE REHABILITATION & HEALTH CARE C

COULTERVILLE REHAB & HCC
13138 STATE ROUTE 13
COULTERVILLE IL 62237
EFFECTIVE DATE: 11/12/17

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

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 11, 2019

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

Re: Background of Applicant
Review Criterion 1125.520

Dear Ms. Avery:

Pursuant to State Board Review Criterion 1125.520, in regard to the background of the applicant Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), I hereby certify that no adverse action has been taken against the Applicant or any facility owned and/or operated by the Applicant during the three (3) year period prior to the filing of the certificate of need permit application to expand an existing skilled nursing facility located at 13138 Illinois State Route 13, Coulterville, Illinois 62237. Furthermore, an exhibit is attached to this certification letter, which identifies each corporate officer, director, LLC member, partner, and owner of at least five percent (5.0%) of the entity that will own and operate the proposed health care facility.

I hereby certify that the individuals who have been identified on this list: (i) have not been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to: (a) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or (b) has been the subject of any juvenile delinquency or youthful offender proceeding; (ii) have not been charged with fraudulent conduct or any act involving moral turpitude; (iii) do not have any unsatisfied judgments against him or her; or (iv) are not in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation and Health Care Center, LLC

NOTARY:

Subscribed and sworn to me this 19 day of June, 2019

Notary Public

Seal:

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

EXHIBIT A

Ownership Interests at or Above 5.0%

The ownership interests in Coulterville Rehabilitation & Health Care Center, LLC are held by the following persons:

Owners

JCT Family Limited Partnership 100.0%

Officers/Directors

Joseph C. Tutera, Managing Partner

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 11, 2019

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

Re: Access to Documents and Records
Review Criterion 1125.520 – Background of Applicant

Dear Ms. Avery:

The CON permit applicant, Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), hereby permits the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the certificate of need permit application submitted by the Applicant, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation and Health Care Center, LLC

NOTARY:

Subscribed and sworn to me this 19 day of June, 2019

Notary Public

Seal:

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

TUTERA

senior living & health care

inspired by you

June 11, 2019

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

Re: Background of Applicant
Review Criterion 1125.520

Dear Ms. Avery:

Pursuant to State Board Review Criterion 1125.520, in regard to the background of the applicant TI-Coulterville, LLC ("Applicant"), I hereby certify that no adverse action has been taken against the Applicant or any facility owned and/or operated by the Applicant during the three (3) year period prior to the filing of the certificate of need permit application to expand an existing skilled nursing facility located at 13138 Illinois State Route 13, Coulterville, Illinois 62237. Furthermore, an exhibit is attached to this certification letter, which identifies each corporate officer, director, LLC member, partner, and owner of at least five percent (5.0%) of Coulterville Rehabilitation & Health Care Center, LLC, the entity that will own and operate the proposed health care facility.

I hereby certify, to the best of my knowledge, that the individuals who have been identified on this list: (i) have not been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to: (a) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or (b) has been the subject of any juvenile delinquency or youthful offender proceeding; (ii) have not been charged with fraudulent conduct or any act involving moral turpitude; (iii) do not have any unsatisfied judgments against him or her; or (iv) are not in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Respectfully Submitted,

Joseph C. Tutera
Manager
TI-Coulterville, LLC

NOTARY:

Subscribed and sworn to me this 19 day of June, 2019

Notary Public

Seal:

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

EXHIBIT A

Ownership Interests at or Above 5.0%

The ownership interests in Coulterville Rehabilitation & Health Care Center, LLC are held by the following persons:

Owners

JCT Family Limited Partnership 100.0%

Officers/Directors

Joseph C. Tutera, Managing Partner

TUTERA
senior living & health care

June 11, 2019

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

Re: Access to Documents and Records
Review Criterion 1125.520 – Background of Applicant

Dear Ms. Avery:

The CON permit applicant, TI-Coulterville, LLC ("Applicant"), hereby permits the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the certificate of need permit application submitted by the Applicant, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

Respectfully Submitted,

Joseph C. Tutera
Manager
TI-Coulterville, LLC

NOTARY:

Subscribed and sworn to me this 16 day of June, 2019

Notary Public

Seal:

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

ATTACHMENT 13

Criterion 1125.530 -- Planning Area Need

Coulterville Rehabilitation and Health Care Center, LLC ("Applicant") hereafter provides evidence to support its claim that the 25-bed addition to its existing 75-bed long-term care facility ("Project") is necessary to serve the population's needs in Health Service Area 5 ("HSA 5").

(a) Bed Need Determination

The 25 general long-term care beds to be established by this Project are in conformance with the projected bed need specified and reflected in the latest updates to the HFSRB Inventory. At this point in time, following the recent closure of a nearby long-term care facility, HSA 5, Randolph County, has a need for an additional 35 long-term care beds. The Applicant is seeking a 25-bed addition and, therefore, is in conformance with this criterion.

In addition, the 25-bed expansion proposed by the Applicant will meet or exceed the occupancy standard specified in 77 Ill. Adm. Code § 1125.210(c), which provides a utilization standard for general long-term nursing care services. This standard provides that the long-term care facility should operate those beds at a minimum annual average occupancy of 90% or higher. In that regard, the Applicant hereafter shows that it has met the standard for the past three years. Furthermore, the Applicant provides a waiting list of potential residents (redacted for privacy reasons), which shows that the facility should be able to meet the 90% utilization standard within twelve months after completion of the Project.

In support of these claims, the following documents are attached immediately after the end of this Attachment 13:

- Relevant pages of the State Board's inventory of long-term care services, including the most recent update showing the need for 35 more long-term care beds in Randolph County (HSA 5).
- Applicant-specific utilization data for the last three years.
- Redacted waiting list.

(b) Service to Planning Area Residents

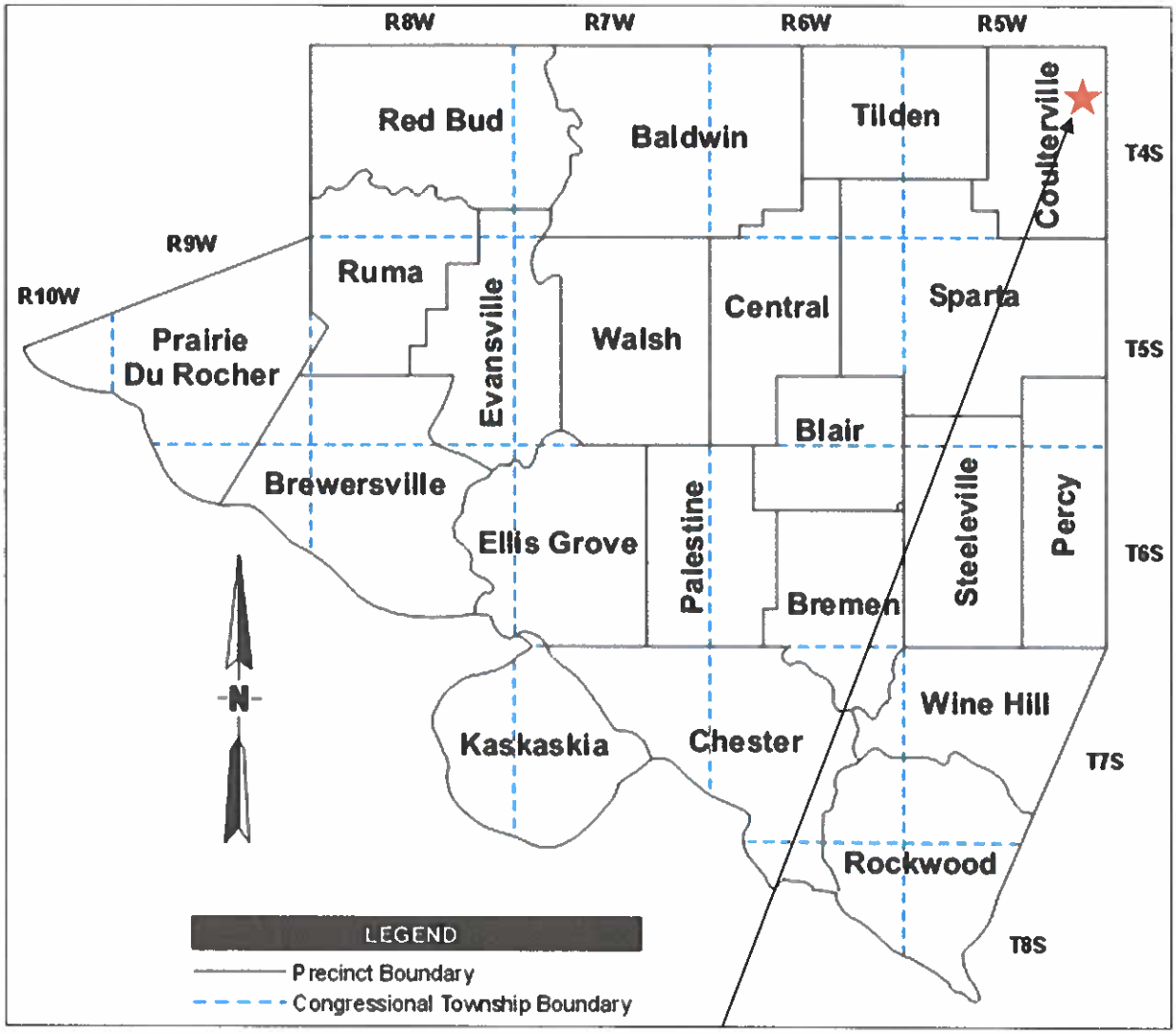
The Applicant hereby attests that the primary purpose of the Project is to provide necessary long-term care services to the residents of the area in which the proposed Project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project. The Project will involve the Applicant's existing long-term care facility located at 13138 Illinois Route 13, Coulterville, Illinois 62237 ("Project Site").

For this Project, the Applicant presents a geographic service area ("GSA") that encompasses an area that is no greater than a 45-minute drive time radius around the Project Site. The GSA will include all or parts of the following counties: Clinton, Jackson, Monroe, Randolph, Perry, St. Clair, and Washington.

TABLE ONE
General Location of the Project – State View

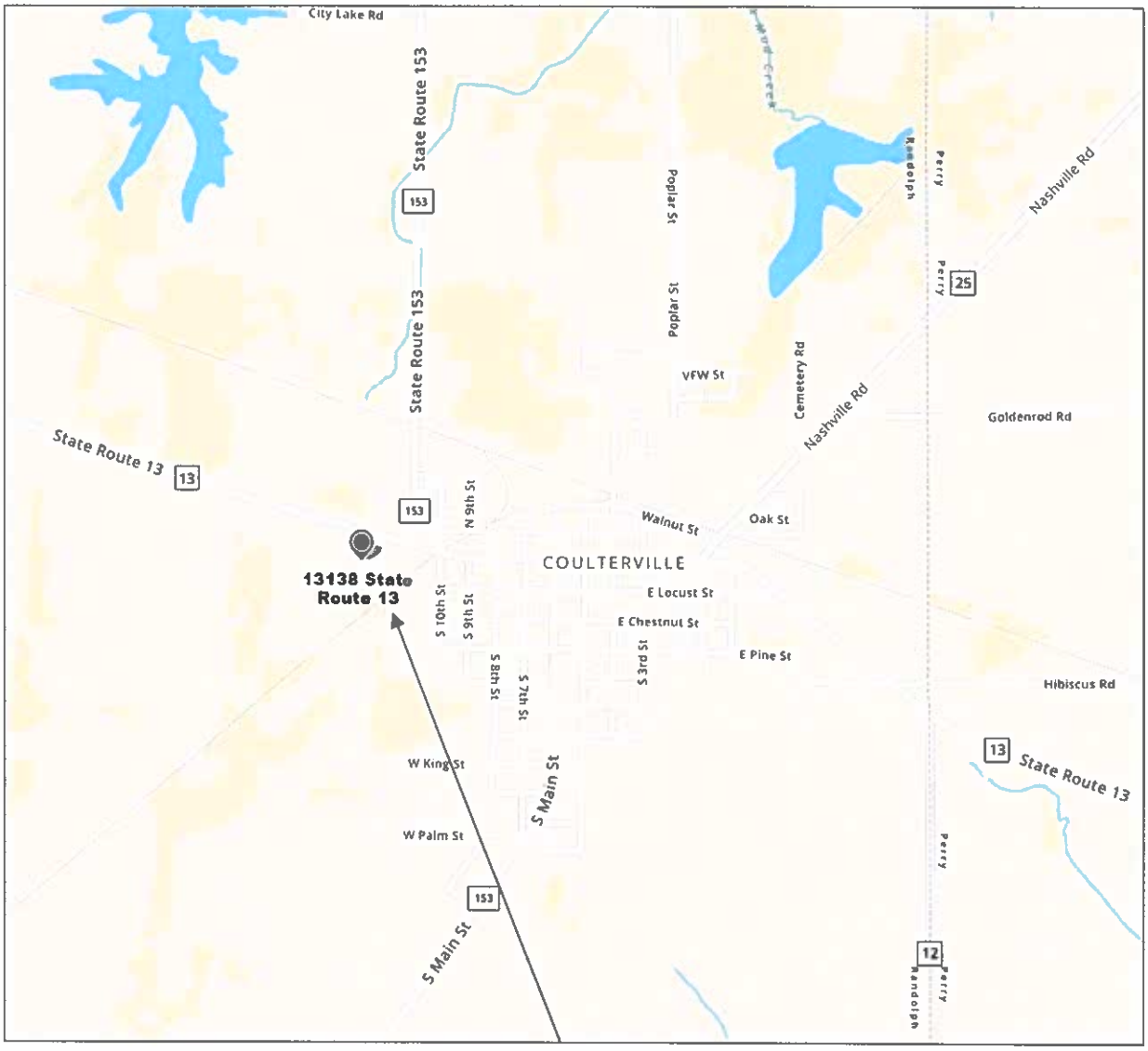
The Project Site is located in the northeast corner of Randolph County, within Coulterville Township, within the city limits of Coulterville, Illinois.

TABLE TWO
General Location of the Project – County View



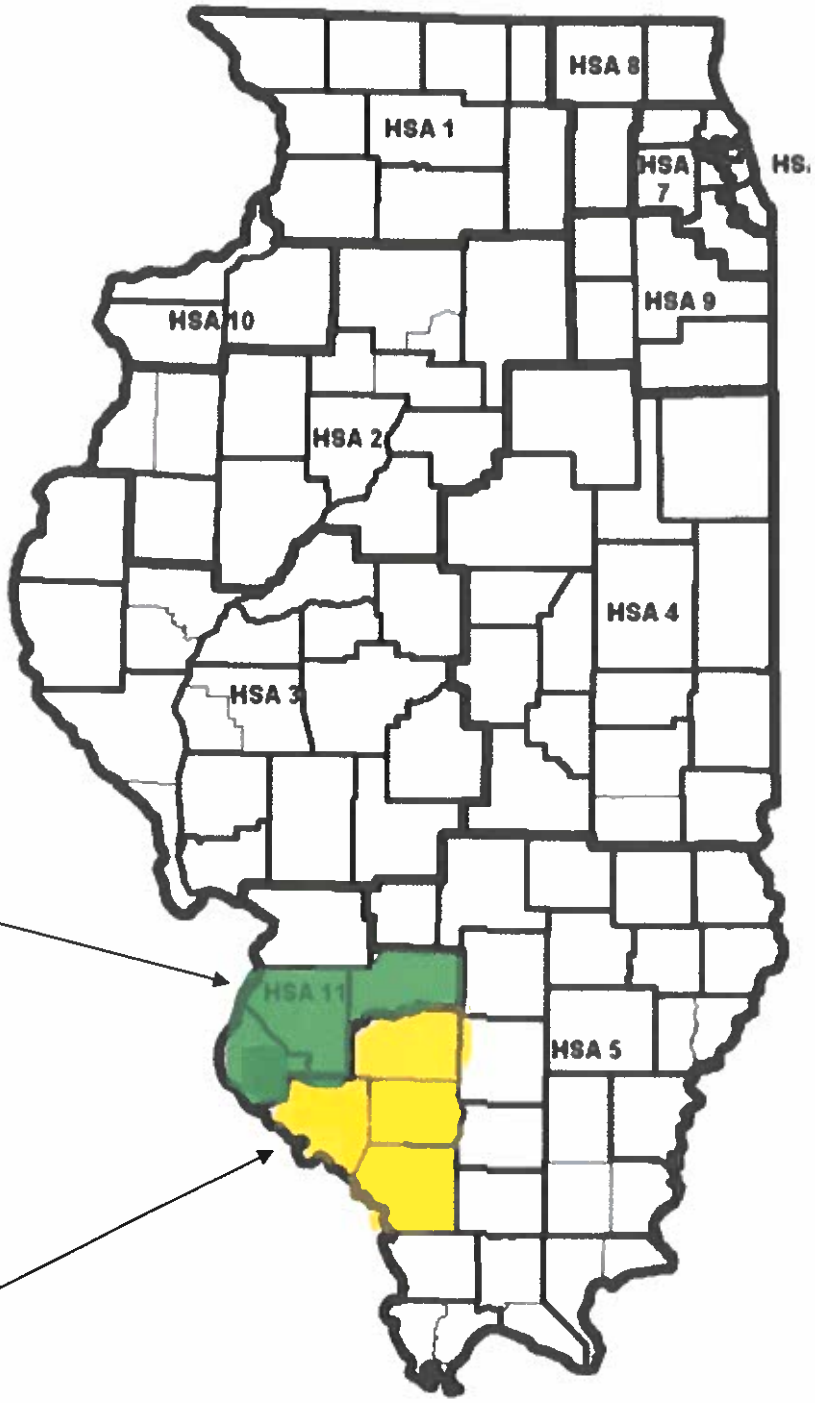
The Project Site is located in the northeast corner of Randolph County, within Coulterville Township, within the city limits of Coulterville, Illinois.

TABLE THREE
General Location of the Project – Local View



The Project Site is located on the south side of Illinois Route 13, on the northwest side of Coulterville, Illinois in Randolph County.

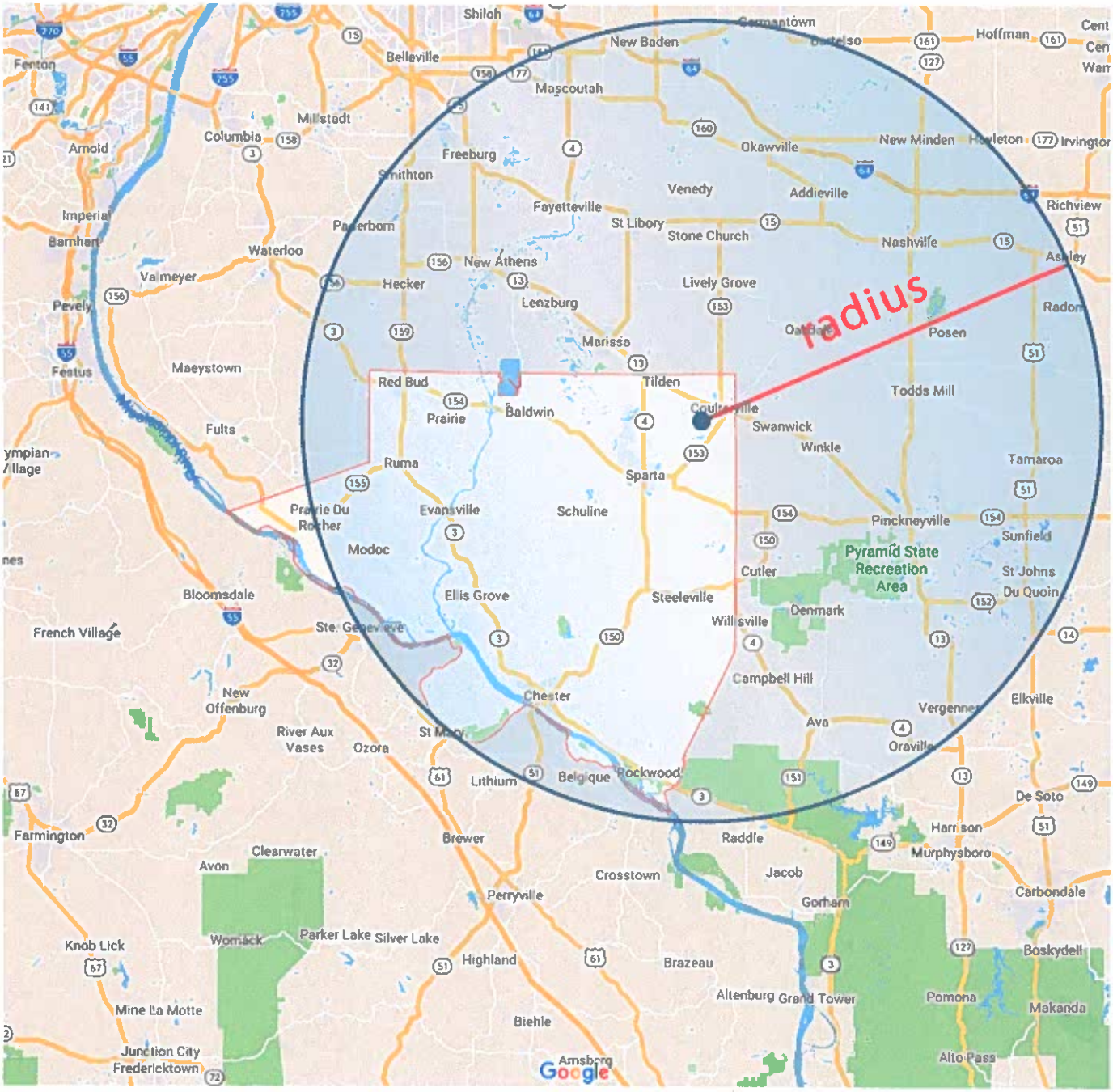
TABLE FOUR
General Location of the Project – HSA View



The Project Site is located in the northeast corner of Randolph County, within HSA 5. However, it is adjacent to HSA 11 and the GSA extends into that territory. Clinton, Monroe, and St. Clair Counties are highlighted in green.

The Project Site is located in the northeast corner of Randolph County, within HSA 5. Jackson, Perry, Randolph, and Washington Counties are highlighted in yellow.

TABLE FIVE
Defined Geographic Service Area



Pursuant to the State Board's rules, the Applicant can define its own geographic service area ("GSA"). For this Project, the GSA will include all zip codes within a forty-five (45) minute drive time radius surrounding the Project Site. This includes all of Randolph County and significant parts of Clinton, Jackson, Monroe, Perry, St. Clair, and Washington Counties. The GSA includes the western portion of HSA 5 and approximately the southern half of HSA 11. The home of the Project Site, Randolph County, is highlighted in the Google Map image.

TABLE SIX
Zip Codes in the Defined Geographic Service Area Including Patient Origin Data

CLINTON					
ZIP Code	Classification	City	County	Population	Patients
62215	General	Albers	Clinton	1,872	
62216	General	Aviston	Clinton	2,526	
62218	General	Bartelso	Clinton	1,481	
62219	P.O. Box	Beckemeyer	Clinton	1,009	
62230	General	Breese	Clinton	6,194	1
62231	General	Carlyle	Clinton	7,589	
62245	General	Germantown	Clinton	1,794	
62250	General	Hoffman	Clinton	504	
62252	P.O. Box	Huey	Clinton	0	
62253	General	Keyesport	Clinton	696	
62265	General	New Baden	Clinton	4,353	
62266	P.O. Box	New Memphis	Clinton	254	
62293	General	Trenton	Clinton	4,748	
JACKSON					
ZIP Code	Classification	City	County	Population	Patients
62901	General	Carbondale	Jackson	27,182	
62902	General	Carbondale	Jackson	4,531	
62903	General	Carbondale	Jackson	2,962	
62907	General	Ava	Jackson	2,164	
62916	General	Campbell Hill	Jackson	995	
62924	General	De Soto	Jackson	2,809	
62927	P.O. Box	Dowell	Jackson	367	
62932	General	Elkville	Jackson	1,592	
62940	General	Gorham	Jackson	445	
62942	General	Grand Tower	Jackson	707	
62950	General	Jacob	Jackson	193	
62958	General	Makanda	Jackson	2,262	
62966	General	Murphysboro	Jackson	15,607	
62975	General	Pomona	Jackson	279	
62994	General	Vergennes	Jackson	755	

MONROE					
ZIP Code	Classification	City	County	Population	Patients
62236	General	Columbia	Monroe	12,562	
62244	General	Fults	Monroe	1,156	
62248	P.O. Box	Hecker	Monroe	320	
62256	P.O. Box	Maeystown	Monroe	0	
62279	P.O. Box	Renault	Monroe	69	
62295	General	Valmeyer	Monroe	1,599	
62298	General	Waterloo	Monroe	16,609	
PERRY					
ZIP Code	Classification	City	County	Population	Patients
62238	General	Cutler	Perry	696	
62274	General	Pinckneyville	Perry	8,410	4
62832	General	Du Quoin	Perry	9,208	1
62888	General	Tamaroa	Perry	2,135	
62997	P.O. Box	Willisville	Perry	599	
RANDOLPH					
ZIP Code	Classification	City	County	Population	Patients
62217	General	Baldwin	Randolph	807	
62233	General	Chester	Randolph	10,037	8
62237	General	Coulterville	Randolph	2,659	
62241	General	Ellis Grove	Randolph	1,061	
62242	General	Evansville	Randolph	1,526	
62259	P.O. Box	Menard	Randolph	0	
62261	General	Modoc	Randolph	152	
62272	General	Percy	Randolph	1,674	
62277	General	Prairie Du Rocher	Randolph	1,314	
62278	General	Red Bud	Randolph	6,690	1
62280	General	Rockwood	Randolph	444	
62286	General	Sparta	Randolph	6,008	49
62288	General	Steeleville	Randolph	2,918	
62292	P.O. Box	Tilden	Randolph	947	
62297	General	Walsh	Randolph	452	

ST. CLAIR					
ZIP Code	Classification	City	County	Population	Patients
62220	General	Belleville	St. Clair	20,504	5
62221	General	Belleville	St. Clair	27,858	
62226	General	Belleville	St. Clair	29,744	13
62243	General	Freeburg	St. Clair	5,910	
62255	General	Lenzburg	St. Clair	1,001	
62257	General	Marissa	St. Clair	3,214	
62258	General	Mascoutah	St. Clair	9,199	
62264	General	New Athens	St. Clair	3,338	
62269	General	New Athens	St. Clair	36,990	17
62285	General	Smithton	St. Clair	4,484	
WASHINGTON					
ZIP Code	Classification	City	County	Population	Patients
62214	General	Addieville	Washington	1,229	
62263	General	Nashville	Washington	5,387	1
62268	General	Oakdale	Washington	738	
62271	General	Okawville	Washington	2,077	
62803	General	Hoyleton	Washington	1,014	
62808	General	Ashley	Washington	1,457	
62831	General	Du Bois	Washington	573	
62848	P.O. Box	Irvington	Washington	636	
62876	P.O. Box	Radom	Washington	247	
62877	General	Richview	Washington	514	

Per the State Board's rules, a CON applicant proposing to add beds to an existing general long-term care facility shall provide resident/patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. The chart provided above accomplishes two goals: (1) it shows all of the zip codes in the Applicant's proposed GSA; and (2) it provides the required patient origin data in the far righthand column. The total number of referrals in the right-hand column is 100.

Also attached following this Attachment 13 is a chart provided by the Applicant showing each healthcare facility from which residents are referred to the Applicant's long-term care facility. This chart was used to generate the patient origin data provided in the chart above. Please note, in the attached chart, that a total of 160 residents were referred to the Applicant's long-term care facility; however, they cannot be counted because their referral source is outside of the proposed GSA. It is likely that many of these residents were originally local residents who lived within the GSA.

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 11, 2019

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

Re: Primary Purpose – Serve Residents of Planning Area
Review Criterion 1125.530

Dear Ms. Avery:

The CON permit applicant, Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), hereby acknowledges that the primary purpose of the project will be to provide necessary long-term care services to the residents of the area in which the proposed project will be physically located (i.e., the planning area HSA 5). Information to support this acknowledgment is attached hereto as Exhibit A. Please let me know if you have questions about this matter.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation and Health Care Center, LLC

attachments

EXHIBIT A

Evidence of Need in Planning Area

(see attached)

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
			Health Service Area 1	
DeKalb	18-005	6/5/2018	DeKalb Rehabilitation and Nursing Center, DeKalb	Received permit to add 18 Nursing Care beds to existing facility. Facility will have 208 Nursing Care beds upon project completion.
Jo Daviess	Bed Change	7/1/2018	Elizabeth Nursing Home, Elizabeth	Facility discontinued 5 Nursing Care beds; facility now has 36 Nursing Care beds.
Lee	Closure	4/3/2019	Maple Crossing of Amboy, Amboy	Facility closed; 97 Nursing Care beds removed from inventory.
Ogle	17-035	1/9/2018	Manor Court of Rochelle, Rochelle	Received permit to establish a facility with 92 Nursing Care beds at Flagg Road and 20th Street in Rochelle.
Whiteside	CHOW	2/1/2018	Sterling Pavilion, Sterling	Change of ownership occurred.
	Name Change	2/13/2018	The Citadel of Sterling, Sterling	Formerly Sterling Pavilion
			Health Service Area 2	
Bureau/Putnam	CHOW	11/1/2017	Colonial Healthcare and Rehabilitation Center, Princeton	Change of ownership occurred.
	Name Change	11/2/2017	Aperion Care Princeton, Princeton	Formerly Colonial Healthcare and Rehabilitation Center
Fulton	Closure	9/15/2017	Prairie View Care Center - Lewistown, Lewistown	Facility closed; 99 Nursing Care beds removed from inventory.
	CHOW	12/4/2018	Heartland of Canton, Canton	Change of ownership occurred.
	Name Change	12/4/2018	Loft Rehab & Nursing of Canton, Canton	Formerly Heartland of Canton.
Knox	Closure	2/2/2018	Care Center of Abingdon, Abingdon	Facility closed; 82 Nursing Care beds removed from inventory.
LaSalle	CHOW	11/1/2017	Rivershores Health & Rehabilitation Center, Marseilles	Change of ownership occurred.
	Name Change	11/2/2017	Aperion Care Marseilles, Marseilles	Formerly Rivershores Health & Rehabilitation Center.
	Bed Change	10/22/2018	LaSalle County Nursing Home, Ottawa	Facility discontinued 8 Nursing Care beds; facility now operates 83 Nursing Care beds.
Peoria	CHOW	11/1/2017	Heights Healthcare & Rehabilitation Center, Peoria Heights	Change of ownership occurred.
	Name Change	11/2/2017	Aperion Care Peoria Heights, Peoria Heights	Formerly Heights Healthcare & Rehabilitation Center.
	Bed Change	4/23/2018	The Lutheran Home, Peoria	Facility discontinued 4 Nursing Care beds; facility now operates 105 Nursing Care beds.
	CHOW	11/1/2018	Heartland of Peoria, Peoria	Change of ownership occurred.
	Name Change	11/1/2018	Generations at Peoria, Peoria	Formerly Heartland of Peoria.
Tazewell	CHOW	11/1/2017	Morton Villa Health & Rehabilitation Center, Morton	Change of ownership occurred.
	Name Change	11/2/2017	Aperion Care Morton Villa, Morton	Formerly Morton Villa Health & Rehabilitation Center.
	CHOW	11/1/2017	Morton Terrace Health & Rehabilitation Center, Morton	Change of ownership occurred.
	Name Change	11/6/2017	Aperion Care Morton Terrace, Morton	Formerly Morton Terrace Health & Rehabilitation Center.
	Bed Change	9/20/2018	Hopedale Nursing Home, Hopedale	Facility added 5 Nursing Care beds. Facility now licensed for 59 Nursing Care beds.
	CHOW	11/1/2018	Heartland of Riverview, East Peoria	Change of ownership occurred.
	Name Change	11/1/2018	Generations at Riverview, East Peoria	Formerly Heartland of Riverview.
	Closure	2/22/2019	Aperion Care Morton Terrace, Morton	Facility closed; 166 Nursing Care beds removed from inventory.
			Health Service Area 3	
Adams	Bed Change	10/12/2017	Illinois Veterans Home at Quincy, Quincy	Facility discontinued 165 Nursing Care beds; facility now has 386 Nursing Care beds.

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	Bed Change	5/7/2019	Sunset Home, Quincy	Facility discontinued 22 Nursing Care beds. Facility now has 160 Nursing Care beds.	**New**
Logan	CHOW	1/1/2018	Symphony of Lincoln, Lincoln	Change of ownership occurred.	
	Name Change	1/1/2018	Generations of Lincoln, Lincoln	Formerly Symphony of Lincoln	
	16-014	2/13/2018	St. Clara's Rehab & Senior Care, Lincoln	Completed project for replacement facility; facility with 106 Nursing Care beds opened at 1450 Castle Manor Drive in Lincoln.	
Macoupin	Closure	8/22/2018	Pleasant Hill Village, Girard	Facility closed; 98 Nursing Care beds removed from inventory.	
Sangamon	Closure	9/7/2017	Oak Terrace Care Center, Springfield	Facility closed; 78 Nursing Care beds and 20 Sheltered Care beds removed from inventory.	
	Bed Change	10/31/2017	St. Joseph's Home of Springfield, Springfield	Facility converted 1 Sheltered Care bed to Nursing Care. Facility now has 74 Nursing Care beds and 10 Sheltered Care beds.	
	CHOW	11/1/2018	Mosaic of Springfield, Springfield	Change of ownership occurred.	
	Name Change	11/8/2017	Aperion Care Capitol, Springfield	Formerly Mosaic of Springfield	
			Health Service Area 4		
Champaign	Bed Change	1/5/2018	Clark-Lindsay Village, Urbana	Facility converted 19 Sheltered Care beds into 10 Nursing Care beds. Facility now has 105 Nursing Care beds and 0 Sheltered Care beds.	
	Closure	5/2/2019	Champaign Living Center, Champaign	Facility closed; 102 Nursing Care beds removed from inventory.	
Clark	Bed Change	10/1/2017	Burnsides Community Health Center, Marshall	Facility discontinued 20 Nursing Care beds; facility now has 75 Nursing Care beds.	
Coles/Cumberland	Closure	4/24/2018	Douglas Nursing & Rehab Center, Mattoon	Facility closed; 79 Nursing Care beds removed from inventory.	
Ford	Name Change	9/27/2017	Accolade Healthcare of Paxton, Paxton	Formerly Paxton Healthcare and Rehabilitation.	
	CHOW	11/1/2017	Illinois Knights Templar Home, Paxton	Change of ownership occurred.	
	Name Change	11/1/2017	Accolade Paxton Senior Living, Paxton	Formerly Illinois Knights Templar Home.	
	Bed Change	10/1/2018	Heritage Health-Gibson City, Gibson City	Facility discontinued 15 Nursing Care beds; facility now has 60 Nursing Care beds.	
	CHOW	10/17/2018	Heartland of Paxton, Paxton	Change of ownership occurred.	
	Name Change	10/17/2018	Accolade Healthcare of Paxton of Pells, Paxton	Formerly Heartland of Paxton.	
	Closure	11/1/2018	Accolade Healthcare of Paxton, Paxton	Facility closed; 76 Nursing Care beds removed from inventory.	
Iroquois	Bed Change	10/13/2017	The Iroquois Resident Home, Watseka	Facility discontinued 9 Nursing Care beds; facility now has 35 Nursing Care beds.	
Livingston	Name Change	9/27/2017	Accolade Healthcare of Pontiac, Pontiac	Formerly Pontiac Healthcare and Rehabilitation.	
	Closure	1/18/2018	Good Samaritan - Flanagan, Flanagan	Facility closed; 60 Nursing Care beds removed from inventory.	
McLean	CHOW	12/4/2018	Heartland of Normal, Normal	Change of ownership occurred.	
	Name Change	12/4/2018	Loft Rehab & Nursing of Normal, Normal	Formerly Heartland of Normal.	
	18-028	12/4/2018	The Village at Mercy Creek, Normal	Received permit to establish a facility with 40 Nursing Care beds at 1501 Mercy Creek Drive in Normal.	
	18-028	12/4/2018	Meadows Mennonite Home, Chenoa	As part of project 18-028, facility will discontinue 40 Nursing Care beds; facility will have 90 Nursing Care beds and 29 Sheltered Care beds upon project completion.	
	Closure	2/14/2019	Leroy Manor, Leroy	Facility closed; 102 Nursing Care beds removed from inventory.	
	19-016	4/30/2019	The Village at Mercy Creek, Normal	Received permit to establish a facility with 40 Nursing Care beds at 1501 Mercy Creek Drive in Normal.	
	18-028	6/4/2019	The Village at Mercy Creek, Normal and Meadows Mennonite Home, Chenoa	Permit relinquished - Establishment of 40 bed facility cancelled and discontinuation of 40 beds at Meadows Mennonite Home also cancelled.	**New**

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
Macon	Closure	9/21/2017	Lincoln Manor, Decatur	Facility closed; 140 Nursing Care beds removed from inventory.
	Name Change	11/1/2017	Fair Havens Christian Village, Decatur	Formerly Fair Havens Christian Home.
	CHOW	1/1/2018	McKinley Court, Decatur	Change of ownership occurred.
	Name Change	1/1/2018	Generations at McKinley Court, Decatur	Formerly McKinley Court.
	CHOW	1/1/2018	Symphony of Decatur, Decatur	Change of ownership occurred.
	Name Change	1/1/2018	Generations at McKinley Place, Decatur	Formerly Symphony of Decatur
	Name Change	1/18/2018	Generations at McKinley Place, LLC, Decatur	Formerly Generations at McKinley Place.
	CHOW	12/1/2018	Heartland of Decatur, Decatur	Change of ownership occurred.
	Name Change	12/1/2018	Decatur Living Center, Decatur	Formerly Heartland of Decatur.
	Closure	2/14/2019	Decatur Living Center, Decatur	Facility closed; 117 Nursing Care beds removed from inventory.
			Health Service Area 5	
Bond	CHOW	11/30/2017	Helia Healthcare of Greenville, Greenville	Change of ownership occurred.
	Name Change	12/1/2017	Greenville Nursing & Rehab, Greenville	Formerly Helia Healthcare of Greenville.
Edwards/Wabash	CHOW	2/1/2019	Oakview Heights Continuing Care & Rehab Center, Mount Carmel	Change of ownership occurred.
	Name Change	2/1/2019	Oakview Nursing & Rehab., Mount Carmel	Formerly Oakview Heights Continuing Care & Rehab Center
Effingham	CHOW	5/7/2018	Evergreen Nursing & Rehab Center, Effingham	Change of ownership occurred.
Gallatin/Hamilton/ Saline	CHOW	12/1/2017	Integrity Healthcare of Ridgway, Ridgway	Change of ownership occurred.
	Name Change	12/1/2017	Gallatin Manor, Ridgway	Formerly Integrity Healthcare of Ridgway.
Lawrence	Closure	10/30/2018	The United Methodist Village, Lawrenceville	Facility closed; 143 Nursing Care beds removed from inventory.
Marion	CHOW	5/7/2018	Doctors Nursing & Rehab Center, Salem	Change of ownership occurred.
Perry	Bed Change	3/7/2018	DuQuoin Nursing & Rehabilitation, DuQuoin	Facility discontinued 2 Nursing Care beds. Facility now has 72 Nursing Care beds.
Randolph	Closure	10/31/2017	Integrity Healthcare of Chester, Chester	Facility closed; 117 Nursing Care beds removed from inventory.
White	Bed Change	2/26/2019	Meadowood, Grayville	Facility discontinued 14 Nursing Care beds; facility now has 60 Nursing Care beds.
			Health Service Area 6	
6-A	Bed Change	12/7/2017	Peterson Park Nursing Home, Chicago	Facility added 8 Nursing Care beds; facility now has 196 Nursing Care beds.
	Name Change	4/1/2018	Beacon Health Center, Chicago	Formerly Beacon Care Center.
	Name Change	4/1/2018	Uptown Health Center, Chicago	Formerly Uptown Care Center.
	Name Change	11/5/2018	Fairmont Care, Chicago	Formerly Fairmont Care Centre, Chicago.
6-B	Bed Change	9/25/2016	Schwab Rehabilitation Hospital, Chicago	Facility added 10 Nursing Care beds; facility now has 31 Nursing Care beds.
	Bed Change	11/22/2017	Schwab Rehabilitation Hospital, Chicago	Facility revoked addition of 10 Nursing Care beds; facility now operates 21 Nursing Care beds.
	Name Change	4/1/2018	Mayfield Health Center, Chicago	Formerly Mayfield Care Center.
	Name Change	10/9/2018	Warren Barr Gold Coast, Chicago	Formerly Warren Barr Living & Rehab Center.
	Bed Change	12/31/2018	Terraces at the Clare, Chicago	Facility added 2 Nursing Care beds; facility now has 50 Nursing Care beds.
6-C	19-004	4/30/2019	Smith Village, Chicago	Facility received permit for modernization, which will include a reduction in beds from 100 Nursing Care beds to 78 Nursing Care beds.
			Health Service Area 7	

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
7-A	Bed Change	3/6/2018	St. Joseph's Home for the Elderly, Palatine	Facility discontinued 1 Sheltered Care beds. Facility now has 59 Nursing Care beds and 0 Sheltered Care beds.	
	Bed Change	3/12/2018	Lutheran Home for the Aged, Arlington Heights	Facility added 20 Nursing Care beds and discontinued 24 Sheltered Care beds. Facility now has 354 Nursing Care beds and 22 Sheltered Care beds.	
	Licensure	8/16/2018	Asbury Court Nursing & Rehab, Des Plaines	Facility licensed for operation with 71 Nursing Care beds.	
	CHOW	11/1/2018	Manorcare of Rolling Meadows, Rolling Meadows	Change of ownership occurred	
	Name Change	11/1/2018	The Pearl of Rolling Meadows, Rolling Meadows	Formerly Manorcare of Rolling Meadows.	
7-B	CHOW	12/1/2017	Ballard Respiratory and Rehab, Des Plaines	Change of ownership occurred	
	Name Change	12/1/2017	Landmark of Des Plaines Rehab, Des Plaines	Formerly Ballard Respiratory and Rehab.	
	CHOW	1/7/2019	Manorcare of Northbrook, Northbrook	Change of ownership occurred	
	Name Change	1/7/2019	The Citadel of Northbrook, Northbrook	Formerly Manorcare of Northbrook.	
7-C	Bed Change	10/1/2017	Tabor Hills Health Care, Naperville	Facility discontinued 12 Nursing Care beds; facility now has 199 Nursing Care beds.	
	CHOW	11/1/2017	Wood Glen Nursing & Rehabilitation Center, West Chicago	Change of ownership occurred	
	Name Change	11/2/2017	Aperion Care West Chicago, West Chicago	Formerly Wood Glen Nursing & Rehabilitation Center.	
	Bed Change	4/1/2018	Tabor Hills Health Care, Naperville	Facility discontinued 30 Nursing Care beds; facility now has 169 Nursing Care beds.	
	Bed Change	9/12/2018	Marianjoy Rehabilitation Hospital, Wheaton	Facility discontinued 13 Nursing Care beds; facility now has 14 Nursing Care beds.	
	Name Change	10/16/2018	Oak Brook Care, Oak Brook	Formerly Oakbrook Healthcare Centre.	
	CHOW	11/1/2018	Manorcare of Naperville, Naperville	Change of ownership occurred	
	Name Change	11/1/2018	Naperville Manor Health & Rehab Center, Naperville	Formerly Manorcare of Naperville	
	CHOW	11/1/2018	Manorcare of Westmont, Westmont	Change of ownership occurred	
	Name Change	11/1/2018	Westmont Manor Health & Rehab Center, Westmont	Formerly Manorcare of Westmont.	
	CHOW	12/1/2018	Wheaton Care Center, Wheaton	Change of ownership occurred	
	Name Change	11/1/2018	Wheaton Village Nursing & Rehab, Wheaton	Formerly Wheaton Care Center.	
	Name Change	5/24/2019	Covenant Living-Windsor Park, Carol Stream	Formerly Windsor Park Manor.	**New**
	16-056	6/3/2019	Oak Trace, Downers Grove	Completed project for replacement facility; facility now has 102 Nursing Care beds.	**New**
7-D	E-001-18	2/27/2018	MacNeal Hospital, Berwyn	Converted 25 beds, previously used for sub-acute model, to Skilled Nursing (Long-Term Care).	
	CHOW	2/1/2019	Courtyard Healthcare Center, Berwyn	Change of ownership occurred	
	Name Change	2/1/2019	The Grove of Berwyn	Formerly Courtyard Healthcare Center.	
7-E	E-046-17	11/7/2017	Advocate South Suburban Hospital, Hazel Crest	Received exemption to discontinue 41 bed Skilled Nursing (Long-Term Care) category of service.	
	Bed Change	12/20/2017	Lemont Nursing & Rehab Center, Lemont	Facility added 15 Nursing Care beds. Facility now has 173 Nursing Care beds.	
	CHOW	2/1/2018	Briar Place, Indian Head Park	Change of ownership occurred	
	Name Change	2/13/2018	Briar Place Nursing, Indian Head Park	Formerly Briar Place.	
	CHOW	2/1/2018	Windmill Nursing Pavilion, South Holland	Change of ownership occurred	
	Name Change	2/2/2018	Prairie Oasis, South Holland	Formerly Windmill Nursing Pavilion.	
	CHOW	11/1/2018	Manorcare of South Holland, South Holland	Change of ownership occurred	

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	Name Change	11/1/2018	South Holland Manor Health & Rehab, South Holland	Formerly Manorcare of South Holland.	
	CHOW	12/1/2018	Tri-State Nursing & Rehab Ctr, Lansing	Change of ownership occurred	
	Name Change	12/1/2018	Tri-State Village Nursing & Rehab, Lansing	Formerly Tri-State Nursing & Rehab Center.	
	Bed Change	12/26/2018	Park Villa Nursing & Rehab Center, Palos Heights	Facility added 10 Nursing Care beds. Facility now has 111 Nursing Care beds.	
	CHOW	1/7/2019	Glenshire Nursing & Rehab. Centre, Richton Park	Change of ownership occurred	
	Name Change	1/7/2019	Landmark of Richton Park, Richton Park	Formerly Glenshire Nursing & Rehab Centre.	
	15-008	1/28/2019	Generations at Applewood, Matteson	Finished addition of 39 Nursing Care beds. Facility now has 154 licensed Nursing Care beds.	
	Bed Change	2/5/2019	Aperion Care Dolton, Dolton	Facility added 8 Nursing Care beds; facility now has a total of 88 Nursing Care beds.	
	Name Change	5/17/2019	Villas at Palos Heights, Palos Heights	Formerly known as Park Villa Nursing & Rehab Center.	**New**
			Health Service Area 8		
Kane	17-012	2/27/2018	Meadowbrook Manor of Geneva, Geneva	Received permit to establish a facility with 150 Nursing Care beds at 37W220 Keslinger Road in Geneva.	
	10-065	6/8/2018	Park Pointe South Elgin Healthcare, South Elgin	Relinquished permit to establish facility with 120 Nursing Care beds.	
	13-013	6/26/2018	Alden Estates Courts of Huntley, Huntley	Facility completed project; licensed for operation with 170 Nursing Care beds.	
	CHOW	10/1/2018	Sherman West Court, Elgin	Change of ownership occurred	
	Name Change	10/1/2018	Avantara of Elgin, Elgin	Formerly Sherman West Court.	
Lake	Name Change	10/16/2018	Wauconda Care, Wauconda	Formerly Wauconda Healthcare and Rehab.	
	CHOW	1/11/2019	Glenlake Terrace Nursing & Rehab, Waukegan	Change of ownership occurred	
	Name Change	1/11/2019	Elevate Care Waukegan, Waukegan	Formerly Glenlake Terrace Nursing & Rehab.	
McHenry	18-016	10/30/2018	Transformative Health of McHenry, McHenry	Received permit to establish a facility with 84 Nursing Care beds at Bull Valley Road and Ridgeview Drive in McHenry.	
	15-044	1/15/2019	Transformative Care of McHenry, McHenry	Relinquished permit to establish facility with 98 Nursing Care beds.	
	Bed Change	5/30/2019	Hearthstone Manor, Woodstock	Discontinued 2 Nursing Care beds; facility now has 73 Nursing Care beds and 60 Sheltered Care beds.	**New**
			Health Service Area 9		
Kankakee	Name Change	2/26/2019	Greentree of Bradley Rehab, Bradley	Formerly River North of Bradley Healthcare & Rehab.	
Will	17-044	2/27/2018	Smith Crossing, Orland Park	Received permit to add 46 Nursing Care beds to an existing facility. Facility will have 92 Nursing Care beds upon project completion.	
	18-009	6/5/2018	Alden Estates/Courts of New Lenox, New Lenox	Received permit to establish a facility with 166 Nursing Care beds at Cedar Crossing Drive adjacent to Silver Cross Hospital and Medical Center.	
	15-051	6/20/2018	Alden Estates/Courts of New Lenox, New Lenox	Relinquished permit 15-051 for facility with 140 Nursing Care beds.	
	CHOW	5/1/2019	Spring Creek Nursing & Rehab Center, Joliet	Change of ownership occurred.	
	Name Change	5/1/2019	Spring Creek, Joliet	Formerly Spring Creek Nursing & Rehab Center.	
			Health Service Area 10		
			Health Service Area 11		
Clinton	Bed Change	2/13/2019	Clinton Manor, New Baden	Facility discontinued 2 Nursing Care beds. Facility now has 37 Nursing Care beds.	

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
Madison	E-022-17	6/15/2017	St. Anthony's Health Center/St. Clare's Hospital, Alton	Received exemption for discontinuation of 26 bed Skilled Nursing unit.
	E-081-17	2/5/2018	Alton Memorial Hospital, Alton	Received exemption for discontinuation of 28 bed Skilled Nursing unit.
	CHOW	3/1/2018	Edwardsville Nursing & Rehab Center, Edwardsville	Change of ownership occurred.
	CHOW	3/1/2018	University Nursing & Rehab Center, Edwardsville	Change of ownership occurred.
	E-014-18	4/4/2018	Gateway Regional Medical Center, Granite City	Received exemption for discontinuation of 19 bed Skilled Nursing unit.
	Bed Change	3/29/2018	Eunice C. Smith Nursing Home, Alton	Added 2 Nursing Care beds; facility now has 64 Nursing Care beds.
Monroe	Bed Change	11/3/2017	Oak Hill, Waterloo	Facility added 13 Nursing Care beds; facility now has 144 Nursing Care beds.

CHANGES TO SPECIALIZED LONG-TERM CARE

			Health Service Area 1	
HSA 1	Closure	9/21/2018	Bethesda Lutheran - Sycamore, Sycamore	Facility closed and converted to CILA. 14 ICF/DD beds removed from Inventory.
	Closure	4/21/2019	Amboy Terrace, Amboy	Facility closed and converted to CILA. 16 ICF/DD beds removed from Inventory.
			Health Service Area 2	
			Health Service Area 3	
			Health Service Area 4	
HSA 4	Closure	11/30/2018	Forty-Fourth Street Place, Decatur	Facility closed and converted to CILA. 6 ICF/DD beds removed from Inventory.
	Closure	11/30/2018	Beacon Street Place, Decatur	Facility closed and converted to CILA. 4 ICF/DD beds removed from Inventory.
	Closure	11/30/2018	Hickory Street Place, Decatur	Facility closed and converted to CILA. 6 ICF/DD beds removed from Inventory.
	Closure	11/30/2018	Moultrie County Community Center, Lovington	Facility closed and converted to CILA. 16 ICF/DD beds removed from Inventory.
			Health Service Area 5	
HSA 5	Closure	6/30/2017	Ellner Terrace, Evansville	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
	Closure	11/26/2018	Helia Healthcare of Energy - DD, Energy	Facility closed; 48 ICF/DD beds removed from inventory.
	Closure	6/15/2016	Homestead House, West Frankfort	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
	Closure	3/1/2019	Oakview, Effingham	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
			Health Service Area 6, 7, 8, 9	
HSA 7	Closure	11/28/2017	Phoenix Court, South Holland	Facility closed; converted to CILA. 16 ICF/DD beds removed from inventory.
			Health Service Area 10	
			Health Service Area 11	
HSA 11	Closure	4/20/2018	Colonial Apartments, Centralia	Facility closed; 16 ICF DD beds removed from inventory.
	Bed Change	11/19/2018	Parents and Friends of the SLC, Swansea	Facility discontinued 15 ICF/DD beds; facility now has 85 ICF/DD beds.

CHANGES TO CHRONIC MENTAL ILLNESS

LONG-TERM CARE FACILITY UPDATES

6/5/2019

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION

CHANGES TO SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES

LONG-TERM CARE FACILITY UPDATES

6/5/2019

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	760	(4)
Jo Daviess	173	142	31
Lee	281	256	25
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	1,258	(69)
McDonough	325	360	(35)
Marshall/Stark	283	427	(144)
Peoria	1,429	1,604	(175)
Tazewell	1,075	1,095	(20)
Woodford	586	593	(7)
HEALTH SERVICE AREA 3			
Adams	1,029	1,107	(78)
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	606	40
Mason	105	164	(59)
Menard	119	106	13
Montgomery	405	480	(75)
Morgan/Scott	453	551	(98)
Sangamon	1,215	1,171	44

LONG-TERM CARE FACILITY UPDATES
6/5/2019
CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 4			
Champaign	853	828	25
Clark	215	225	(10)
Coles/Cumberland	642	860	(218)
DeWitt	209	190	19
Douglas	187	233	(46)
Edgar	269	299	(30)
Ford	204	343	(139)
Iroquois	400	477	(77)
Livingston	422	458	(36)
McLean	979	986	(7)
Macon	899	839	60
Moultrie	238	361	(123)
Piatt	144	160	(16)
Shelby	161	259	(98)
Vermilion	604	766	(162)
HEALTH SERVICE AREA 5			
Alexander/Pulaski	88	83	5
Bond	96	90	6
Clay	121	209	(88)
Crawford	165	160	5
Edwards/Wabash	139	129	10
Effingham	348	434	(86)
Fayette	168	261	(93)
Franklin	306	383	(77)
Gallatin/Hamilton/Saline	537	582	(45)
Hardin/Pope	70	62	8
Jackson	264	251	13
Jasper	57	57	0
Jefferson	339	336	3
Johnson/Massac	280	299	(19)
Lawrence	216	197	19
Marion	472	509	(37)
Perry	150	208	(58)
Randolph	408	373	35
Richland	254	309	(55)
Union	273	293	(20)
Washington	161	148	13
Wayne	132	169	(37)
White	251	337	(86)
Williamson	513	555	(42)
HEALTH SERVICE AREA 6			
Planning Area 6-A	4,523	6,513	(1,990)
Planning Area 6-B	3,020	3,011	9
Planning Area 6-C	4,201	4,564	(363)

LONG-TERM CARE FACILITY UPDATES

6/5/2019

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	5,956	(108)
Planning Area 7-D	2,407	2,917	(510)
Planning Area 7-E	7,361	8,505	(1,144)
HEALTH SERVICE AREA 8			
Kane	2,826	2,964	(138)
Lake	3,804	3,909	(105)
McHenry	1,062	1,079	(17)
HEALTH SERVICE AREA 9			
Grundy	269	265	4
Kankakee	980	989	(9)
Kendall	305	184	121
Will	3,109	2,907	202
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	355	(35)
Madison	1,904	2,141	(237)
Monroe	293	263	30
St. Clair	1,867	2,101	(234)

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

HSA 1	253	303	(50)
HSA 2	241	224	17
HSA 3	207	336	(129)
HSA 4	307	80	227
HSA 5	222	160	62
HSA 6, 7, 8, 9	3,167	1,065	2,102
HSA 10	74	32	42
HSA 11	217	272	(55)

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Whitney Oberlink

Contact Person and Telephone
Whitney Oberlink
618-758-2256

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.

Date Questionnaire Completed 3/30/2016

(Not Answered)

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2015

Residents on 1/1/2015	72
Total Admissions 2015	80
Total Discharges 2015	83
Residents on 12/31/2015	69

RESIDENTS BY PRIMARY DIAGNOSIS

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

Note: Information on resident diagnoses was not collected for 2015

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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	75	73	73	71	69	6	75	75
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	75	73	73	71	69	6	75	75

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3302	12.1%	12547	45.8%	0	406	8732	0	24987	91.3%	93.8%
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	3302	12.1%	12547	45.8%	0	406	8732	0	24987	91.3%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	5	35	0	0	0	0	0	0	5	35	40
TOTALS	13	56	0	0	0	0	0	0	13	56	69

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Classification Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	33	0	1	27	0	69
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	33	0	1	27	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	149
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	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	15.00
Non-Health Staff	9.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.5%	35.0%	0.0%	3.6%	28.9%	100.0%		
1,521,587	1,637,845	0	169,988	1,352,165	4,681,585	0	0.0%

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

FACILITY NOTES

CHOW	1/1/2014	Change of Ownership occurred.
Name Change	1/1/2014	Formerly Coulterville Care Center.

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Whitney Oberlink

Contact Person and Telephone
Whitney Oberlink
618-758-2256

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.

Date Questionnaire Completed 3/15/2017

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2016

Residents on 1/1/2016	70
Total Admissions 2016	139
Total Discharges 2016	139
Residents on 12/31/2016	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	10
TOTALS	70

Total Residents Diagnosed as Mentally Ill 22

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	71	71	71	70	5	75	75
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	75	71	71	71	70	5	75	75

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	3499	12.7%	11365	41.4%	0	0	9314	0	24178	88.1%	93.0%
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	3499	12.7%	11365	41.4%	0	0	9314	0	24178	88.1%	93.0%

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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	11	0	0	0	0	0	0	4	11	15
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	2	30	0	0	0	0	0	0	2	30	32
TOTALS	15	55	0	0	0	0	0	0	15	55	70

COULTERVILLE REHAB & HEALTH CARE CENTE
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Classification Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	29	0	0	25	0	70
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	16	29	0	0	25	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	149
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	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	10.00
Totals	73.00

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
35.4%	33.4%	0.0%	0.0%	31.2%	100.0%		
1,642,194	1,548,249	0	0	1,443,724	4,634,167	0	0.0%

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

Coulterville Rehabilitation & Health Care Center
13138 State Route 13
Coulterville, IL. 62237

Reference Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

Administrator
Whitney Oberlink

Contact Person and Telephone
Whitney Oberlink
618-758-2256

Registered Agent Information
Dan Maher
412 E. Lawrence Ave.
Springfield, IL 62703

Date Questionnaire Completed 4/13/2018

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 restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2017

Residents on 1/1/2017	70
Total Admissions 2017	79
Total Discharges 2017	84
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	7
TOTALS	65

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	71	71	71	65	10	75	75
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	75	71	71	71	65	10	75	75

FACILITY UTILIZATION - 2017

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	3463	12.7%	11824	43.2%	0	402	8461	0	24150	88.2%	93.2%
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	3463	12.7%	11824	43.2%	0	402	8461	0	24150	88.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017

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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	2	9	0	0	0	0	0	0	2	9	11
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	13	52	0	0	0	0	0	0	13	52	65

Coulterville Rehabilitation & Health Care Center
13138 State Route 13
Coulterville, IL. 62237

Classification Numbers

Facility ID	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph
County	157	Randolph County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	34	0	2	17	0	65
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	12	34	0	2	17	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE

Data Not Available

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	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	11.00
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
34.4%	34.1%	0.0%	3.2%	28.3%	100.0%		
1,611,795	1,598,682	0	149,137	1,328,846	4,688,460	0	0.0%

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

COULTERVILLE STMT PER 12-2018

71 BDS
DATE

COULTERVILLEV4 — 1/29/2019 14:01

YTD PERIOD 12	Budget Factors Dec 1 FY	Period 12 Dec Analytical	Monthly Variance To Analy.	Period 8 Aug Actual 18 FY	Period 9 Sep Actual 18 FY	Period 10 Oct Actual 18 FY	Period 11 Nov Actual 18 FY	Period 12 Dec Actual 18 FY	Mth PPD	Period 12 Dec Budget Plan	Monthly Variance To Budget Plan	Period 12 Dec Ytd Act.	Ytd PPD	YTD Dec To Budget	Ytd Variance To Budget	Ytd Average
TOTAL AVAILABLE BEDS		71 BDS	0 BDS	71 BDS	71 BDS	71 BDS	71 BDS	71 BDS		71 BDS	0 BDS	71 BDS		71 BDS		71 BDS
TOTAL PATIENT DAYS		2,077 DAYS	0 DAYS	2,112 DAYS	2 042 DAYS	2,057 DAYS	2,008 DAYS	2,077 DAYS		2,077 DAYS	0 DAYS	24,539 DAYS		24,455 DAYS	84 DAYS	2,045 DAY
TOTAL FACILITY CENSUS		67.00 RES	0.00 RES	68.13 RES	68.07 RES	66.35 RES	66.93 RES	67 00 RES		67.00 RES	0.00 RES	67.23 RES		67.00 RES	0.23 RES	67.23 RE
PERCENT OCCUPIED		94.37%	0.00%	95.96%	95.87%	93.46%	94.27%	94.37%		94.37%	0.00%	94.69%		94.37%	0.32%	94 69
NET ROUTINE SERVICES	203.34 PPD	454,519	-62	409,695	438,600	420,349	439,698	454,457	218.80	422,348	32,111	5,115,740	208.47	4,957,937	157,803	426,31
NET ANCILLARY REVENUES	9.06 PPD	11,528	0	26,970	16,321	26,005	21,600	11 528	5.55	19,823	-7,295	303,159	12.35	221,630	81,529	25,2
TOTAL OTHER REVENUE	0.74 PPD	12,600	0	2,365	700	2,684	1,239	12,690	6.11	1,545	11,145	41,115	1.68	18,540	22,575	3,42
TOTAL REVENUE	213.15 PPD	478,737	-62	439,030	453,621	449,038	462,537	478,675	230.46	442,714	35,960	5,460,014	222.50	5,198,107	261,907	455,00
TOTAL ACTIVITIES	3.02 PPD	7,237	-1,016	8,131	6,233	6,232	6,798	6,221	2.99	6,267	-47	76,198	3.11	75,142	1,064	6,35
TOTAL SOCIAL SERVICE	3.70 PPD	7,579	-2,178	3,505	5,938	6,649	8,507	5,401	2.60	7,689	-2,288	69,938	2.85	90,548	-20,610	5,82
TOTAL NURSING & INVENTORY CONTROL	68.78 PPD	143,117	-978	129,983	123,581	146,944	130,944	142,138	68.43	142,813	-675	1,606,450	65.47	1,675,724	-69,274	133,87
TOTAL DIETARY	16.40 PPD	33,691	-542	30,656	33,319	34,631	33,719	33,150	15.96	34,060	-911	402,060	16.38	399,056	3,004	33 50
TOTAL LAUNDRY	2.96 PPD	6,145	195	6,283	5,737	6,795	6,197	6,341	3.05	6,145	195	75,437	3.07	73,600	1,836	6,28
TOTAL HOUSEKEEPING	4.35 PPD	9,042	99	9,332	9,262	9,173	9,164	9,140	4.40	9,042	99	110,889	4.52	108,322	2,547	9,23
TOTAL PLANT/MAINTENANCE	7.54 PPD	15,590	1,547	23,324	21,357	21,739	19,178	17,137	8.25	15,668	1,469	227,931	9.29	192,917	35,014	18,09
TOTAL PROP INSURANCE/TAXES	3.85 PPD	8,337	0	8,337	8,337	8,337	8,337	8,337	4.01	8,000	337	94,552	3.85	96,000	-1,448	7,87
TOTAL ADMINISTRATION & GENER	41.53 PPD	87,363	3,050	82,021	78,826	86,086	92,810	90,413	43.53	86,255	4,158	1,029,480	41.95	1,024,211	5,272	85,79
TOTAL ANCILLARY EXPENSES	28.08 PPD	68,954	-3,716	62,453	68,513	62,779	68,324	63,238	30.45	58,328	4,910	833,014	33.95	686,899	146,115	69,41
TOTAL OPERATING EXPENSES	160.20 PPD	385,066	-3,539	378,024	381,203	389,364	381,989	381,516	183.69	374,207	7,249	4,525,931	184.44	4,422,420	103,511	377,16
NET OPERATING INCOME	32.95 PPD	93,681	3,477	61,006	92,418	59,674	80,548	97,159	46.78	68,447	28,711	934,084	38.07	775,687	158,397	77,84
BUILDING RENT	9.46 PPD	19,684	-337	19,346	19,346	19,346	19,346	19,346	9.31	19,684	-337	237,651	9.68	236,203	1,448	19,80
INTEREST EXPENSE	0.00 PPD	0	0	0	0	0	0	0	0.00	0	0	280	0.01	0	280	2
TOTAL LEASES/INTEREST	9.46 PPD	19,684	-337	19,346	19,346	19,346	19,346	19,346	9.31	19,684	-337	237,931	9.70	236,203	1,728	19,82
TOTAL OTHER EXPENSES	-8.59 PPD	-19,636	23,937	-17,952	18,685	208,157	4,301	4,301	2.07	-17,835	22,136	51,607	2.10	-208,298	259,905	4,30
TOTAL DEPRECIATION/AMORTIZAT	0.18 PPD	378	-378	618	618	618	1,999	0	0.00	378	-378	4,156	0.17	4,538	-382	34
NET INCOME	31.88 PPD	93,256	-19,744	58,996	91 141	168,444	58,900	73,512	35.39	66,221	7,291	640,399	26.10	743,244	-102,855	53,36

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Coulterville Rehabilitation & Health Care Center
Admit/Discharge To/From Report
Admissions 1/1/2018 To 12/31/2018 - Discharges 1/1/2018 To 12/31/2018

Admissions

From Location	Resident Count
ALTON MEMORIAL HOSPITAL	1
BELLEVILLE MEMORIAL HOSPITAL	5
Barnes Jewish Hospital	11
CEDARHURST OF SPARTA	1
DEACONESS HOSPITAL	4
GOOD SAMARITAN REGIONAL HEALTH CENTER	1
HELIA HEALTH CARE	1
HERRIN HOSPITAL	1
HOME	3
KINDRED HOSPITAL-STL	1
MANOR AT CRAIG FARMS	1
MARION VA MEDICAL CENTER	1
MEMORIAL HOSPITAL	2
MEMORIAL HOSPITAL BELLEVILLE	5
MEMORIAL HOSPITAL OF CHESTER	8
MISSOURI BAPTIST MEDICAL CENTER	6
Marshall Browning Hospital	1
Memorial Care Center	1
PINCKNEYVILLE COMMUNITY HOSPITAL	4
RANDOLPH COUNTY CARE CENTER	1
RED BUD REGIONAL HOSPITAL	1
SAINT FRANCIS MEDICAL CENTER	1
SPARTA COMMUNITY HOSPITAL	46
SPARTA HOME HEALTH	1
ST JOSEPH HOSPITAL	1
ST. ELIZABETH'S HOSPITAL	17
ST. PAUL'S HOME	1
St Anthonys HOSPITAL	1
St Elizabeth's Hospital	9
St Louis University Hospital	10
St. Elizabeth's at Belleville	4
St. Lukes Hospital	1
WASHINGTON COUNTY HOSPITAL	1
carbondale Memorial Hospital	7
TOTAL Admissions	160

Discharges

To Location	Resident Count
ALTON MEMORIAL HOSPITAL	1
Assisted Living at Silver Creek	1
CEDARHURST OF SPARTA	10
FRIENDSHIP MANOR	1
Fairview nursing home	1
GOOD SAMARITAN REGIONAL HEALTH CENTER	1
HOME	28
Heil-Schuessler	4
JUNE COURT	1
LHC ILLINOIS HOME HEALTH CARE	8
MANOR AT CRAIG FARMS	3
MANOR AT MASON WOODS	1
MEMORIAL HOSPITAL BELLEVILLE	1

MEMORIAL HOSPITAL OF CHESTER	3
McDaniel Funeral Home	1
PINCKNEYVILLE COMMUNITY HOSPITAL	4
PYATT FUNERAL HOME	5
Pechacek-McClure Funeral Home	1
Pyatt Funeral Home	3
Pyatt Funeral home Pinckneyville	1
RANDOLPH COUNTY CARE CENTER	1
SPARTA COMMUNITY HOSPITAL	39
SPARTA HOME HEALTH	31
ST. ELIZABETH'S HOSPITAL	3
St Elizabeth's Hospital	1
St Louis University Hospital	1
St. Elizabeth's at Belleville	2
Three Springs	1
Wilson's Funeral Home	3
carbondale Memorial Hospital	1
TOTAL Discharges	162

COULTERVILLE REHAB - LTC WAITING LIST

Added / Last Contact	Potential Resident Name	Age - M / F	Contact Name / Relationship	Contact Number	Current Location	Pay Source	PRIV OR SEMI ROOM	Info Rec'd Y or N	Desired Move-In Date
	B.G. [redacted]	F	[redacted] Son/POA	[redacted]	Home, Cutler	MCD	SEMI		
	K.C. [redacted]	F	[redacted]	[redacted]					
	R.R. [redacted]	F	[redacted]	[redacted]	Home	MCD			
	J.S. [redacted]	F	[redacted] - Son	[redacted]					
07/17/18	F.V. [redacted]	F	[redacted]	[redacted]	Home, Indiana	MCD	SEMI		
08/07/18	R.N. [redacted]	F	[redacted] Son/POA	[redacted]	Craig Farms / Three Springs	PVT			
08/13/18	F.W. [redacted]	F	[redacted] - Dau/POA		CedarHurst	MP/MCD	SEMI		
	R.B. [redacted]	M	[redacted] - Wife	[redacted]	Sycamore Village on Hospice				
D.K.	[redacted] (ALZ, OVA CA)	F	[redacted]	[redacted]	PCH Rehab	MP/MCD			
09/10/18	K.G. [redacted]	M	[redacted] - Wife	[redacted]	Home	PVT	SEMI		
G.B. 09/13/18	[redacted] (DEM, ELOPEMENT)	F	[redacted]	[redacted]	Home, Steeleville	PVT/MP?	PVT		
09/28/18	K.R. [redacted]	M	[redacted]/son	[redacted]	Home	PVT/Hospice	Either		ASAP
10/09/18	L.P. [redacted]	F	[redacted]/Bro/POA	[redacted]	Four Fountains	MCD	Semi		ASAP
10/10/208	M.B. [redacted]	F	[redacted]/Niece	Cell [redacted] Home [redacted]	Carmi Rehabilitation	MCR/MCD	SEMI		ASAP

COULTERVILLE REHAB - LTC WAITING LIST

Added / Last Contact	Potential Resident Name	Age - M / F	Contact Name / Relationship	Contact Number	Current Location	Pay Source	PRIV OR SEMI ROOM	Info Rec'd Y or N	Desired Move-In Date
10/16/18	P.T. [redacted]	F	[redacted] Dau	[redacted]	Red Bud Hospital	Advantra/MCD	SEMI		ASAP
11/02/18	M.T. [redacted]	F			Sparta Community Hospital	MRC/Humana			ASAP
11/05/18	L.S. [redacted]	F	[redacted]	[redacted]			PVT		ASAP
11/05/18	S.D. [redacted]	F	[redacted]	[redacted]	Carbondale Hospital		SEMI		ASAP
01/30/18	S.W. [redacted]	M	[redacted]	[redacted]	HOME	MCD	either		ASAP

ATTACHMENT

Existing Health Care Facilities Within Proposed GSA
45 Minute Drive Time Radius

Facility & City	County	HSA	Drive Time	Miles	Beds	Occ. %	Met Occupancy Standard?
Randolph County Care Center 312 W. Belmont Ave., Sparta 62286	Randolph	5	12	8.5	100	89.7%	Yes
Pinckneyville Nursing & Rehab 708 Virginia Ct., Pinckneyville 62274	Perry	5	19	15.3	60	63.1%	No
New Athens Home 203 S. Johnson St., New Athens 62264	St. Clair	11	24	18.6	53	71.1%	No
Friendship Manor HC 485 S. Friendship Dr., Nashville 62263	Washington	5	27	24.8	120	69.2%	No
Carlyle Health Care 501 Clinton St., Carlyle 62231	Clinton	11	27	24.8	109	76.0%	No
Washington County Hospital 705 S. Grand Ave., Nashville 62263	Washington	5	28	19.0	28	75.0%	No
Freeburg Care Center 746 Urbanna Dr., Freeburg 62243	St. Clair	11	31	27.8	118	90.5%	Yes
Three Springs Lodge 161 Three Springs Rd., Chester 62233	Randolph	5	32	25.4	83	69.7%	No
Red Bud Regional Care 35 W. South First St., Red Bud 62278	Randolph	5	32	26.0	115	65.7%	No
Clinton Manor 111 E. Illinois St., New Baden 62265	Clinton	11	35	30.1	39	96.5%	Yes
Integrity Healthcare Smithton 107 S. Lincoln St., Smithton 62285	St. Clair	11	36	30.7	101	0.0%	N/A
Marka Nursing Home 201 S. 10th St., Mascoutah 62258	St. Clair	11	36	30.7	76	65.4%	No
Du Quoin Nursing & Rehab 514 E. Jackson St., Du Quoin 62832	Perry	5	37	28.9	74 [72]	71.1%	No
Fairview Nursing Center 602 E. Jackson St., Du Quoin 62832	Perry	5	37	29.0	76	60.3%	No
Aperion Care Mascoutah 901 N. Main St., Mascoutah 62258	St. Clair	11	38	31.2	55	29.7%	No
Oak Hill 623 Hamacher St., Waterloo 62298	Monroe	11	42	35.9	131 [144]	85.4%	Yes
Aviston County Manor 450 W. First St., Aviston 62216	Clinton	11	45	38.5	97	64.6%	No

The chart above lists all of the long-term care facilities that are located within the GSA proposed by the Applicant (i.e., all of the zip codes within a 45-minute radius around the Project Site).

FN 1. Please note in the chart that three long-term care facilities have bed numbers in brackets. The number of beds without brackets represents the number of approved beds as reported in the 2017 Inventory of Long-Term Care Services. The number inside of the brackets is the current number of beds as reported in the most recent update to the inventory published by the State Board in June 2019.

FN 2. MapQuest time and distance sheets immediate follow this page.

YOUR TRIP TO:

312 Belmont Ave

12 MIN | 8.5 MI

Est. fuel cost: $0.91

Trip time based on traffic conditions as of 4:03 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward N 11th St/IL-153. Continue to follow IL-13.

Then 0.35 miles — 0.35 total miles

2. Turn **right** onto S Main St/IL-153. Continue to follow IL-153.

IL-153 is just past S 7TH St.

If you are on E Grant St and reach N 5th St you've gone a little too far.

Then 5.61 miles — 5.96 total miles

3. Keep **right** at the fork to go on State Route 153/IL-153.

Then 0.18 miles — 6.14 total miles

4. Turn **slight right** onto E Broadway/IL-154. Continue to follow IL-154.

Then 1.91 miles — 8.05 total miles

5. Turn **left** onto S Saint Louis St/IL-4.

S Saint Louis St is just past S Maple St.

If you reach S James St you've gone a little too far.

Then 0.35 miles — 8.39 total miles

6. Turn **right** onto W Belmont St.

W Belmont St is just past W 4th St.

If you reach Eastern St you've gone about 0.1 miles too far.

Then 0.12 miles — 8.51 total miles

7. 312 BELMONT AVE.

Your destination is just past S James St.

If you reach Belmont Ct you've gone a little too far.

Save to My Maps

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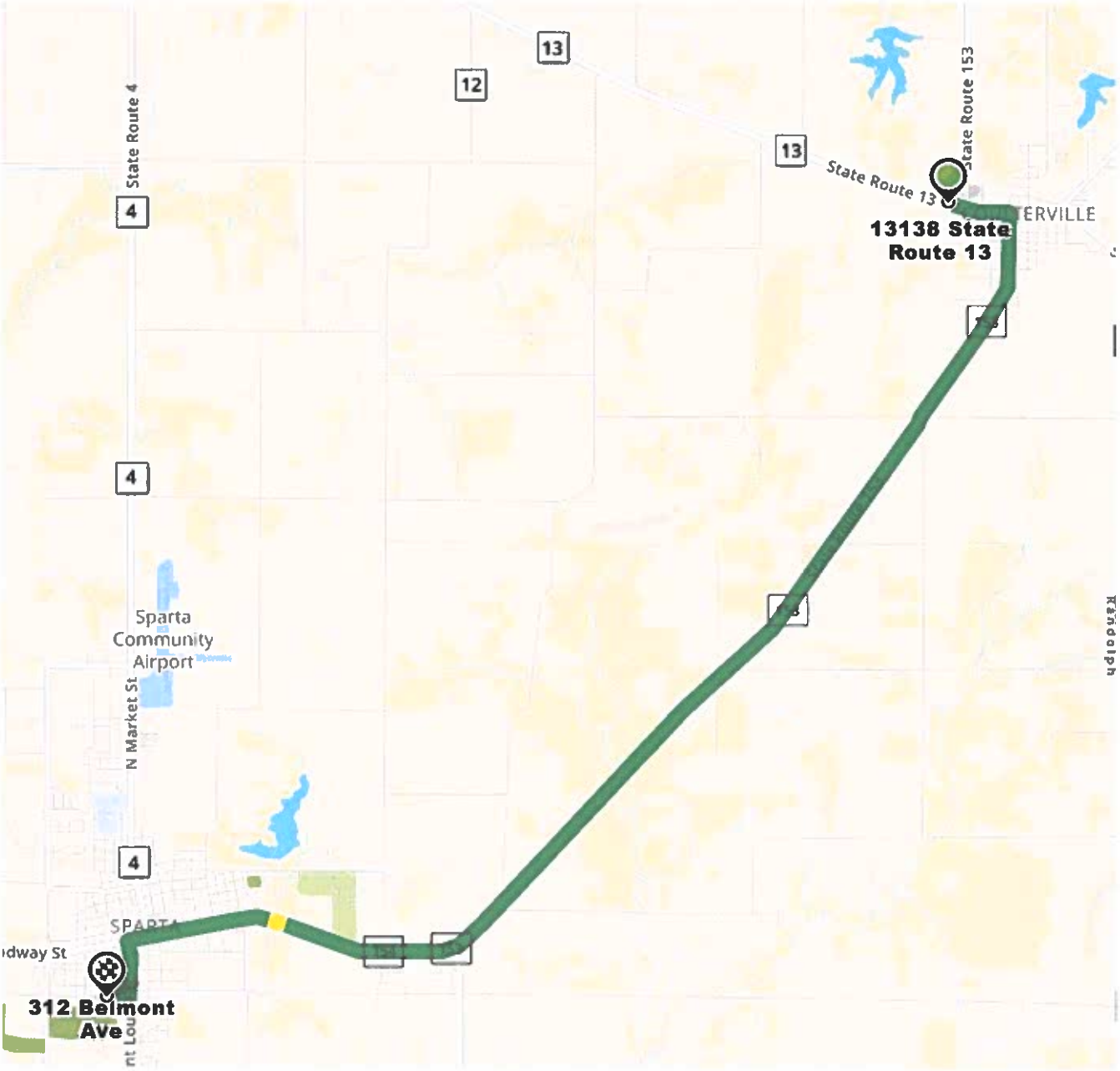

YOUR TRIP TO:

708 Virginia Ct

19 MIN | 15.3 MI

Est. fuel cost: $1.64

Trip time based on traffic conditions as of 4:11 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward N 11th St/IL-153. Continue to follow IL-13.

Then 14.10 miles — 14.10 total miles

2. Enter next roundabout and take the 1st exit onto State Route 154/IL-154.

Then 0.25 miles — 14.35 total miles

3. Turn **left** onto Fairgrounds Rd.

If you reach Contempri Ln you've gone a little too far.

Then 0.17 miles — 14.52 total miles

4. Fairgrounds Rd becomes Fairground Rd.

Then 0.29 miles — 14.82 total miles

5. Turn **right** to stay on Fairground Rd.

Then 0.05 miles — 14.87 total miles

6. Take the 1st **left** onto County Rd.

If you reach Belle Ave you've gone a little too far.

Then 0.13 miles — 14.99 total miles

7. Take the 2nd **right** onto Ritter St.

Ritter St is just past Oak St.

If you reach Elizabeth St you've gone a little too far.

Then 0.23 miles — 15.22 total miles

8. Turn **left** onto Virginia Ct.

Virginia Ct is just past Murphy Rd.

If you reach Malone St you've gone about 0.1 miles too far.

Then 0.06 miles — 15.28 total miles

9. 708 VIRGINIA CT is on the **left**.

If you reach S Duckworth St you've gone a little too far.

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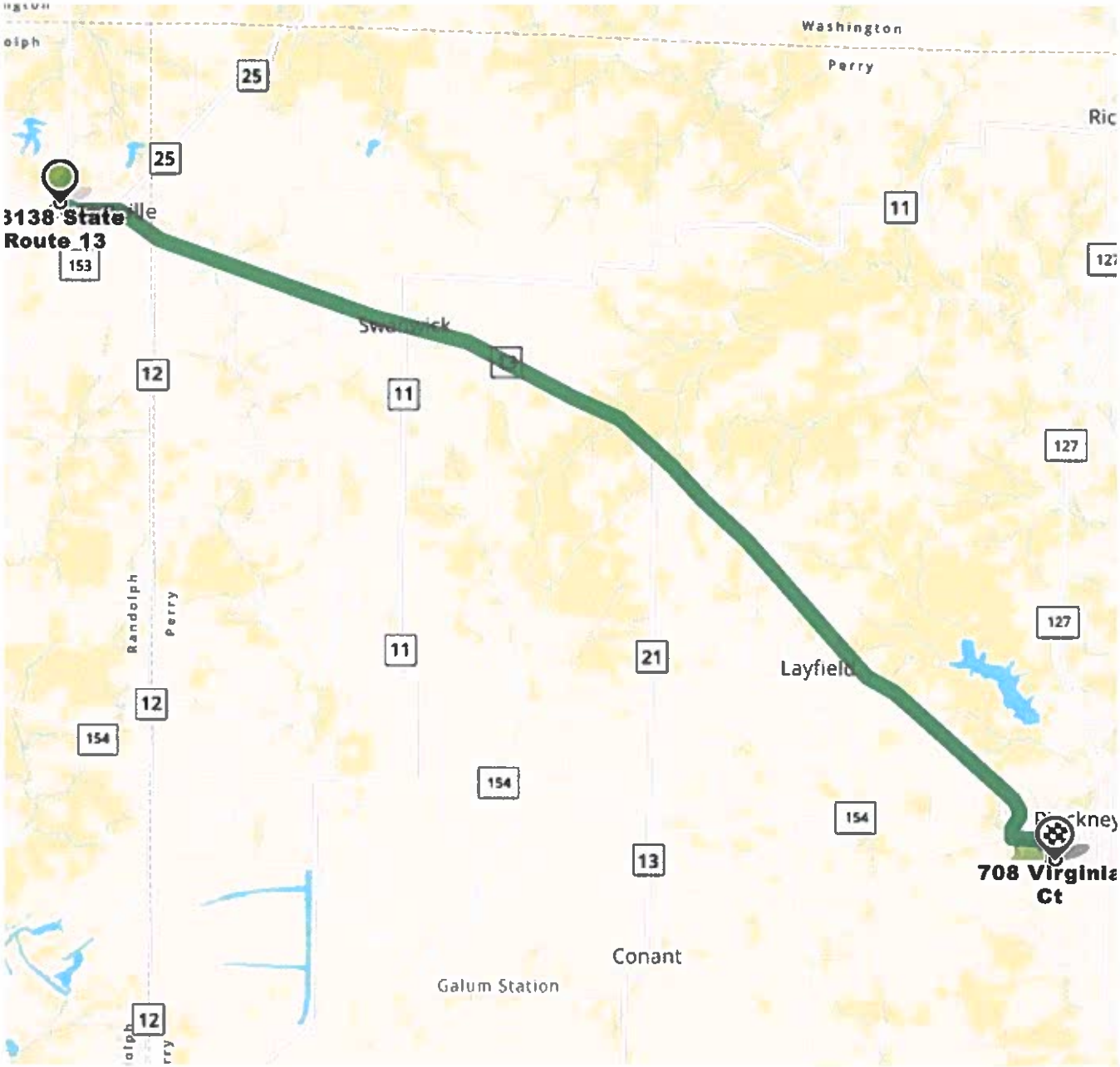

YOUR TRIP TO:

203 S Johnson St

24 MIN | 18.6 MI

Est. fuel cost: $2.00

Trip time based on traffic conditions as of 4:26 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **west** on State Route 13/IL-13 toward Boyd Rd. Continue to follow IL-13.

Then 4.10 miles — 4.10 total miles

2. Turn **slight left** onto Butler St/IL-13.

Butler St is just past S Vine St.

If you are on S Railroad St and reach N Centre St you've gone about 0.1 miles too far.

Then 1.20 miles — 5.30 total miles

3. Turn **right** onto State Route 4/IL-13/IL-4. Continue to follow IL-13.

IL-13 is 0.4 miles past Bryan St.

Then 4.24 miles — 9.54 total miles

4. Turn **right** onto N Main St/IL-13. Continue to follow IL-13.

IL-13 is just past N Hamilton St.

If you are on W Lyons St and reach N Park St you've gone a little too far.

Then 5.97 miles — 15.51 total miles

5. Turn **right** onto Old State Route 13.

Old State Route 13 is 0.4 miles past Schneider Rd.

Then 1.95 miles — 17.45 total miles

6. Old State Route 13 becomes Spotsylvania St.

Then 0.88 miles — 18.33 total miles

7. Turn **right** onto S Johnson St.

S Johnson St is just past S Market St.

If you reach S Benton St you've gone a little too far.

Then 0.26 miles — 18.59 total miles

8. 203 S JOHNSON ST is on the **right**.

Your destination is just past Mill St.

If you reach Saint Clair St you've gone a little too far.

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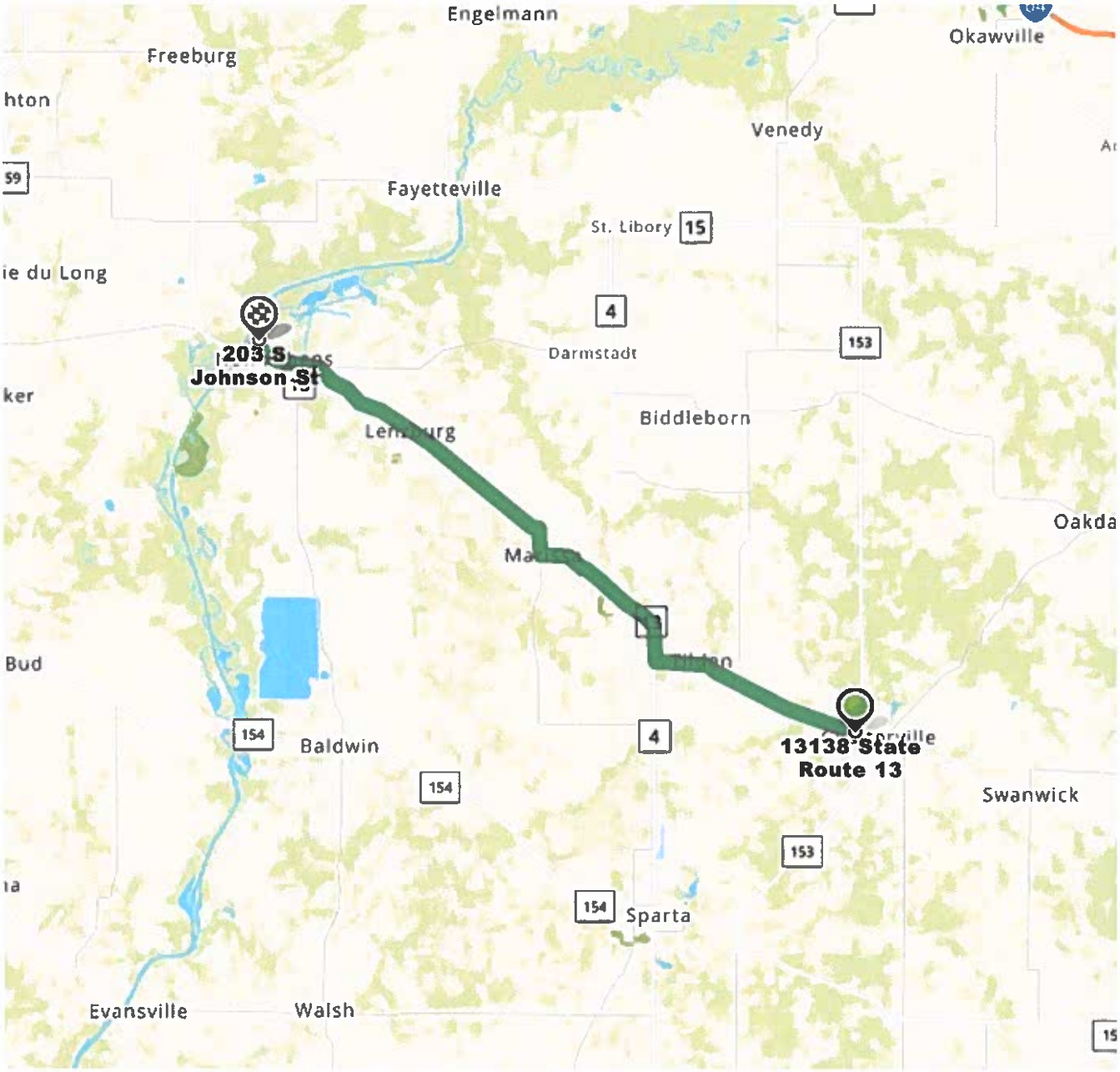

YOUR TRIP TO:

485 S Friendship Dr

27 MIN | 24.8 MI

Est. fuel cost: $1.90

Trip time based on traffic conditions as of 4:05 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward W Grant St/IL-153.

   Then 0.08 miles — 0.08 total miles

2. Take the 1st **left** onto N 11th St/IL-153. Continue to follow IL-153.

   If you are on W Grant St and reach N 10th St you've gone a little too far.

   Then 12.28 miles — 12.36 total miles

3. Turn **right** onto State Route 15/IL-15. Continue to follow IL-15.

   Then 12.18 miles — 24.54 total miles

4. Turn **right** onto S Bryan St.

   S Bryan St is 0.1 miles past S Box St.

   If you reach N Western St you've gone a little too far.

   Then 0.12 miles — 24.66 total miles

5. Turn **right** onto W Lebanon St.

   Then 0.03 miles — 24.69 total miles

6. Take the 1st **left** onto S Friendship Dr.

   If you reach S Independence Ave you've gone about 0.1 miles too far.

   Then 0.14 miles — 24.83 total miles

7. 485 S FRIENDSHIP DR is on the **right**.

   If you reach S Bryan St you've gone a little too far.

Save to My Maps

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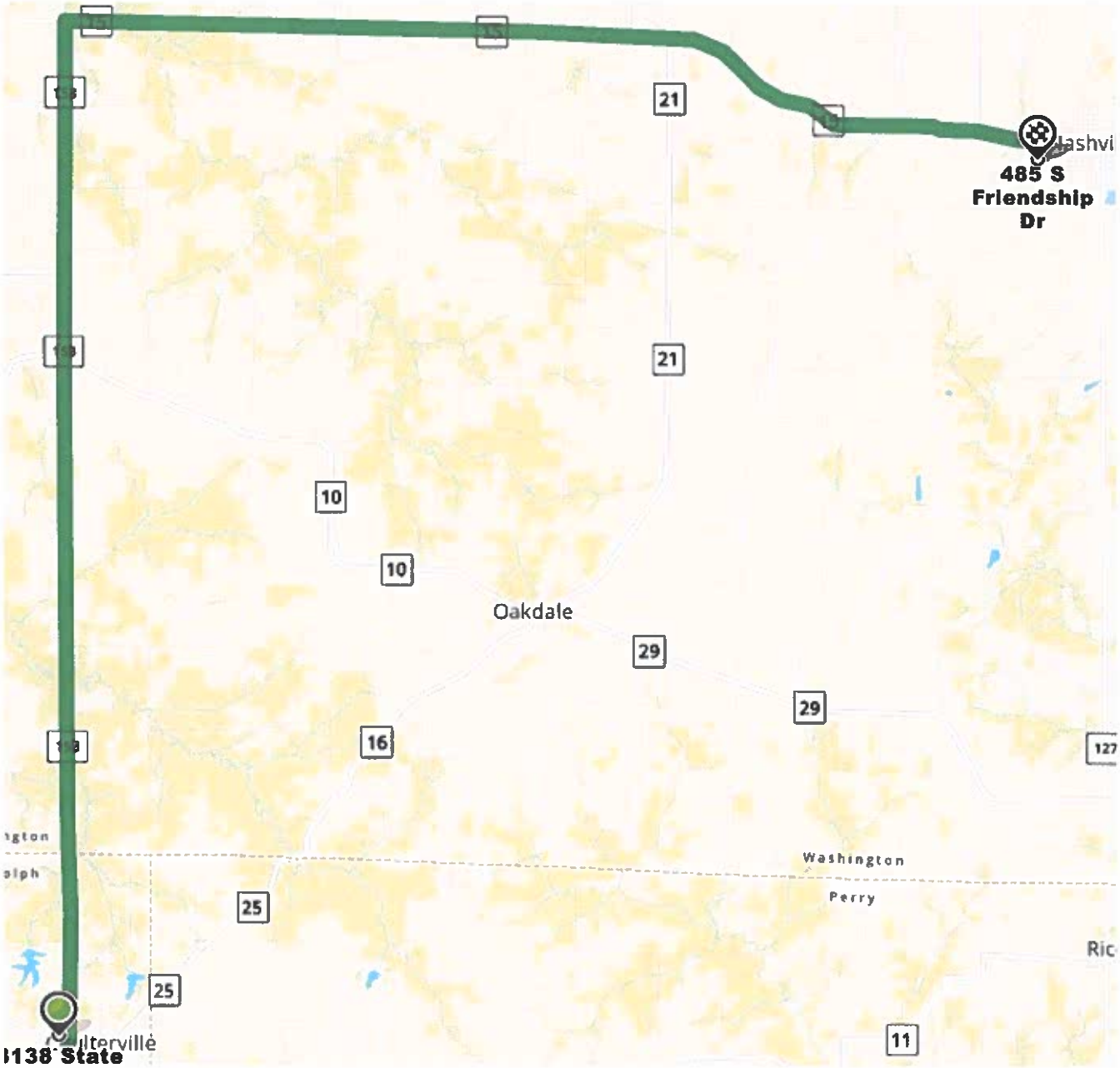
485 S
Friendship
Dr
Oakdale
Washington
Perry
138 State

YOUR TRIP TO:

501 Clinton St, Carlyle, IL 62231-1503

27 MIN | 24.8 MI

Est. fuel cost: $1.90

Trip time based on traffic conditions as of 4:21 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward W Grant St/IL-153.

   Then 0.08 miles — 0.08 total miles

2. Take the 1st **left** onto N 11th St/IL-153. Continue to follow IL-153.

   If you are on W Grant St and reach N 10th St you've gone a little too far.

   Then 12.28 miles — 12.36 total miles

3. Turn **right** onto State Route 15/IL-15. Continue to follow IL-15.

   Then 12.18 miles — 24.54 total miles

4. Turn **right** onto S Bryan St.

   S Bryan St is 0.1 miles past S Box St.

   If you reach N Western St you've gone a little too far.

   Then 0.12 miles — 24.66 total miles

5. Turn **right** onto W Lebanon St.

   Then 0.03 miles — 24.69 total miles

6. Take the 1st **left** onto S Friendship Dr.

   If you reach S Independence Ave you've gone about 0.1 miles too far.

   Then 0.14 miles — 24.83 total miles

7. 485 S FRIENDSHIP DR is on the **right**.

   If you reach S Bryan St you've gone a little too far.

Save to My Maps

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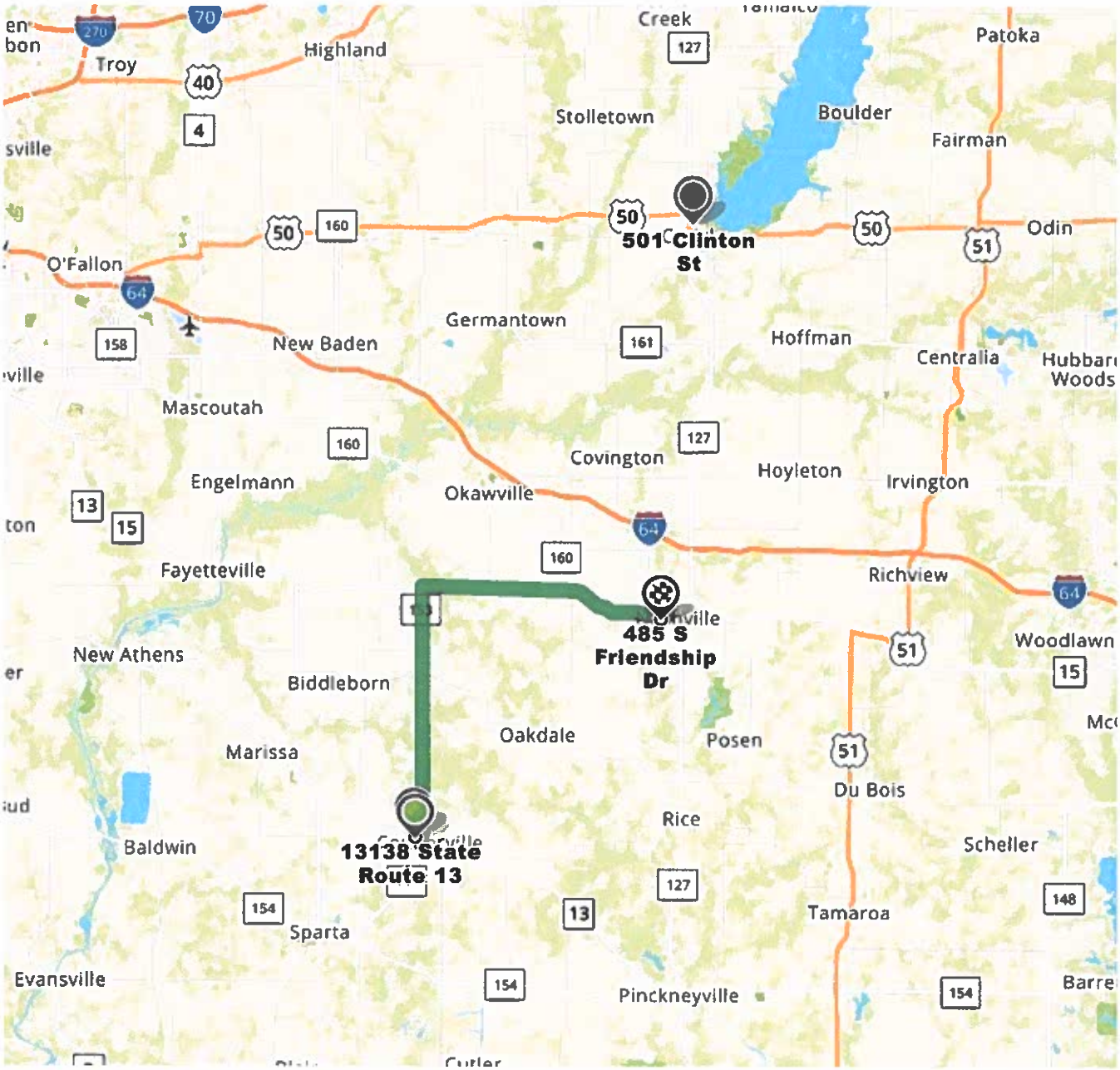
501 Clinton St
485 S Friendship Dr
13138 State Route 13
Troy
Highland
Stolletown
Boulder
Patoka
Fairman
Odin
O'Fallon
Germantown
New Baden
Hoffman
Centralia
Mascoutah
Covington
Hoyleton
Irvington
Engelmann
Okawville
Fayetteville
Richview
Woodlawn
New Athens
Biddleborn
Oakdale
Posen
Marissa
Du Bois
Rice
Baldwin
Scheller
Tamaroa
Sparta
Evansville
Pinckneyville

YOUR TRIP TO:

705 S Grand Ave

28 MIN | 19.0 MI

Est. fuel cost: $2.04

Trip time based on traffic conditions as of 4:06 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward N 11th St/IL-153. Continue to follow IL-13.

Then 0.63 miles — 0.63 total miles

2. Turn **slight left** onto Nashville Rd/County Hwy-25.
Nashville Rd is just past S 2nd St.

If you reach S 1st St you've gone a little too far.

Then 3.17 miles — 3.79 total miles

3. Nashville Rd/County Hwy-25 becomes County Hwy-16.

Then 4.45 miles — 8.24 total miles

4. Turn **right** onto W Main St/County Hwy-29/County Hwy-10.
W Main St is just past W Front St.

If you are on N Mulberry St and reach W 2nd St you've gone a little too far.

Then 0.35 miles — 8.59 total miles

5. Turn **left** onto N Cherry St/County Hwy-21. Continue to follow County Hwy-21.
County Hwy-21 is just past N Lincoln St.

If you reach E Old Nashville Rd you've gone a little too far.

Then 5.40 miles — 13.99 total miles

6. Turn **right** onto S Grand Rd.

Then 4.79 miles — 18.79 total miles

7. S Grand Rd becomes S Grand St.

Then 0.22 miles — 19.01 total miles

8. 705 S GRAND AVE.
Your destination is just past W Center St.

If you reach W Chester St you've gone a little too far.

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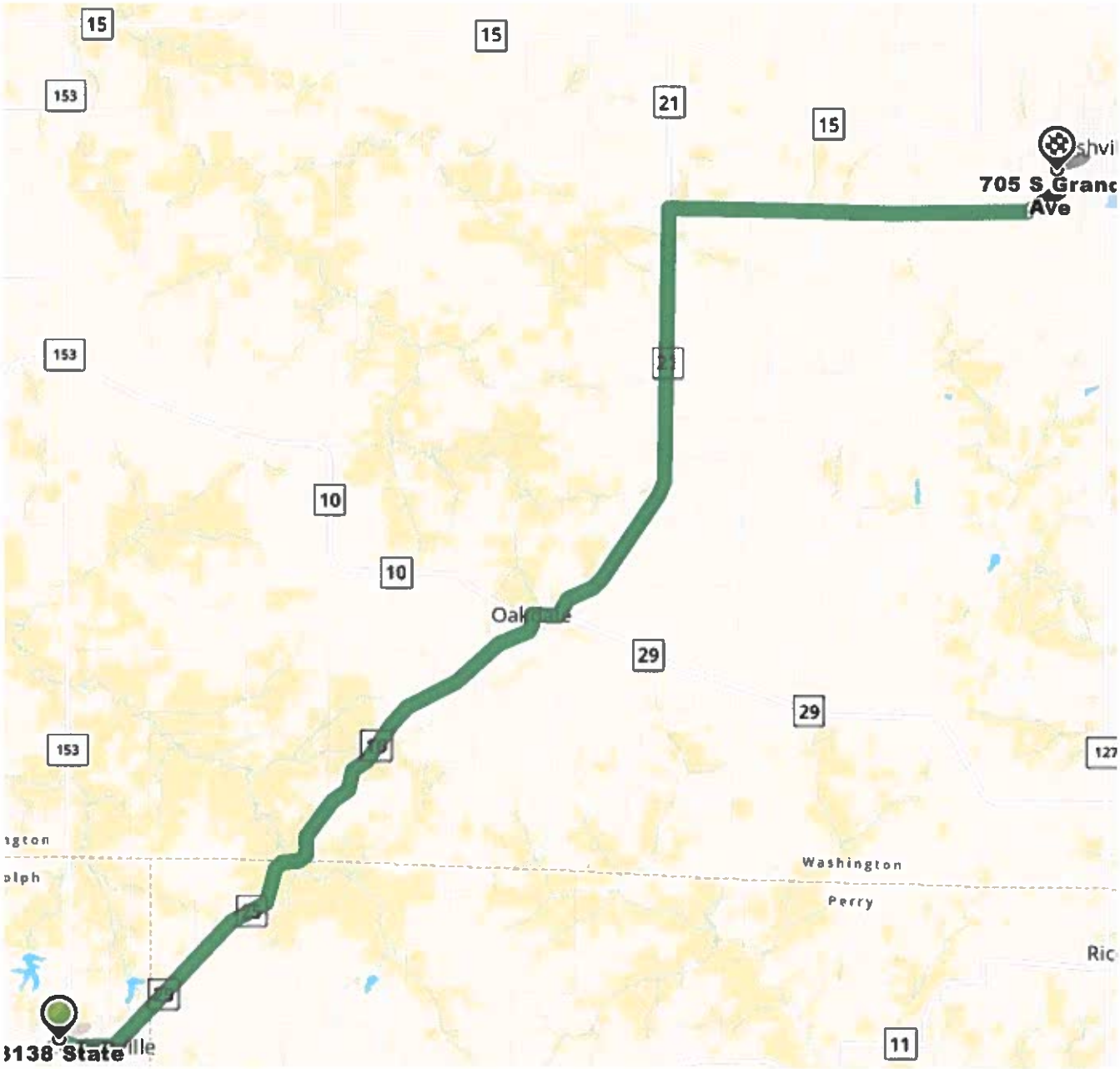

YOUR TRIP TO:

746 Urbanna Dr

31 MIN | 27.8 MI

Est. fuel cost: $2.13

Trip time based on traffic conditions as of 4:25 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **west** on State Route 13/IL-13 toward Boyd Rd. Continue to follow IL-13.

Then 4.10 miles — 4.10 total miles

2. Turn **slight left** onto Butler St/IL-13.

Butler St is just past S Vine St.

If you are on S Railroad St and reach N Centre St you've gone about 0.1 miles too far.

Then 1.20 miles — 5.30 total miles

3. Turn **right** onto State Route 4/IL-13/IL-4. Continue to follow IL-13/IL-4.

IL-13 is 0.4 miles past Bryan St.

Then 3.50 miles — 8.80 total miles

4. Turn **right** onto State Route 4/IL-4. Continue to follow IL-4.

IL-4 is just past Finger Hill Rd.

If you are on E Lyons St and reach Pinckneyville Rd you've gone about 0.1 miles too far.

Then 12.94 miles — 21.73 total miles

5. Stay **straight** to go onto Main Ave/IL-15. Continue to follow IL-15.

Then 6.06 miles — 27.79 total miles

6. 746 URBANNA DR is on the **left**.

Your destination is 0.8 miles past Barber Ln.

If you reach Solutions Dr you've gone about 0.1 miles too far.

Save to My Maps

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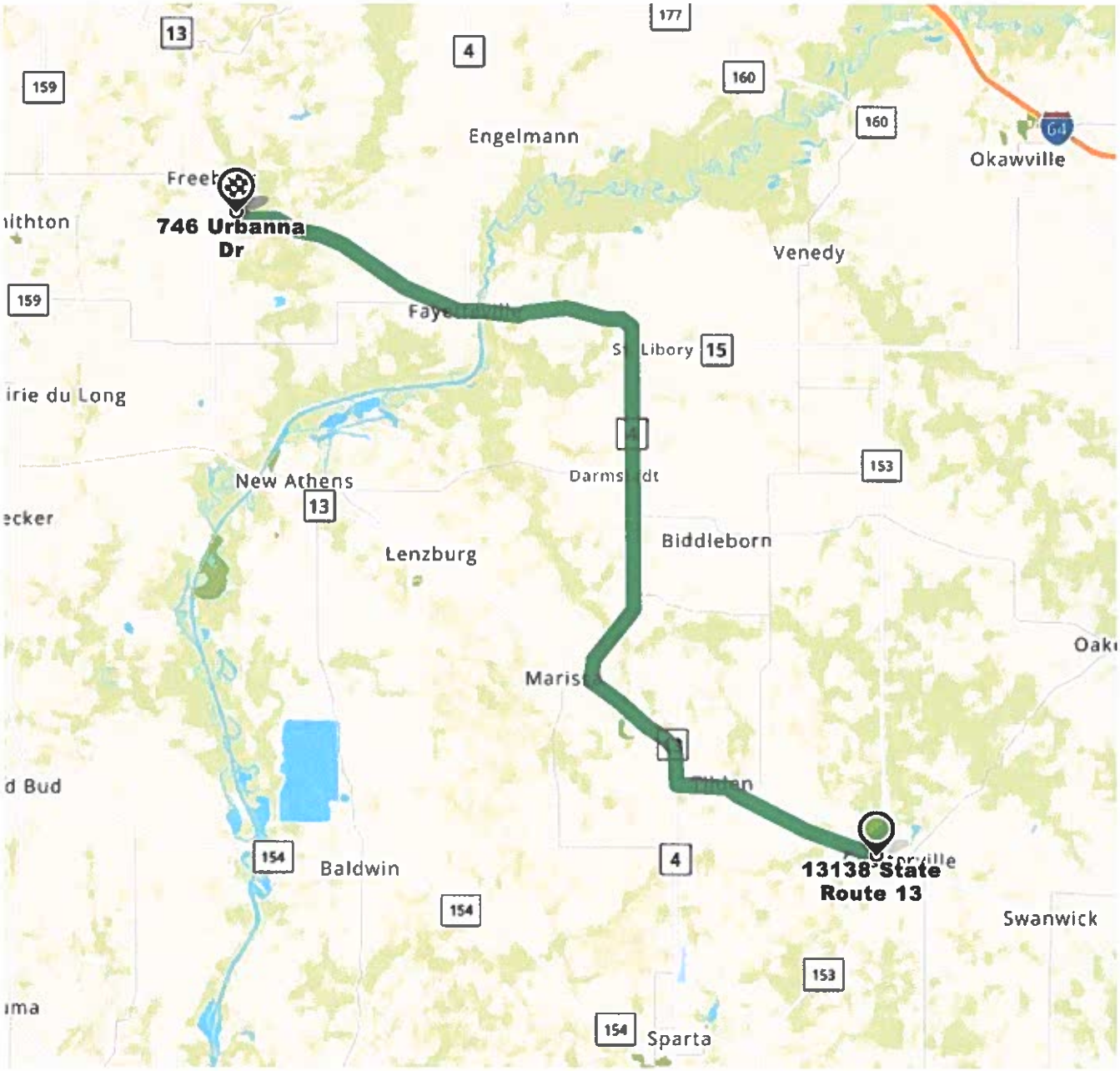
746 Urbanna Dr
13138 State Route 13
Engelmann
Okawville
Venedy
New Athens
Lenzburg
Biddleborn
Baldwin
Swanwick
Sparta
13
4
177
159
160
15
153
154
64

YOUR TRIP TO:

161 3 Springs Rd

32 MIN | 25.4 MI

Est. fuel cost: $1.95

Trip time based on traffic conditions as of 4:04 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward N 11th St/IL-153. Continue to follow IL-13.

Then 0.35 miles — 0.35 total miles

2. Turn **right** onto S Main St/IL-153. Continue to follow IL-153.

IL-153 is just past S 7TH St.

If you are on E Grant St and reach N 5th St you've gone a little too far.

Then 5.61 miles — 5.96 total miles

3. Keep **left** at the fork to go on State Route 153/IL-153.

Then 0.14 miles — 6.09 total miles

4. Stay **straight** to go onto State Route 154/IL-154.

Then 0.60 miles — 6.70 total miles

5. Stay **straight** to go onto Eden Rd.

Then 1.62 miles — 8.32 total miles

6. Turn **right** onto Holloway Rd.

If you reach Roseborough Rd you've gone about 1 mile too far.

Then 1.99 miles — 10.31 total miles

7. Turn **left** onto State Route 4/IL-4.

State Route 4 is 0.2 miles past Moore Rd.

If you are on Schuline Rd and reach Union Rd you've gone about 1 mile too far.

Then 5.21 miles — 15.52 total miles

8. Turn **right** onto State Route 150/IL-150. Continue to follow IL-150.

Then 8.91 miles — 24.42 total miles

9. Turn **right** onto Old Plank Rd.

Old Plank Rd is just past Edna St.

If you reach Welge Dr you've gone about 0.3 miles too far.

Then 0.59 miles — 25.01 total miles

10. Stay **straight** to go onto Taggert Ln.

Then 0.23 miles — 25.24 total miles

11. Taggert Ln becomes 3 Springs Rd.

Then 0.20 miles — 25.44 total miles

12. 161 3 SPRINGS RD is on the **right**.

If you reach Old Lodge Rd you've gone about 0.1 miles too far.

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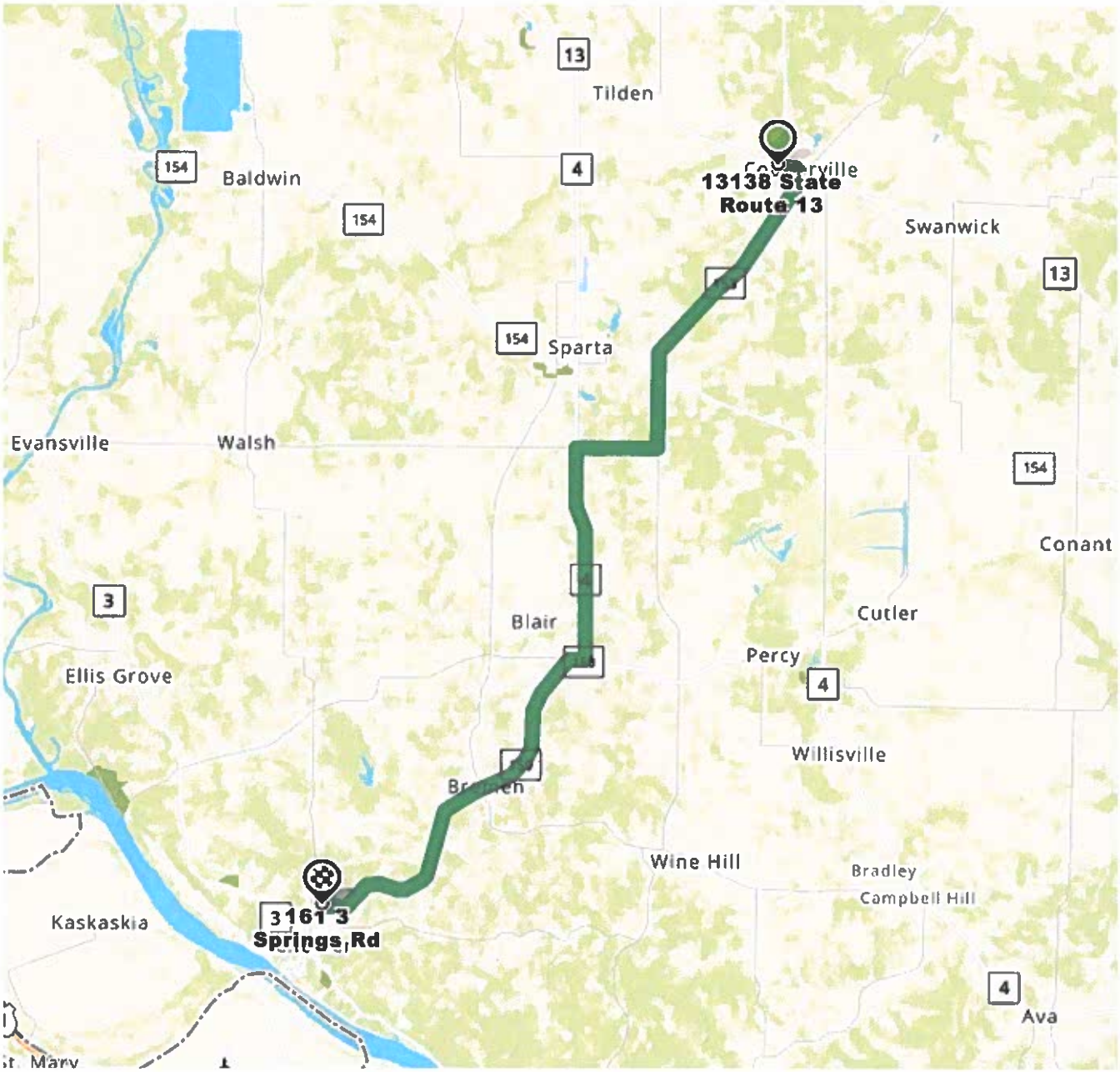
13
Tilden
154
Baldwin
4
13138 State
Route 13
Swanwick
13
154
Sparta
Evansville
Walsh
154
Conant
3
Blair
Cutler
Percy
Ellis Grove
4
Willisville
Wine Hill
Bradley
Campbell Hill
Kaskaskia
3161 3
Springs Rd
4
Ava

YOUR TRIP TO:

Red Bud Regional Care

32 MIN | 26.0 MI

Est. fuel cost: $1.99

Trip time based on traffic conditions as of 4:00 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward N 11th St/IL-153. Continue to follow IL-13.

Then 0.35 miles — 0.35 total miles

2. Turn **right** onto S Main St/IL-153. Continue to follow IL-153.

IL-153 is just past S 7TH St.

If you are on E Grant St and reach N 5th St you've gone a little too far.

Then 5.61 miles — 5.96 total miles

3. Keep **right** at the fork to go on State Route 153/IL-153.

Then 0.18 miles — 6.14 total miles

4. Turn **slight right** onto E Broadway/IL-154. Continue to follow IL-154.

Then 19.63 miles — 25.77 total miles

5. IL-154 becomes W Market St/IL-3.

Then 0.13 miles — 25.90 total miles

6. Turn **left** onto Spring St.

Spring St is just past Locust St.

If you reach Park Plaza Dr you've gone a little too far.

Then 0.07 miles — 25.97 total miles

7. Take the 1st **right** onto W South 1St St.

If you reach W South 2nd St you've gone a little too far.

8. 350 W SOUTH 1ST ST is on the **left**.

If you reach Rock St you've gone a little too far.

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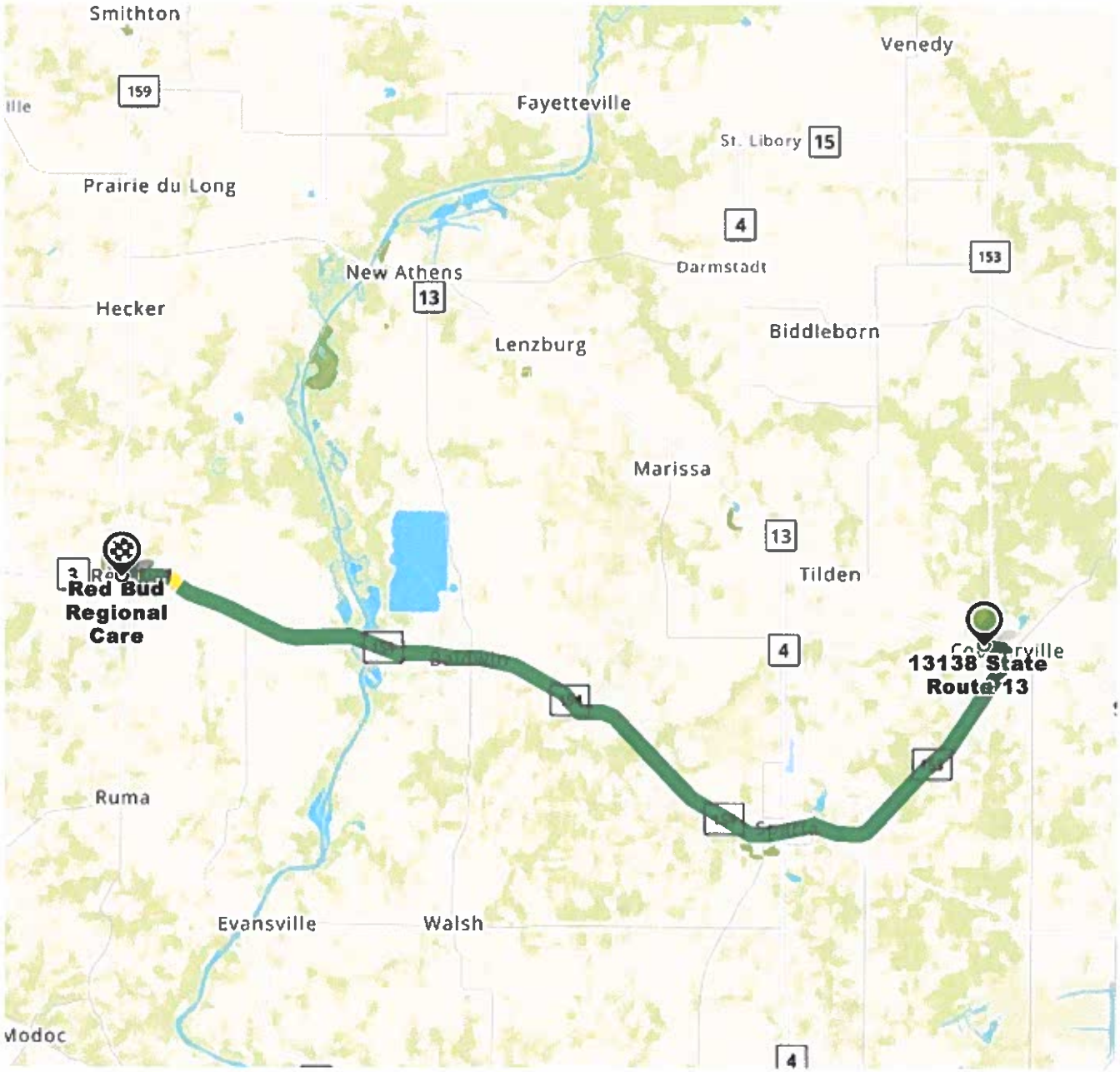
Smithton
Venedy
159
Fayetteville
St. Libory
15
Prairie du Long
4
153
New Athens
Darmstadt
13
Hecker
Biddleborn
Lenzburg
Marissa
13
Tilden
Red Bud
Regional
Care
4
13138 State
Route 13
Ruma
Evansville
Walsh
Modoc
4

YOUR TRIP TO:

111 E Illinois St

35 MIN | 30.1 MI

Est. fuel cost: $2.31

Trip time based on traffic conditions as of 4:17 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward W Grant St/IL-153.

Then 0.08 miles — 0.08 total miles

2. Take the 1st **left** onto N 11th St/IL-153. Continue to follow IL-153.

If you are on W Grant St and reach N 10th St you've gone a little too far.

Then 12.28 miles — 12.36 total miles

3. Turn **left** onto State Route 15/IL-15.

Then 2.03 miles — 14.39 total miles

4. Turn **right** onto County Highway 12/County Hwy-12.

If you reach Nuthatch Rd you've gone about 0.7 miles too far.

Then 1.91 miles — 16.30 total miles

5. Turn **right** onto W Locust St/County Hwy-12/County Hwy-6.

W Locust St is 0.3 miles past Skylark Rd.

If you are on S Kinyon Rd and reach W Pine St you've gone a little too far.

Then 0.26 miles — 16.56 total miles

6. Take the 2nd **left** onto S Elkhorn Rd/County Hwy-12. Continue to follow County Hwy-12.

County Hwy-12 is 0.1 miles past S Brockschmidt Rd.

If you are on County Highway 6 and reach Cattle Pen Rd you've gone about 1.7 miles too far.

Then 4.10 miles — 20.66 total miles

7. Turn **left** onto State Route 177/IL-177/IL-160.

Then 5.26 miles — 25.92 total miles

8. Turn **right** onto State Route 160/IL-160/County Hwy-100.

State Route 160 is 0.7 miles past S 4Th St.

If you reach Clinton County Line Rd you've gone about 0.9 miles too far.

Then 3.81 miles — 29.72 total miles

9. Turn **left** onto E Hanover St/IL-161.

E Hanover St is 0.1 miles past Veterans Memorial Pkwy.

If you reach E Cedar St you've gone about 0.1 miles too far.

Then 0.28 miles — 30.01 total miles

10. Take the 2nd **left** onto S 9th St.

S 9th St is just past N 10th St.

If you reach N 8Th St you've gone a little too far.

Then 0.07 miles — 30.07 total miles

11. Turn **right** onto E Illinois St.

Then 0.03 miles — 30.11 total miles

12. 111 E ILLINOIS ST.

Your destination is just past S 9th St.

If you reach Bluebell Ln you've gone a little too far.

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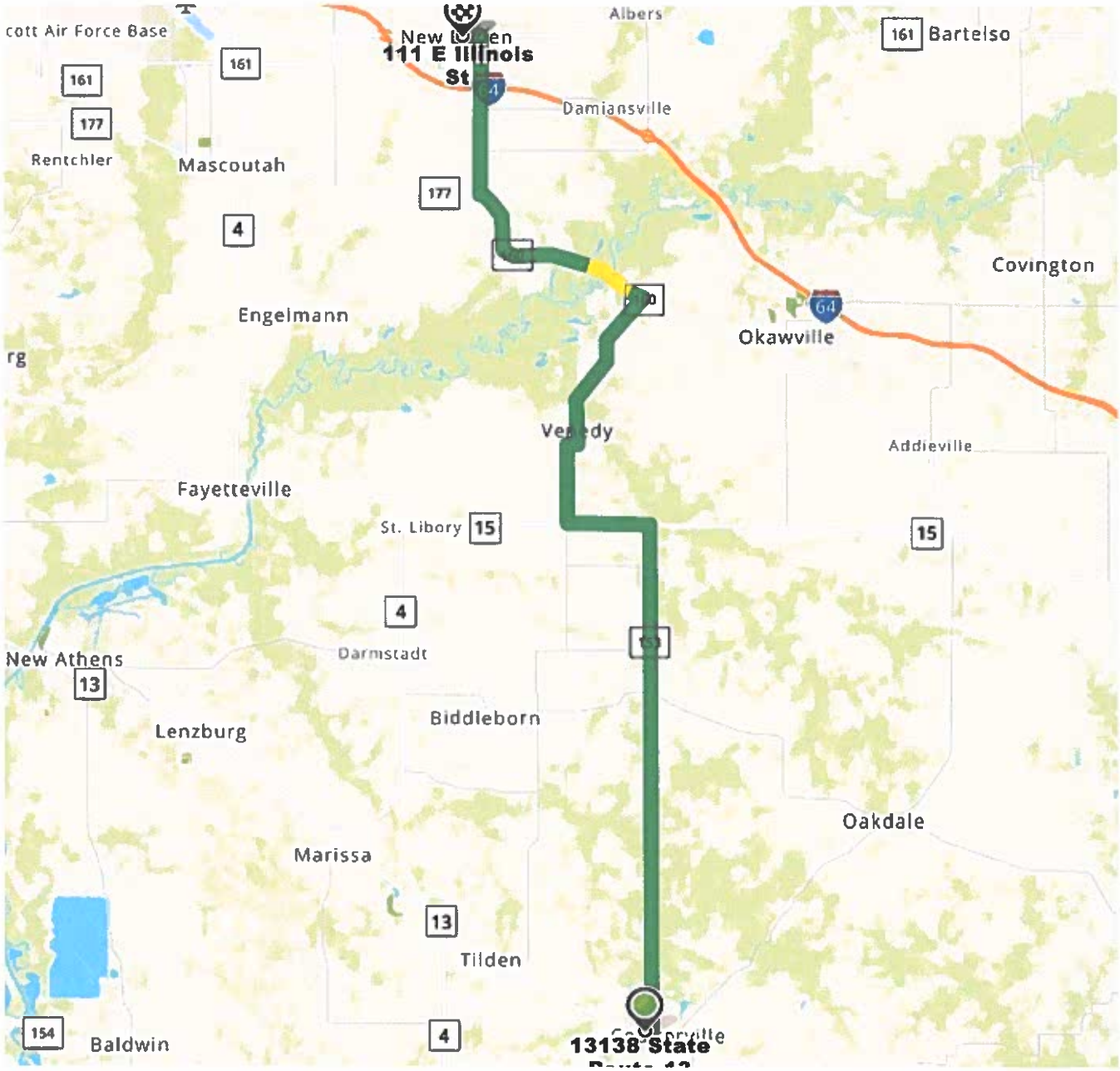
cott Air Force Base
161
177
Rentchler
Mascoutah
4
New Athens
111 E Illinois St
Albers
Damiansville
161 Bartelso
Covington
Okawville
Engelmann
Fayetteville
St. Libory 15
Addieville
15
4
Darmstadt
New Athens
13
Lenzburg
Biddleborn
Oakdale
Marissa
13
Tilden
154
Baldwin
4
13138 State

YOUR TRIP TO:

107 S Lincoln St

36 MIN | 30.7 MI

Est. fuel cost: $2.36

Trip time based on traffic conditions as of 4:25 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **west** on State Route 13/IL-13 toward Boyd Rd. Continue to follow IL-13.

Then 4.10 miles — 4.10 total miles

2. Turn **slight left** onto Butler St/IL-13.

Butler St is just past S Vine St.

If you are on S Railroad St and reach N Centre St you've gone about 0.1 miles too far.

Then 1.20 miles — 5.30 total miles

3. Turn **right** onto State Route 4/IL-13/IL-4. Continue to follow IL-13.

IL-13 is 0.4 miles past Bryan St.

Then 4.24 miles — 9.54 total miles

4. Turn **right** onto N Main St/IL-13. Continue to follow IL-13.

IL-13 is just past N Hamilton St.

If you are on W Lyons St and reach N Park St you've gone a little too far.

Then 10.31 miles — 19.85 total miles

5. Turn **left** onto State Route 156/IL-156.

If you reach Calamus Lake School Rd you've gone about 0.5 miles too far.

Then 4.85 miles — 24.70 total miles

6. Turn **right** onto State Route 159/IL-159. Continue to follow IL-159.

Then 5.90 miles — 30.60 total miles

7. Turn **left** onto Melinda St.

Melinda St is just past Graner St.

If you reach Mill St you've gone a little too far.

Then 0.12 miles — 30.72 total miles

8. Turn **right** onto S Lincoln St.

Then 0.02 miles — 30.74 total miles

9. 107 S LINCOLN ST is on the **left**.

If you reach Stoerger St you've gone a little too far.

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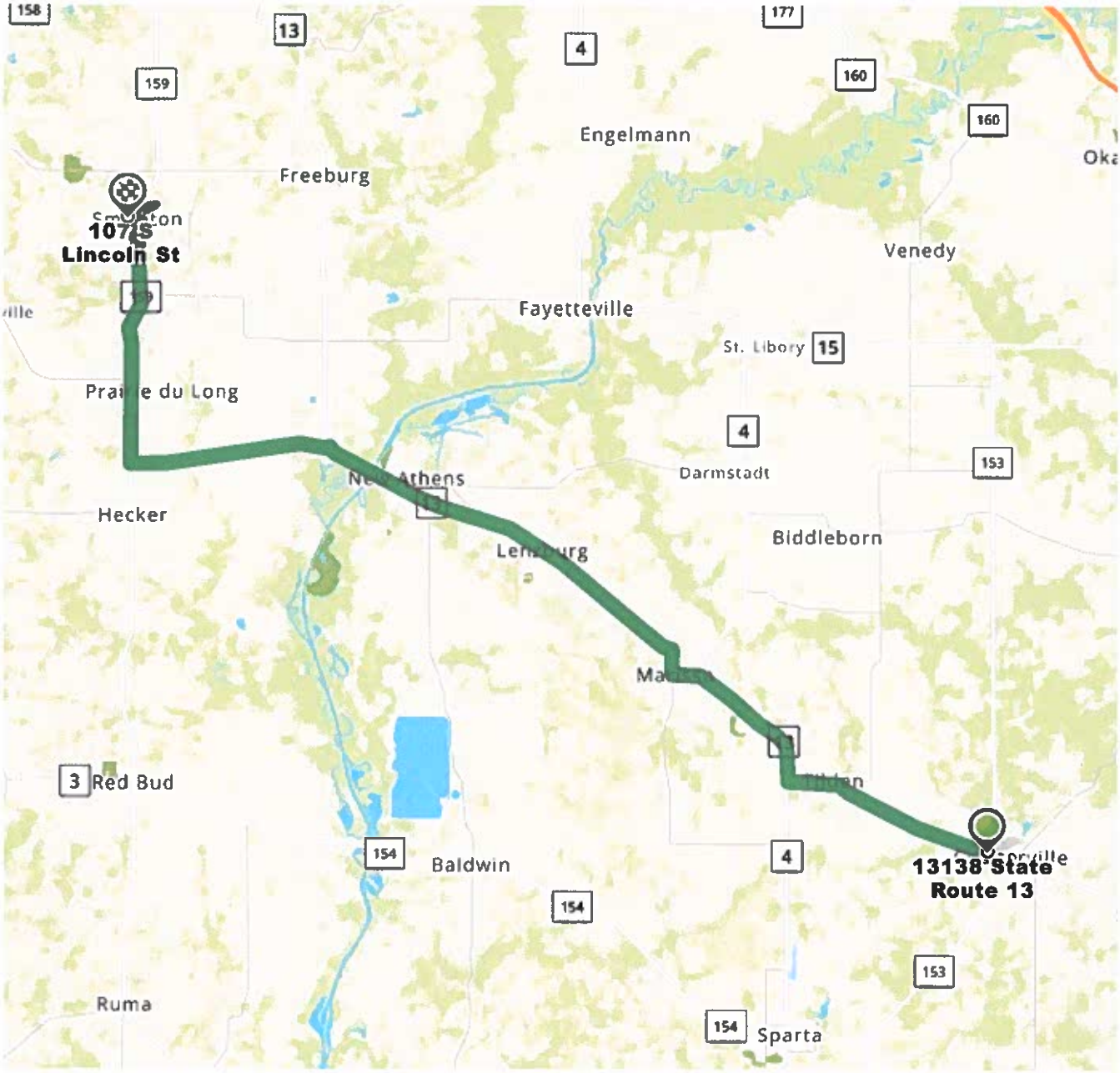

YOUR TRIP TO:

201 S 10th St

36 MIN | 30.7 MI

Est. fuel cost: $2.36

Trip time based on traffic conditions as of 4:26 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **west** on State Route 13/IL-13 toward Boyd Rd. Continue to follow IL-13.

Then 4.10 miles — 4.10 total miles

2. Turn **slight left** onto Butler St/IL-13.

Butler St is just past S Vine St.

If you are on S Railroad St and reach N Centre St you've gone about 0.1 miles too far.

Then 1.20 miles — 5.30 total miles

3. Turn **right** onto State Route 4/IL-13/IL-4. Continue to follow IL-13/IL-4.

IL-13 is 0.4 miles past Bryan St.

Then 3.50 miles — 8.80 total miles

4. Turn **right** onto State Route 4/IL-4. Continue to follow IL-4.

IL-4 is just past Finger Hill Rd.

If you are on E Lyons St and reach Pinckneyville Rd you've gone about 0.1 miles too far.

Then 12.94 miles — 21.73 total miles

5. Turn **right** onto N 3rd St/IL-4. Continue to follow IL-4.

IL-4 is just past N 2nd St.

If you reach N 4Th St you've gone a little too far.

Then 7.94 miles — 29.67 total miles

6. Turn **left** onto E Main St/IL-177.

E Main St is just past E State St.

If you are on N Jefferson St and reach E Church St you've gone a little too far.

Then 1.01 miles — 30.68 total miles

7. Turn **left** onto S 10th St.

S 10th St is just past S 9th St.

If you reach Eisenhower Rd you've gone a little too far.

Then 0.03 miles — 30.71 total miles

8. 201 S 10TH ST is on the **right**.

If you reach W State St you've gone a little too far.

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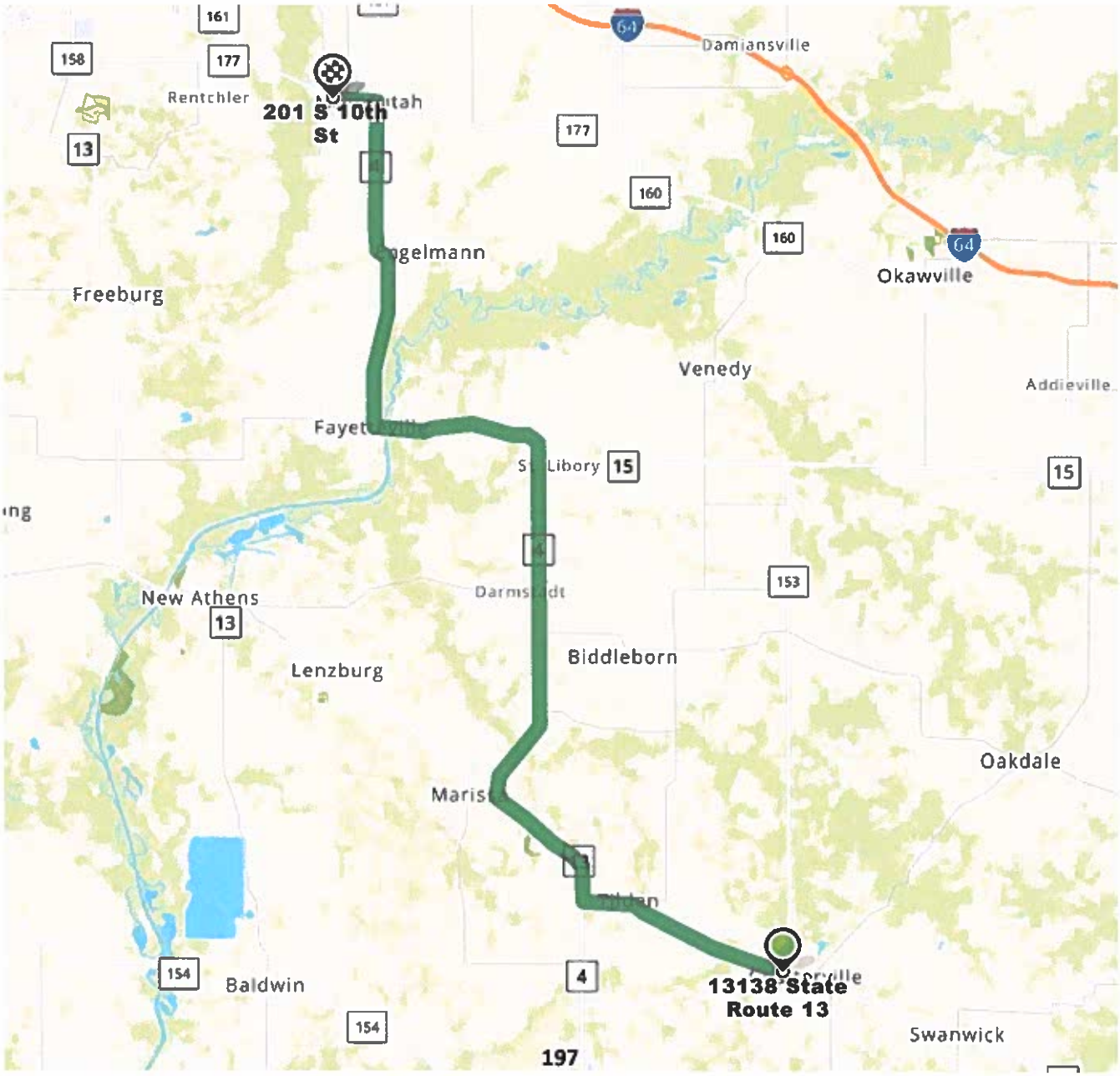

YOUR TRIP TO:

Fair Acres Nursing Home

37 MIN | 28.9 MI

Est. fuel cost: $2.22

Trip time based on traffic conditions as of 4:09 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward N 11th St/IL-153. Continue to follow IL-13.

Then 14.10 miles — 14.10 total miles

2. Enter next roundabout and take the 2nd exit onto IL-154/IL-13.

Then 0.96 miles — 15.06 total miles

3. Turn **right** onto S Main St/IL-13/IL-127. Continue to follow IL-13/IL-127.

If you are on E Water St and reach N Main St you've gone a little too far.

Then 5.64 miles — 20.70 total miles

4. Turn **left** onto State Route 152/IL-152. Continue to follow IL-152.

IL-152 is 0.7 miles past Old State Route 127.

If you are on State Route 13/127 and reach Shady Oak Rd you've gone about 1 mile too far.

Then 6.80 miles — 27.50 total miles

5. IL-152 becomes W Main St.

Then 0.77 miles — 28.26 total miles

6. Turn **right** onto S Line St.

Then 0.66 miles — 28.92 total miles

7. Turn **right** onto E Jackson St/County Hwy-28.

Then 0.01 miles — 28.94 total miles

8. 514 E JACKSON ST is on the **right**.

If you reach N Lake Dr you've gone about 0.1 miles too far.

Save to My Maps

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YOUR TRIP TO:

602 County Hwy-28

37 MIN | 29.0 MI

Est. fuel cost: $2.22

Trip time based on traffic conditions as of 4:10 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward N 11th St/IL-153. Continue to follow IL-13.

Then 14.10 miles — 14.10 total miles

2. Enter next roundabout and take the 2nd exit onto IL-154/IL-13.

Then 0.96 miles — 15.06 total miles

3. Turn **right** onto S Main St/IL-13/IL-127. Continue to follow IL-13/IL-127.

If you are on E Water St and reach N Main St you've gone a little too far.

Then 5.64 miles — 20.70 total miles

4. Turn **left** onto State Route 152/IL-152. Continue to follow IL-152.

IL-152 is 0.7 miles past Old State Route 127.

If you are on State Route 13/127 and reach Shady Oak Rd you've gone about 1 mile too far.

Then 6.80 miles — 27.50 total miles

5. IL-152 becomes W Main St.

Then 0.77 miles — 28.26 total miles

6. Turn **right** onto S Line St.

Then 0.66 miles — 28.92 total miles

7. Turn **left** onto E Jackson St/County Hwy-28.

Then 0.08 miles — 29.00 total miles

8. 602 COUNTY HWY-28 is on the **left**.

Your destination is just past Cottonwood Ln.

If you reach Iris Ln you've gone a little too far.

Save to My Maps

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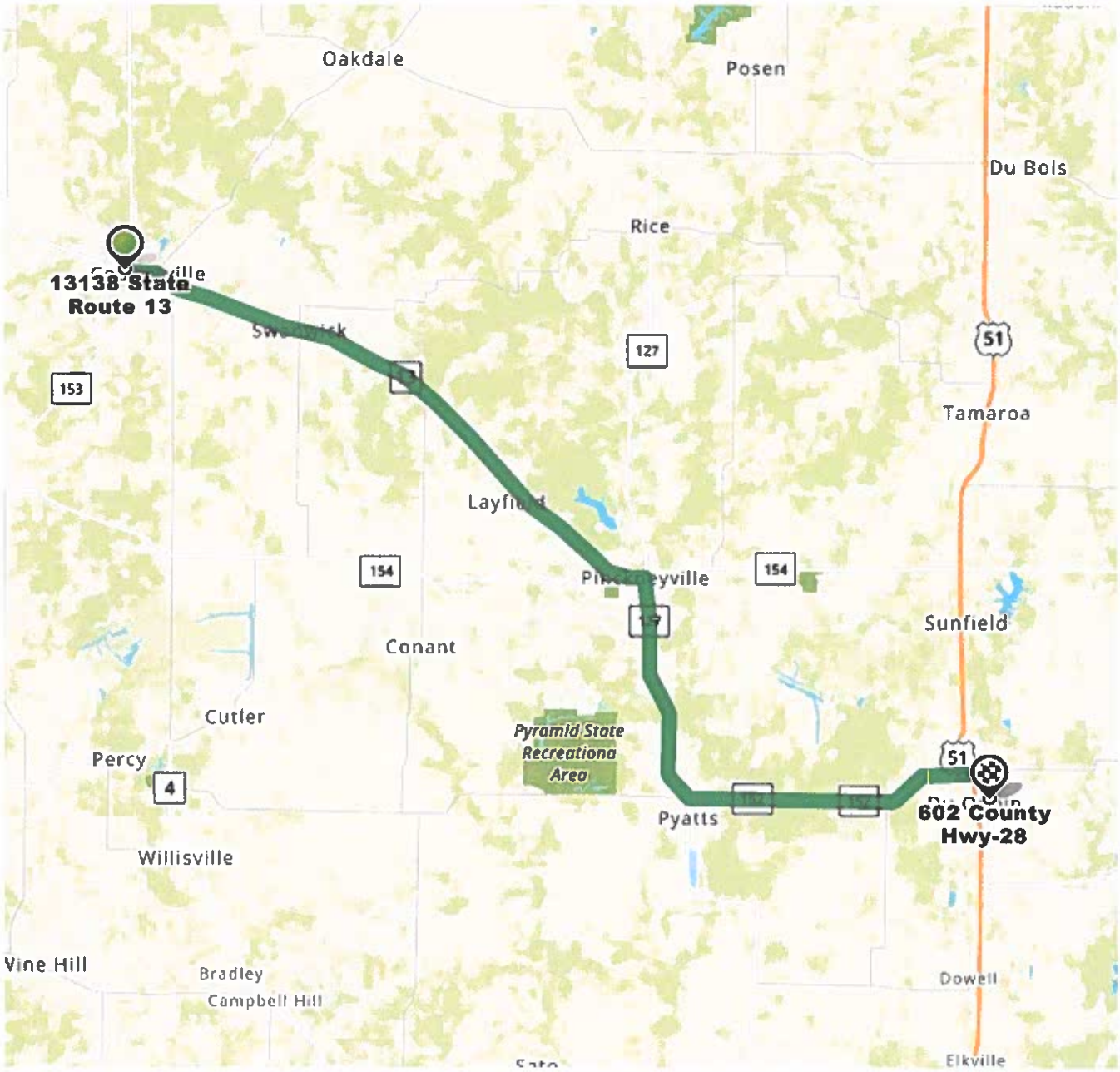

YOUR TRIP TO:

Aperion Care Macoutah

37 MIN | 31.2 MI

Est. fuel cost: $2.40

Trip time based on traffic conditions as of 4:24 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **west** on State Route 13/IL-13 toward Boyd Rd. Continue to follow IL-13.

Then 4.10 miles — 4.10 total miles

2. Turn **slight left** onto Butler St/IL-13.

Butler St is just past S Vine St.

If you are on S Railroad St and reach N Centre St you've gone about 0.1 miles too far.

Then 1.20 miles — 5.30 total miles

3. Turn **right** onto State Route 4/IL-13/IL-4. Continue to follow IL-13/IL-4.

IL-13 is 0.4 miles past Bryan St.

Then 3.50 miles — 8.80 total miles

4. Turn **right** onto State Route 4/IL-4. Continue to follow IL-4.

IL-4 is just past Finger Hill Rd.

If you are on E Lyons St and reach Pinckneyville Rd you've gone about 0.1 miles too far.

Then 12.94 miles — 21.73 total miles

5. Turn **right** onto N 3rd St/IL-4. Continue to follow IL-4.

IL-4 is just past N 2nd St.

If you reach N 4Th St you've gone a little too far.

Then 7.94 miles — 29.67 total miles

6. Turn **left** onto E Main St/IL-177.

E Main St is just past E State St.

If you are on N Jefferson St and reach E Church St you've gone a little too far.

Then 0.70 miles — 30.37 total miles

7. Turn **right** onto N 6th St/County Hwy-93.
N 6th St is just past N 5th St.

If you reach N 7th St you've gone a little too far.

Then 0.38 miles — 30.76 total miles

8. Turn **left** onto W Harnett St.
W Harnett St is just past Chevelle Dr.

If you reach Park Rd you've gone about 0.1 miles too far.

Then 0.30 miles — 31.06 total miles

9. Take the 1st **right** onto N 10th St.
N 10th St is just past N 9th St.

If you reach Wilmaglen Dr you've gone a little too far.

Then 0.16 miles — 31.22 total miles

10. 901 N 10TH ST is on the **left**.
Your destination is just past Park Rd.

If you reach Jackson St you've gone about 0.2 miles too far.

Save to My Maps

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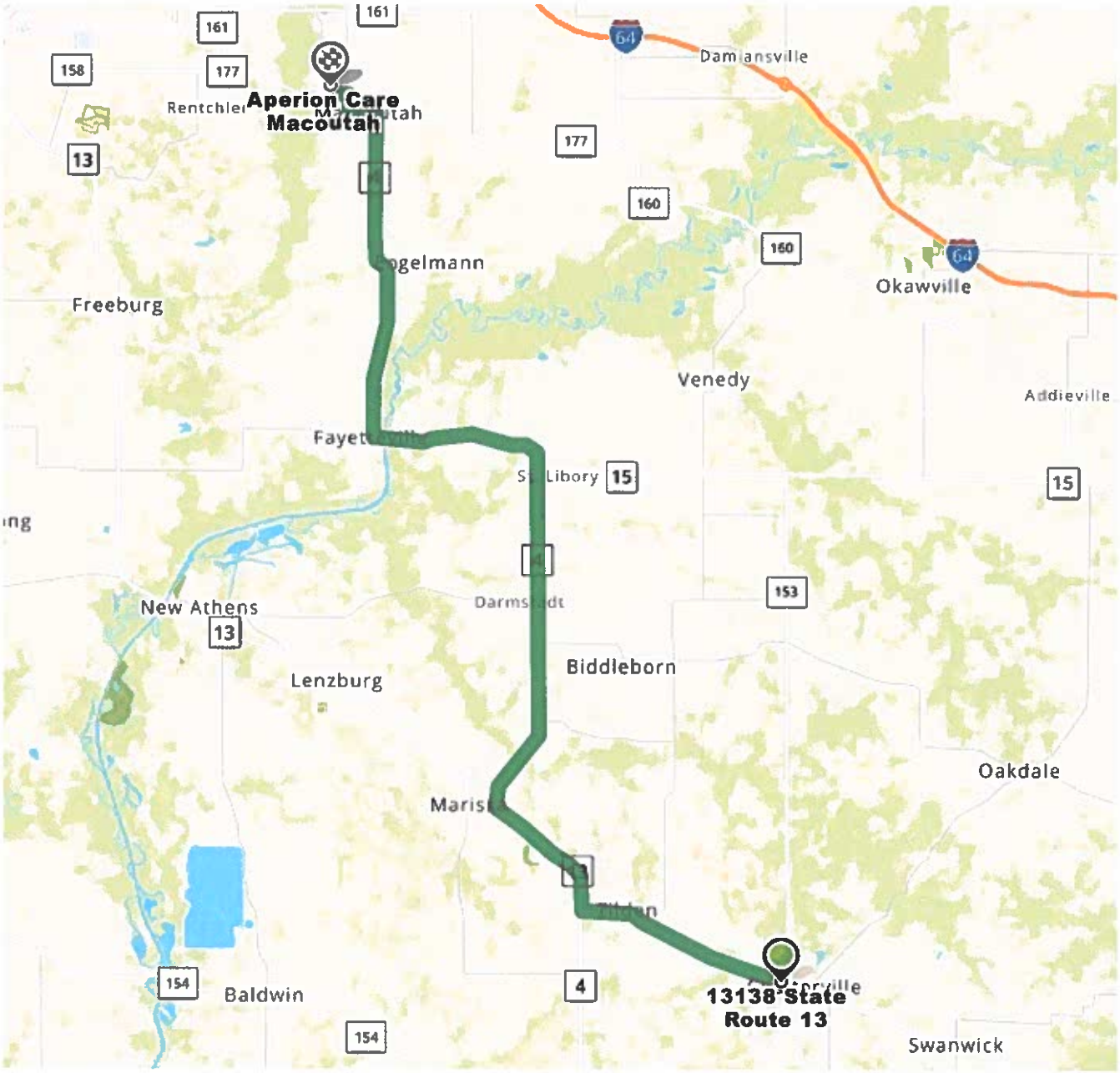
Aperion Care
Macoutah
13138 State
Route 13
Damiansville
Okawville
Freeburg
Venedy
Addieville
New Athens
Lenzburg
Biddleborn
Oakdale
Baldwin
Swanwick

YOUR TRIP TO:

Aperion Care Macoutah

38 MIN | 31.2 MI

Est. fuel cost: $2.40

Trip time based on traffic conditions as of 4:52 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **west** on State Route 13/IL-13 toward Boyd Rd. Continue to follow IL-13.

Then 4.10 miles — 4.10 total miles

2. Turn **slight left** onto Butler St/IL-13.

Butler St is just past S Vine St.

If you are on S Railroad St and reach N Centre St you've gone about 0.1 miles too far.

Then 1.20 miles — 5.30 total miles

3. Turn **right** onto State Route 4/IL-13/IL-4. Continue to follow IL-13/IL-4.

IL-13 is 0.4 miles past Bryan St.

Then 3.50 miles — 8.80 total miles

4. Turn **right** onto State Route 4/IL-4. Continue to follow IL-4.

IL-4 is just past Finger Hill Rd.

If you are on E Lyons St and reach Pinckneyville Rd you've gone about 0.1 miles too far.

Then 12.94 miles — 21.73 total miles

5. Turn **right** onto N 3rd St/IL-4. Continue to follow IL-4.

IL-4 is just past N 2nd St.

If you reach N 4Th St you've gone a little too far.

Then 7.94 miles — 29.67 total miles

6. Turn **left** onto E Main St/IL-177.

E Main St is just past E State St.

If you are on N Jefferson St and reach E Church St you've gone a little too far.

Then 0.70 miles — 30.37 total miles

7. Turn **right** onto N 6th St/County Hwy-93.
N 6th St is just past N 5th St.

If you reach N 7th St you've gone a little too far.

Then 0.38 miles — 30.76 total miles

8. Turn **left** onto W Harnett St.
W Harnett St is just past Chevelle Dr.

If you reach Park Rd you've gone about 0.1 miles too far.

Then 0.30 miles — 31.06 total miles

9. Take the 1st **right** onto N 10th St.
N 10th St is just past N 9th St.

If you reach Wilmaglen Dr you've gone a little too far.

Then 0.16 miles — 31.22 total miles

10. 901 N 10TH ST is on the **left**.
Your destination is just past Park Rd.

If you reach Jackson St you've gone about 0.2 miles too far.

Save to My Maps

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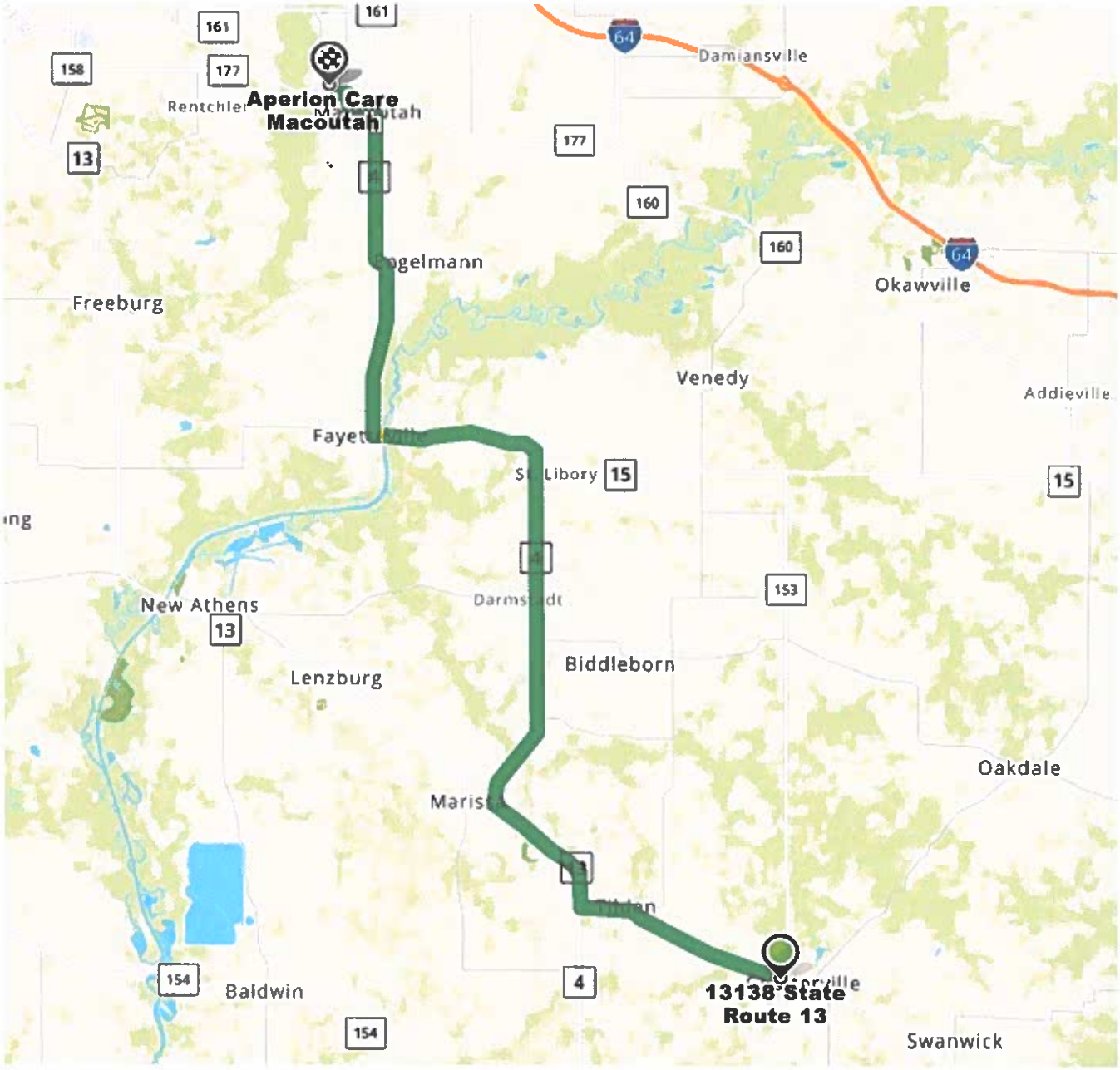
Aperion Care
Macoutah
13138 State
Route 13
Damiansville
Okawville
Freeburg
Venedy
Addieville
New Athens
Lenzburg
Biddleborn
Oakdale
Baldwin
Swanwick
161
158
177
13
160
64
15
153
4
154

YOUR TRIP TO:

Oak Hill

42 MIN | 35.9 MI

Est. fuel cost: $2.75

Trip time based on traffic conditions as of 4:23 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **west** on State Route 13/IL-13 toward Boyd Rd. Continue to follow IL-13.

Then 4.10 miles — 4.10 total miles

2. Turn **slight left** onto Butler St/IL-13.

Butler St is just past S Vine St.

If you are on S Railroad St and reach N Centre St you've gone about 0.1 miles too far.

Then 1.20 miles — 5.30 total miles

3. Turn **right** onto State Route 4/IL-13/IL-4. Continue to follow IL-13.

IL-13 is 0.4 miles past Bryan St.

Then 4.24 miles — 9.54 total miles

4. Turn **right** onto N Main St/IL-13. Continue to follow IL-13.

IL-13 is just past N Hamilton St.

If you are on W Lyons St and reach N Park St you've gone a little too far.

Then 10.31 miles — 19.85 total miles

5. Turn **left** onto State Route 156/IL-156.

If you reach Calamus Lake School Rd you've gone about 0.5 miles too far.

Then 4.85 miles — 24.70 total miles

6. Turn **right** onto State Route 159/IL-159.

Then 2.01 miles — 26.71 total miles

7. Turn **left** onto Floraville Rd/County Hwy-9.

Floraville Rd is 0.2 miles past Fleckenstein Rd.

If you reach White Oak Dr you've gone about 1.1 miles too far.

Then 3.97 miles — 30.68 total miles

8. Turn **left** onto Waterloo Rd/County Hwy-28.

Waterloo Rd is 0.7 miles past Quirin Rd.

If you reach Celeste Estates Dr you've gone about 0.5 miles too far.

Then 2.42 miles — 33.10 total miles

9. Turn **left** onto Floraville Rd/County Hwy-2.

Then 2.82 miles — 35.92 total miles

10. 623 HAMACHER ST.

Your destination is 0.1 miles past Legacy Dr.

If you reach Ridge Rd you've gone about 0.1 miles too far.

Save to My Maps

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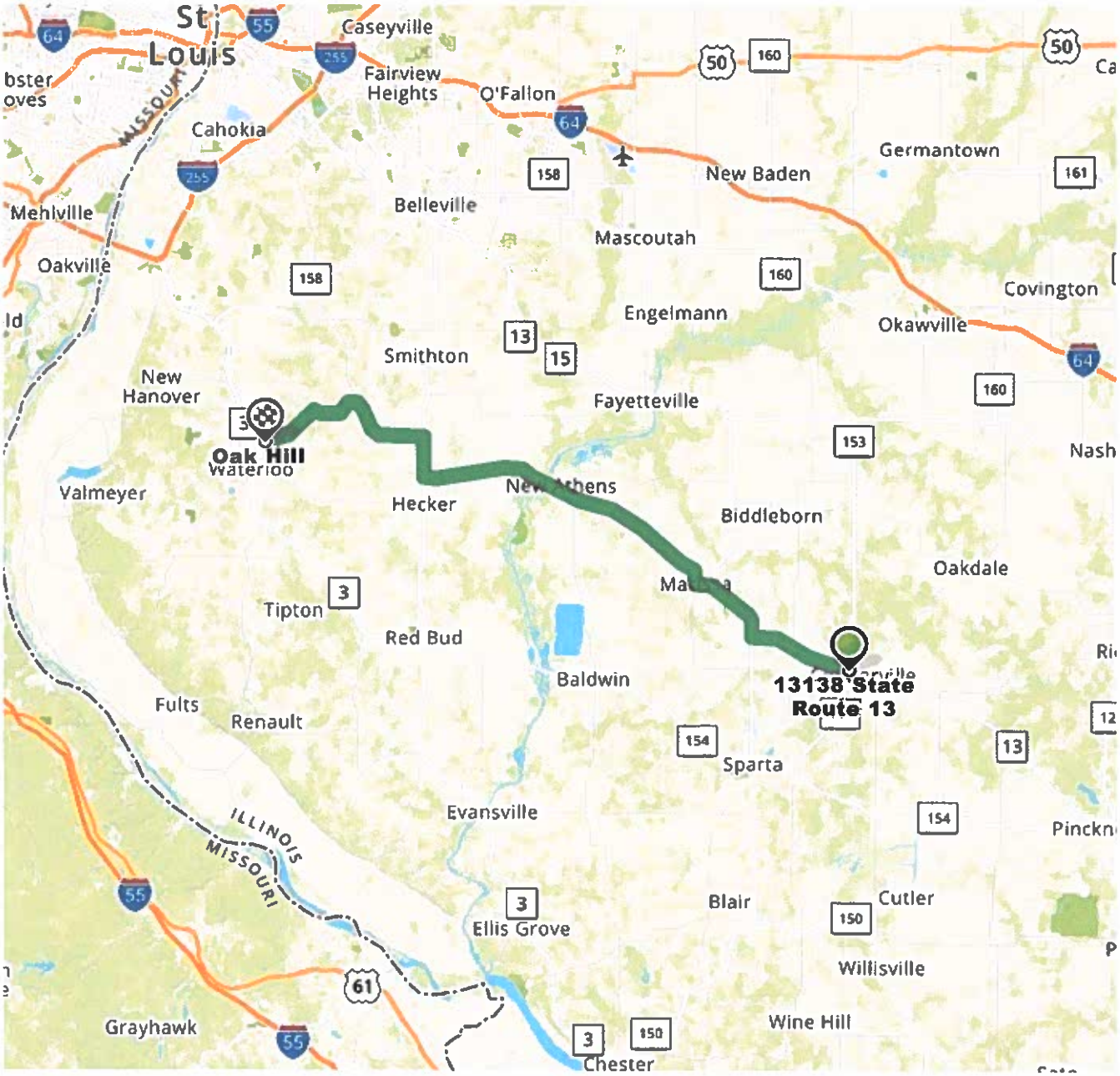
St. Louis
Caseyville
Fairview Heights
O'Fallon
Cahokia
Mehlville
Oakville
Belleville
New Baden
Germantown
Mascoutah
Covington
Engelmann
Okawville
Smithton
New Hanover
Fayetteville
Oak Hill
Waterloo
Valmeyer
Hecker
New Athens
Biddleborn
Oakdale
Tipton
Red Bud
Baldwin
13138 State Route 13
Fults
Renault
Sparta
Evansville
ILLINOIS
MISSOURI
Blair
Cutler
Ellis Grove
Willisville
Grayhawk
Wine Hill
Chester

YOUR TRIP TO:

450 W 1st St

45 MIN | 38.5 MI

Est. fuel cost: $2.96

Trip time based on traffic conditions as of 4:11 PM on June 24, 2019. Current Traffic: Light

Print a full health report of your car with HUM vehicle diagnostics **(800) 906-2501**

1. Start out going **east** on State Route 13/IL-13 toward W Grant St/IL-153.

Then 0.08 miles — 0.08 total miles

2. Take the 1st **left** onto N 11th St/IL-153. Continue to follow IL-153.

If you are on W Grant St and reach N 10th St you've gone a little too far.

Then 12.28 miles — 12.36 total miles

3. Turn **left** onto State Route 15/IL-15.

Then 2.03 miles — 14.39 total miles

4. Turn **right** onto County Highway 12/County Hwy-12.

If you reach Nuthatch Rd you've gone about 0.7 miles too far.

Then 1.91 miles — 16.30 total miles

5. Turn **right** onto W Locust St/County Hwy-12/County Hwy-6.

W Locust St is 0.3 miles past Skylark Rd.

If you are on S Kinyon Rd and reach W Pine St you've gone a little too far.

Then 0.26 miles — 16.56 total miles

6. Take the 2nd **left** onto S Elkhorn Rd/County Hwy-12. Continue to follow County Hwy-12.

County Hwy-12 is 0.1 miles past S Brockschmidt Rd.

If you are on County Highway 6 and reach Cattle Pen Rd you've gone about 1.7 miles too far.

Then 4.10 miles — 20.66 total miles

7. Turn **left** onto State Route 177/IL-177/IL-160.

Then 5.26 miles — 25.92 total miles

8. Turn **right** onto State Route 160/IL-160/County Hwy-100.

State Route 160 is 0.7 miles past S 4Th St.

If you reach Clinton County Line Rd you've gone about 0.9 miles too far.

Then 3.81 miles — 29.72 total miles

9. Turn **right** onto State Route 161/IL-161.

State Route 161 is 0.1 miles past Veterans Memorial Pkwy.

If you reach E Cedar St you've gone about 0.1 miles too far.

Then 4.16 miles — 33.88 total miles

10. Turn **left** onto N Commercial St/County Hwy-8. Continue to follow County Hwy-8.

County Hwy-8 is just past N Broadway.

If you are on N State Route 161 W and reach N Francis St you've gone a little too far.

Then 4.51 miles — 38.39 total miles

11. Turn **left** onto W 1St St.

W 1St St is just past W 2nd St.

If you reach Railroad St you've gone a little too far.

Then 0.12 miles — 38.51 total miles

12. 450 W 1ST ST is on the **left**.

Your destination is just past S Meadow St.

Your destination is at the end of W 1St St.

Save to My Maps

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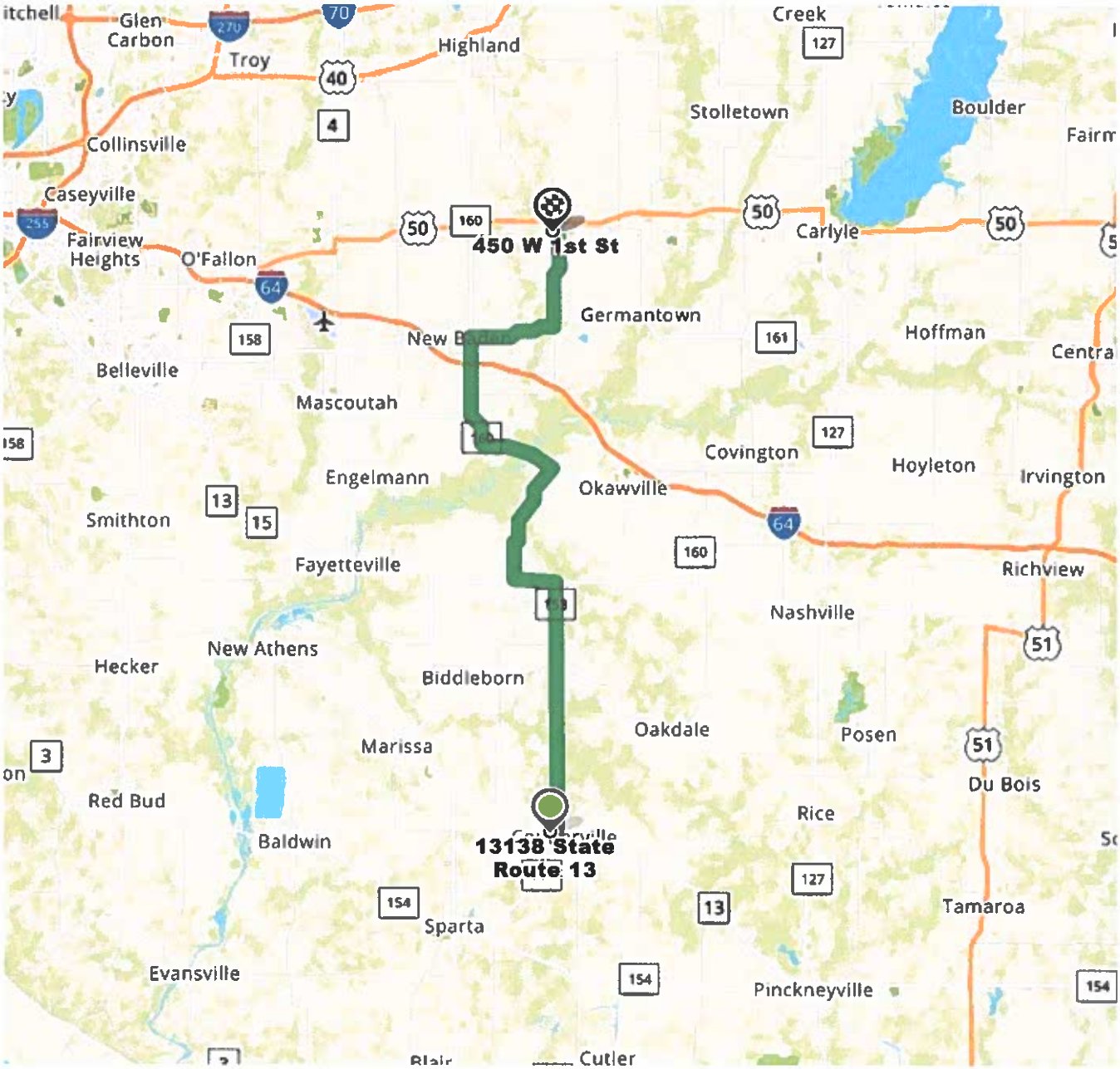

450 W 1st St
13138 State Route 13
Glen Carbon
Troy
Highland
Collinsville
Caseyville
Fairview Heights
O'Fallon
Stolletown
Boulder
Carlyle
Germantown
Hoffman
Belleville
Mascoutah
Covington
Hoyleton
Irvington
Engelmann
Okawville
Smithton
Fayetteville
Richview
Nashville
New Athens
Hecker
Biddleborn
Oakdale
Posen
Marissa
Du Bois
Red Bud
Rice
Baldwin
Tamaroa
Sparta
Evansville
Pinckneyville
Cutler

ATTACHMENT 14

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

This criterion is not applicable to a project involving the expansion of an existing long-term care facility.

ATTACHMENT 15

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

The 25 beds proposed to be added at Coulterville Rehabilitation and Health Care Center ("Applicant") is necessary to reduce the skilled nursing facility's experienced high occupancy and to meet a projected demand for service.

(a) Historical Service Demand

The Applicant notes that the skilled nursing facility's average annual occupancy rate has exceeded occupancy standards for general long-term care, as specified in 77 Ill. Adm. Code § 1125.210(c), for each of the latest two years. The following chart shows that for the past four years, of which three years of data have been reported in inventories published by the State Board (2015-2017) and one year is data not yet published (2018), the Applicant's long-term care has exceeded the State Board's 90% occupancy standard. Therefore, the Applicant meets this review criterion.

Historical Service Demand
CY 2015-2018

Calendar Year	Licensed Beds Used	Peak Beds Used	Patient Days	Utilization % (Licensed Beds)	Utilization % (Actual Beds)
2015	75	73	24,987	91.3	93.8
2016	75	71	24,178	88.1	93.0
2017	75	71	24,150	88.2	93.2
2018	75	71	24,539	n/a	94.4

The Applicant also notes that prospective residents have been referred to other facilities in order to receive skilled nursing services. In support of the Applicant's contention, a redacted copy of the skilled nursing facility's most recent waiting list is attached immediately after this Attachment 15.

(b) Projected Referrals

The Applicant, pursuant to 77 Ill. Adm. Code § 1125.540(d), hereafter provides documentation to support the project in regard to project referrals. The following documents are attached immediately following this Attachment 15:

- Letters from referral sources;
- An estimated number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion; and
- A chart showing, historically, the origin points of previously admitted residents.

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 18, 2019

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

Re: Coulterville Rehabilitation & Health Care Center
CON Permit Application: 25-Bed SNF Expansion

Dear Ms. Avery:

It is with great pleasure that I submit this certificate of need ("CON") permit application on behalf of the CON permit co-applicants Coulterville Rehabilitation and Health Care Center, LLC and TI-Coulterville, LLC ("Applicants"). For over 14 years, our skilled nursing facility ("SNF") in Coulterville, Illinois has provided optimal health care options customized to the needs, goals, and desires of its residents. This is why our Coulterville facility has become a top choice for seniors seeking nursing home care in Randolph County.

Being a preferred choice, we have seen our SNF population grow over the years. As a result of rapid growth over the past three years, we now need to expand our SNF to ensure potential residents have access to quality long-term care services for years to come. We respectfully request that the Illinois Health Facilities and Services Review Board approve this application so we can continue to meet the long-term care needs of seniors in our community.

Summary of Project

We are proposing the expansion of our SNF from 75 to 100 beds. We plan to build a new wing, which will extend from the southwest corner of the existing building. The existing structure was built in 1999. We have been the operator of the SNF for the past 14 years.

Waiting List Continues to Grow

We expect that the SNF will be able to fill the proposed 25 beds within a twelve-month time frame after CON approval. Our facility has maintained a ninety plus percent occupancy rate over the past three years, which has increased each year. Our facility regularly denies admissions due to lack of bed availability. And, this facility has a waiting list of 19 applicants. Some of these applicants applied over a year ago. The list continues to grow.

Demand for Care

We are not surprised by the growing demand for SNF services at our Coulterville facility. The State Board's most recent inventory of long-term care services, updated on June 5, 2019, shows a need for 35 additional long-term care beds in Randolph County. Neighboring counties are also showing a need for additional long-term care beds. For example, Monroe County, has a need for 30 beds and Jackson and Washington Counties each have a need for 13 beds.

For these reasons, we respectfully request the approval of our CON permit application. We look forward to working with the State Board during the review process. Please let us know if you have questions.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation & Health Care Center, L.L.C.

Attachments

Family Health Centre

Russell E. Coulter, M.D. Ann Altgilbers, FNP

Amy Eppstein, M.D.

June 18, 2019

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

Re: Coulterville Rehabilitation & Health Care Center
CON Permit Application: 25-Bed SNF Expansion
Support for Project

Dear Ms. Avery:

I am writing in support of the CON permit application filed by Coulterville Rehabilitation and Health Care Center, a skilled nursing facility located in Coulterville, Illinois. I ask the members of the Illinois Health Facilities and Services Review Board to approve this application and allow the applicant to add 25 skilled beds to its existing facility. The additional beds will address a stated need for additional long-term care beds in Randolph County.

I am currently the hospitalist/family practioner with over 100 nursing home patients employed by Sparta Community Hospital in Sparta, Illinois. My hospital serves the communities served by the Coulterville SNF. Because I am involved with long-term care on a daily basis, specifically patient transfers, I am quite familiar with the needs of our senior community. On many occasions, Coulterville's admissions staff have been unable to accept a patient transfer because they are at capacity. There is a clear need for additional beds in the county.

For these reasons, I support the project submitted by Coulterville Rehab and ask for your approval.

Respectfully Submitted,

Russell Coulter, MD

Russell E. Coulter, M.D.

A part of Sparta Community Hospital District
207 S. Burns • Sparta, Illinois 62286 • Phone: 618-443-3084 • Fax: 618-443-1339

Coulterville Rehabilitation & Health Care Center
Admit/Discharge To/From Report
Admissions 1/1/2018 To 12/31/2018 - Discharges 1/1/2018 To 12/31/2018

Admissions

From Location	Resident Count
ALTON MEMORIAL HOSPITAL	1
BELLEVILLE MEMORIAL HOSPITAL	5
Barnes Jewish Hospital	11
CEDARHURST OF SPARTA	1
DEACONESS HOSPITAL	4
GOOD SAMARITAN REGIONAL HEALTH CENTER	1
HELIA HEALTH CARE	1
HERRIN HOSPITAL	1
HOME	3
KINDRED HOSPITAL-STL	1
MANOR AT CRAIG FARMS	1
MARION VA MEDICAL CENTER	1
MEMORIAL HOSPITAL	2
MEMORIAL HOSPITAL BELLEVILLE	5
MEMORIAL HOSPITAL OF CHESTER	8
MISSOURI BAPTIST MEDICAL CENTER	6
Marshall Browning Hospital	1
Memorial Care Center	1
PINCKNEYVILLE COMMUNITY HOSPITAL	4
RANDOLPH COUNTY CARE CENTER	1
RED BUD REGIONAL HOSPITAL	1
SAINT FRANCIS MEDICAL CENTER	1
SPARTA COMMUNITY HOSPITAL	46
SPARTA HOME HEALTH	1
ST JOSEPH HOSPITAL	1
ST. ELIZABETH'S HOSPITAL	17
ST. PAUL'S HOME	1
St Anthonys HOSPITAL	1
St Elizabeth's Hospital	9
St Louis University Hospital	10
St. Elizabeth's at Belleville	4
St. Lukes Hospital	1
WASHINGTON COUNTY HOSPITAL	1
carbondale Memorial Hospital	7
TOTAL Admissions	160

Discharges

To Location	Resident Count
ALTON MEMORIAL HOSPITAL	1
Assisted Living at Silver Creek	1
CEDARHURST OF SPARTA	10
FRIENDSHIP MANOR	1
Fairview nursing home	1
GOOD SAMARITAN REGIONAL HEALTH CENTER	1
HOME	28
Heil-Schuessler	4
JUNE COURT	1
LHC ILLINOIS HOME HEALTH CARE	8
MANOR AT CRAIG FARMS	3
MANOR AT MASON WOODS	1
MEMORIAL HOSPITAL BELLEVILLE	1

MEMORIAL HOSPITAL OF CHESTER	3
McDaniel Funeral Home	1
PINCKNEYVILLE COMMUNITY HOSPITAL	4
PYATT FUNERAL HOME	5
Pechacek-McClure Funeral Home	1
Pyatt Funeral Home	3
Pyatt Funeral home Pinckneyville	1
RANDOLPH COUNTY CARE CENTER	1
SPARTA COMMUNITY HOSPITAL	39
SPARTA HOME HEALTH	31
ST. ELIZABETH'S HOSPITAL	3
St Elizabeth's Hospital	1
St Louis University Hospital	1
St. Elizabeth's at Belleville	2
Three Springs	1
Wilson's Funeral Home	3
carbondale Memorial Hospital	1
TOTAL Discharges	162

ATTACHMENT 16

Criterion 1125.560(a)(1) through (a)(3) – Variances to Computed Bed Need

This criterion is not applicable to a project involving the expansion of an existing long-term care facility.

ATTACHMENT 17

Criterion 1125.570 – Service Accessibility

This criterion is not applicable to a project involving the expansion of an existing long-term care facility.

ATTACHMENT 18

Criterion 1125.580 – Unnecessary Duplication/Maldistribution

This criterion is not applicable to a project involving the expansion of an existing long-term care facility.

ATTACHMENT 19

Criterion 1125.590 – Staffing Availability

Coulterville Rehabilitation and Health Care Center, LLC ("Applicant") is the entity that currently operates the existing long-term care facility ("Facility") located in Coulterville, Illinois. The Applicant will ensure that all clinical and professional staffing needs will be met in accordance with federal and state law, regulations, and policies. All personnel will be appropriately licensed, trained, and credentialed. Staffing levels will also be consistent with any applicable licensing and accreditation standards.

The Applicant will ensure that all necessary staff are hired or contracted with before the 25 additional beds become operational. The appropriate levels of staff will be achieved by following industry guidelines.

Note: A letter, attesting to the foregoing, is attached immediately following this page.

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 18, 2019

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

Re: Staffing Needs

Dear Ms. Avery:

I reviewed the expansion plan in the certificate of need ("CON") permit request filed by Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"). I determined that we will have adequate staff to meet the needs of our skilled nursing facility ("SNF") residents as we expand from 75 to 100 beds ("Project").

I attached to this letter a chart, which shows the current number of employees (by position) who are employed by or under contract with the Applicant's SNF and the anticipated number of extra staff who will be hired or contracted with following CON approval.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation & Health Care Center, L.L.C.

Attachment

COULTERVILLE SNF EXPANSION – STAFFING PLAN		
Position	**Current Staff: 75 Beds**	**Additional Staff: 25 Beds**
Administrator	1.0	
Director of Nursing	1.0	
Asst. DON		+ 1.0
MDS Coordinator	1.0	
Registered Nurse	1.0	
Licensed Practical Nurse		+ 1.0
Occupational Therapist	1.0	
Physical Therapist	1.0	
Speech/Hearing Therapist	1.0	
Rehabilitation Aide		
Certified Nursing Assistant		+ 6.0
Social Services Director	0.5	
Social Worker	1.0	
Scheduling Coordinator		
Activity Director	1.0	
Activity Assistant		
Resident Services		
Office Staff		
Receptionist		
Dietitian	1.0	
Dietary Supervisor	1.0	
Dietary Aide		
Cook		
Maintenance		
Housekeeping		
Pharmacist	1.0	
Medical Director	1.0	
Medical Records	0.5	
Infection Control	1.0	
Dentist	1.0	

Note: Numbers presented as FTE's

FACILITY ROSTER

FACILITY NAME: Coulterville Rehab & Health Care Center CITY: Coulterville

TITLE	NAME	LICENSE/REGISTRATION #
ADMINISTRATOR	*Whitney Oberlink*	*044.010098* *Exp. 11-30-19*
ASSISTANT ADMINISTRATOR	N/A	
DIRECTOR OF NURSES	*Linda Mueller*	*041.297897* *Exp. 5-31-20*
ASSISTANT DIRECTOR OF NURSES	*Position currently vacant*	
CONSULTANTS		
REGISTERED NURSE	Allegra Bundy	041.391433 Exp. 5-31-20
DIETITIAN	*Rachel Allard*	*164.007524* *Exp. 10-31-19*
PHARMACIST	*Andrea Feldt*	*051.289440* *Exp. 3-31-20*
OCCUPATIONAL THERAPY	*Tonya Gass*	*056.007483* *Exp. 12-31-19*
PHYSICAL THERAPY	*Catherine Vogel*	*070.023891* *Exp. 9-30-20*
SOCIAL WORKER	*Denise Spihlman*	*149.010059* *Exp. 11-30-19*
MEDICAL DIRECTOR	*Russell Coulter*	*036.064147* *Exp. 7-31-20*
THERAPEUTIC RECREATION SPEC.	*OSI*	*N/A*
DENTIST	*Mobile Care 2U* *Steven Newbold*	*019.016161* *Exp. 9-30-21*
SPEECH/HEARING	*Paige Beck*	*146.012020* *Exp. 10-31-19*
STAFF APPOINTEES		
MEDICAL RECORDS DESIGNEE	*Christian Carlyle*	
SOCIAL SERVICE DESIGNEE	*Christian Carlyle*	
INFECTION CONTROL COORDINATOR	*Linda Mueller, RN DON*	

MDS/CARE PLAN COORDINATOR	*Sarah Bathon, RN RAC*	
ABUSE PROHIBITION COORDINATOR	*Whitney Oberlink, Admin*	
QUALITY ASSURANCE COORDINATOR	*Whitney Oberlink, Admin*	
ACTIVITY DIRECTOR	*Jennifer Wuebbles*	
DIETARY SUPERVISOR	*Katie Pflasterer*	90 HOUR COURSE X YES NO FOOD SERVICE CERT X YES NO
RESIDENT SERVICE DIRECTOR	*N/A*	
Q.M.R.P.	Whitney Oberlink, Admin	

FORM COMPLETED BY:__Whitney Oberlink___ DATE FORM COMPLETED:_____

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
WHITNEY S OBERLINK	SWANSEA, IL 62226	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
044010098	LICENSED NURSING HOME ADMINISTRATOR	ACTIVE	05/19/2006	10/02/2017	11/30/2019	N

Generated on: 5/10/2019 11:30:49 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
LINDA K MUELLER	SPARTA, IL 62286	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
041297897	REGISTERED PROFESSIONAL NURSE	ACTIVE	07/24/1996	04/11/2018	05/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
043077540	LICENSED PRACTICAL NURSE	NOT RENEWED	05/25/1995		01/31/1997	N

Generated on: 5/10/2019 11:31:40 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
ALLEGRA K BUNDY	JOHNSTON CITY, IL 62951	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
041391433	REGISTERED PROFESSIONAL NURSE	ACTIVE	03/17/2011	05/14/2018	05/31/2020	N

Generated on: 5/10/2019 11:22:11 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
RACHEL LYNN ALLARD	TROY, IL 62294	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
164007524	LICENSED DIETITIAN NUTRITIONIST	ACTIVE	10/10/2018	10/10/2018	10/31/2019	N

Generated on: 5/10/2019 11:24:02 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
ANDREA KAY FELDT	TRENTON, IL 62293	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
051289440	REGISTERED PHARMACIST	ACTIVE	07/03/2003	01/12/2018	03/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
049109198	PHARMACY TECHNICIAN	NOT RENEWED	01/10/1995	01/10/1995	03/31/1996	N

Generated on: 5/10/2019 11:25:11 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
TONYA L GASS	OKAWVILLE, IL 62271	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
056007483	OCCUPATIONAL THERAPIST	ACTIVE	06/06/2005	10/06/2017	12/31/2019	N

Generated on: 5/10/2019 11:25:59 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
CATHERINE J VOGEL	Freeburg, IL 62243	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
070023891	LICENSED PHYSICAL THERAPIST	ACTIVE	08/30/2018	08/30/2018	09/30/2020	N

Generated on: 5/10/2019 11:26:34 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
DENISE M SPIHLMAN	Trenton, IL 62293	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
149010059	LICENSED CLINICAL SOCIAL WORKER	ACTIVE	04/23/2002	11/13/2017	11/30/2019	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
049091279	PHARMACY TECHNICIAN	NOT RENEWED	09/30/1989	09/30/1989	03/31/1991	N
150002452	LICENSED SOCIAL WORKER	NOT RENEWED	12/22/1989	01/14/2004	11/30/2003	N

Generated on: 5/10/2019 11:27:29 AM

Contact

Contact Information

Name	City/State/Zip	DBA
RUSSELL E COULTER MD	SPARTA, IL 62286	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036064147	LICENSED PHYSICIAN AND SURGEON	ACTIVE	04/02/1982	05/15/2017	07/31/2020	Y

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
33*****78	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	05/07/1982	05/15/2017	07/31/2020	N

Disciplinary Actions

Click here (https://www.idfpr.com/licenselookup/discpline.asp) for definitions of the different types of disciplinary actions the Department may impose.

The Reason For Action from this Lookup dates back to January 1, 1990. Any actions and/or Reason For Action taken against a license prior to 1990 may not be displayed. Note that the Reason For Action is extracted from the Monthly Disciplinary Report. Therefore, the text in this column may not begin appearing until the report for the month/year the discipline was issued has been compiled.

Please Note: Reason for disciplinary actions which occurred for Real Estate professions prior to February 1, 2008 will not be listed here. Please contact the department for information regarding past Real Estate disciplines.

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
STEVEN MARK NEWBOLD DMD	NEW ATHENS, IL 62264	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
019016161	LICENSED DENTIST	ACTIVE	10/06/1977	08/09/2018	09/30/2021	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
31*****99	LICENSED DENTIST CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	01/01/1998	08/09/2018	09/30/2021	N

Generated on: 5/10/2019 11:28:50 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
PAIGE ELIZABETH BECK	Herrin, IL 62948	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
146012020	SPEECH LANGUAGE PATHOLOGIST	ACTIVE	02/27/2014	09/25/2017	10/31/2019	N

Generated on: 5/10/2019 11:29:51 AM

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
SARAH BATHON	PINCKNEYVILLE, IL 62274	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
041396744	REGISTERED PROFESSIONAL NURSE	ACTIVE	09/14/2011	04/25/2018	05/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
043108396	LICENSED PRACTICAL NURSE	NOT RENEWED	08/11/2009	12/22/2010	01/31/2013	N

Generated on: 5/10/2019 11:42:32 AM

PRESENTED TO

Sarah Bathon

FOR EARNING THE DESIGNATION OF

Resident Assessment Coordinator – Certified (RAC-CT®)

Amy Stewart, MSN, RN, DNS-MT, QCP-MT, RAC-MT
Lead Nurse Planner

February 01, 2019

Expires 2 years from above date

ORIGINAL CERTIFICATION DATE January 20, 2015

AANAC

AANAC.org | 400 S. Colorado Blvd. Ste. 600, Denver, CO 80246

Certificate Of Attendance

Jennifer Wuebbles

36 Hour Basic Orientation Course for Activity Directors
Training Program Course #22AA06
CEU's: 36

Mt. Vernon, IL on the Date of October 24-25 and November 12-13, 2002

RAMIREZ
Consulting Group, Inc.
2407 11th St.
Moline, IL 61265
(309)797-4838

Rick J. Ramirez

Rick J. Ramirez, President

241

CBDM® | Certifying Board for Dietary Managers

The credentialing agency for

Association of Nutrition & Foodservice Professionals ANFP®

The Certifying Board for Dietary Managers®

hereby verifies that

Katherine A. Pflasterer

has successfully passed the credentialing examination
and has met the qualifications of a

Certified Dietary Manager® | Certified Food Protection Professional®

CDM®|CFPP®

Chair, Certifying Board for Dietary Managers

November 27, 2018

Date of Issuance

ATTACHMENT 20

Criterion 1125.600 – Bed Capacity

The Applicant is requesting approval for an additional 25 long-term care beds, which would increase the number of beds at the existing skilled nursing facility from 75 to 100. A 100-bed SNF comports with the 250-bed maximum set forth in the State Board's rules at 77 Ill. Adm. Code § 1125.600. Accordingly, the Applicant meets this review criterion.

ATTACHMENT 21

Criterion 1125.610 – Community Related Functions

A letter of support for the proposed project from the sole manager of the applicant, Coulterville Rehabilitation and Health Care Center, LLC, is attached immediately after this page.

In addition, please note the following:

- A letter of support from the long-term care facility's medical director is attached after this page.
- Additional letters of support will be submitted during the written comment period.

Coulterville Rehabilitation & Health Care Center

13138 State Route 13

Coulterville, IL 62237

www.coultervillebytutera.com

May 10, 2019

To: Whom it may concern

From: Whitney Oberlink, Administrator

Re: Timeframe to fill proposed addition to Coulterville Rehab.

It is my expectation that the facility will be able to fill the proposed twenty five bed addition to Coulterville Rehab within a twelve month timeframe. The facility has maintained a ninety plus occupancy percentage over the past three years, which has increased each year. Furthermore, the facility regularly denies admissions due to lack of bed availability. I believe that with our continued commitment to providing exceptional care and our widespread reputation as being the provider of choice, we will be able to meet this expectation.

Respectfully,

Whitney Oberlink, Administrator

Family Health Centre

Russell E. Coulter, M.D. Ann Altgilbers, FNP

Amy Eppstein, M.D.

June 18, 2019

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

Re: Coulterville Rehabilitation & Health Care Center
CON Permit Application: 25-Bed SNF Expansion
Support for Project

Dear Ms. Avery:

I am writing in support of the CON permit application filed by Coulterville Rehabilitation and Health Care Center, a skilled nursing facility located in Coulterville, Illinois. I ask the members of the Illinois Health Facilities and Services Review Board to approve this application and allow the applicant to add 25 skilled beds to its existing facility. The additional beds will address a stated need for additional long-term care beds in Randolph County.

I am currently the hospitalist/family practioner with over 100 nursing home patients employed by Sparta Community Hospital in Sparta, Illinois. My hospital serves the communities served by the Coulterville SNF. Because I am involved with long-term care on a daily basis, specifically patient transfers, I am quite familiar with the needs of our senior community. On many occasions, Coulterville's admissions staff have been unable to accept a patient transfer because they are at capacity. There is a clear need for additional beds in the county.

For these reasons, I support the project submitted by Coulterville Rehab and ask for your approval.

Respectfully Submitted,

Russell E. Coulter, M.D.

A part of Sparta Community Hospital District
207 S. Burns • Sparta, Illinois 62286 • Phone: 618-443-3084 • Fax: 618-443-1339

ATTACHMENT 22

Criterion 1125.620 – Project Size

The following standards apply to new construction, the development of freestanding facilities, modernization, and the development of facilities in existing structures, including the use of leased space. For new construction, the standards are based on the inclusion of all building components and are expressed in building gross square feet (BGSF). For modernization projects, the standards are based upon interior build-out only and are expressed in departmental gross square feet (DGSF). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required for the applicable service areas, by the appropriate rules, required for IDPH licensure and/or federal certification and any additional spaces required by the applicant's operational program.

Service Areas	Square Feet/Unit	Annual Utilization/Unit
General Long-Term Care	435-713 BGSF/Bed 350-570 DGSF/Bed	See Section 1125.210(c)

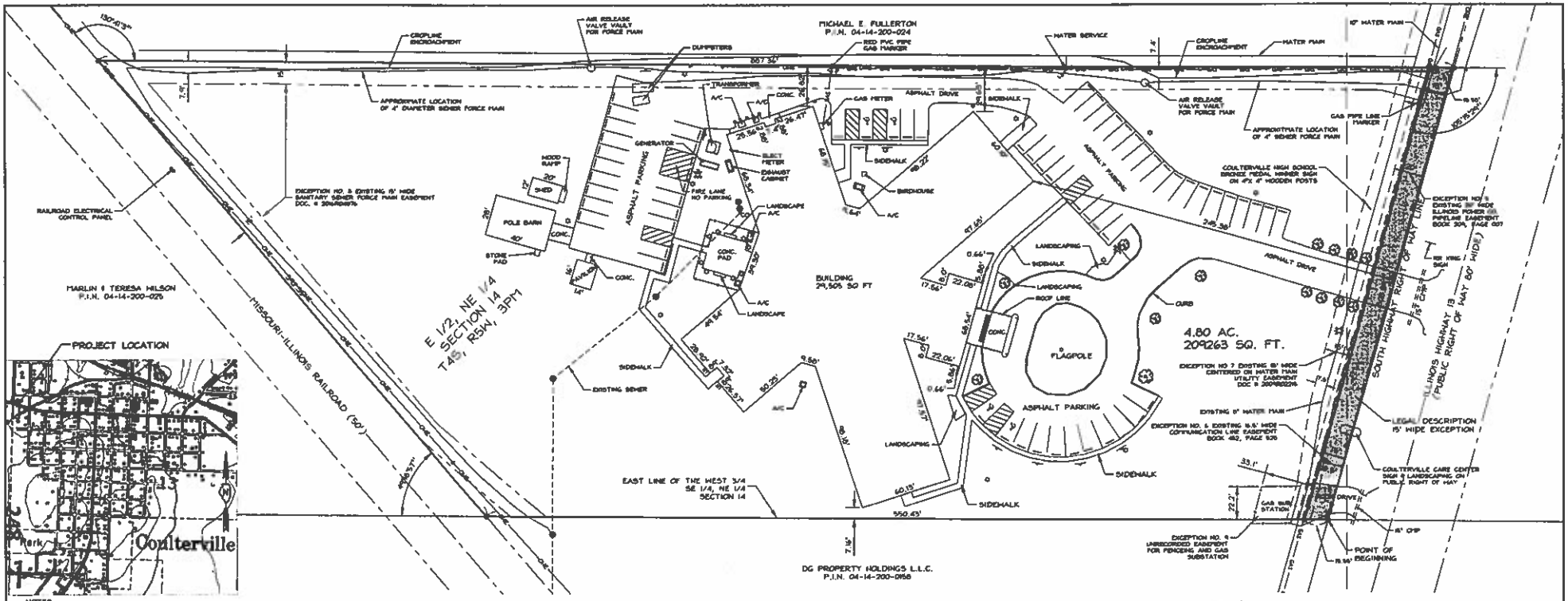
As noted above, the State Board's guideline regarding total building gross square footage ("BGSF") following the expansion of an existing long-term care facility ranges between 435 and 713 BGSF per bed. Coulterville Rehabilitation and Health Care Center ("Applicant") presently operates a 75-bed long-term care facility totaling 29,505 BGSF ("Facility"). If the 25 beds are approved, the Applicant's Facility would be 100 beds with a total of 41,847 BGSF. That equates to 418.5 BGSF per bed. That figure is below the bottom threshold of the state standard; however, that design was approved by the State Board back in the 1990s.

The new wing will be constructed within the current state standards. The 25-bed wing will total 12,342 BGSF, which equates to 493.7 BGSF per bed. This figure is squarely within the current State Board BGSF standard.

According to the State Board's rules, a long-term care facility applicant must document that the amount of physical space proposed for the project is necessary and not excessive. The proposed building gross square footage cannot exceed the applicable square footage standard in Appendix A.

Size of Project				
Department/ Service	**Proposed BGSF**	**State Standard**	**Difference**	**Met Standard?**
Long-Term Care	418.5 BGSF/Bed	435-713 BGSF/Bed	(16.5)	YES

The proposed expansion will not exceed the applicable square footage standard noted above; therefore, the Applicant satisfies this review criterion.



NOTES:

1. THIS PLAT REPRESENTS AN ALTA/NSPS LAND TITLE SURVEY AND MINIMUM STANDARD DETAIL REQUIREMENTS, EFFECTIVE DATE FEBRUARY 23, 2016.
2. THIS PLAT HAS BEEN PREPARED WITH THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE, COMMITMENT NO. 502605, EFFECTIVE DATE OF DECEMBER 27, 2016 AND ISSUE BY TITLE SERVICES, INC.

   #EXCEPTION NO. 5: EASEMENT IN FAVOR OF ILLINOIS POWER COMPANY (RE: GAS PIPELINE) RECORDED IN VOLUME 209 OF RECORDS ON PAGES 7 AND 8 (AS SHOWN HEREON).

   #EXCEPTION NO. 6: EASEMENT IN FAVOR OF GTE NORTH INCORPORATED (RE:COMMUNICATION LINE) RECORDED IN BOOK 452, PAGE 526 (AS SHOWN HEREON).

   #EXCEPTION NO. 7: EASEMENT IN FAVOR OF VILLAGE OF COULTERVILLE, ILLINOIS (RE:WATER MAIN) RECORDED AS DOCUMENT NO. 2009R02215 (AS SHOWN HEREON).

   #EXCEPTION NO. 8: EASEMENT IN FAVOR OF VILLAGE OF COULTERVILLE, ILLINOIS (RE:SANITARY SEWER FORCE MAIN) RECORDED AS DOCUMENT NO. 2014R04676 (AS SHOWN HEREON).

   #EXCEPTION NO. 9: UNRECORDED EASEMENT FOR GAS SUBSTATION AND FENCING AS DISCLOSED BY SURVEY MADE BY JOHN H. CRAWFORD & ASSOCIATES, P.C. DATED NOVEMBER 16, 2016 (AS SHOWN HEREON).
3. THE LEGAL DESCRIPTION SHOWN ON THE SURVEY IS THE SAME LEGAL DESCRIPTION AS SHOWN IN THE TITLE COMMITMENT.
4. PROPERTY CONTAINS 4.80 ACRES, MORE OR LESS; 209263 SQUARE FEET.
5. IMPROVEMENTS SHOWN AS, BUT NOT LIMITED TO UNDERGROUND UTILITIES, LANDSCAPE FEATURES, FOUNDATIONS, ETC., HAVE NOT BEEN LOCATED, EXCEPT AS SHOWN.
6. PARCEL SHOWN HEREON IS IN ZONE X UNSHADED, ACCORDING TO FEDERAL EMERGENCY MANAGEMENT AGENCY COMMUNITY PANEL NUMBER 17157C 0125 D, ZONE X IS AN AREA OF MINIMAL FLOOD HAZARD, USUALLY DEPICTED ON FIRM'S AS ABOVE THE 500-YEAR FLOOD LEVEL.
7. PER DEED OF RECORD, FEE SIMPLE OWNER OF THE PROPERTY IS TI-COULTERVILLE,L.L.C., A MISSOURI LIMITED LIABILITY COMPANY.
8. PROPERTY IS IDENTIFIED BY PERMANENT REAL ESTATE INDEX NO. 16-043-056-50.
9. THE ADDRESS OF THE BUILDING IS: 13138 STATE ROUTE 13, COULTERVILLE, ILLINOIS 62237.
10. THE PARKING LOT CONTAINS 57 REGULAR SPACES, 4 ACCESSIBLE SPACES.
11. ZONING: COMMERCIAL, NO BUILDING SET BACK, 2 ACRE MINIMUM LOT SIZE AND 4000 SQUARE FEET MINIMUM MAIN BUILDING SIZE PER THE LAND RESOURCE MANAGER OF RANDOLPH COUNTY, ILLINOIS ON NOVEMBER 16, 2016.
12. NO EVIDENCE OF EARTH MOVING WORK, BUILDING CONSTRUCTION OR BUILDING ADDITIONS OBSERVED.
13. NO OBSERVED EVIDENCE OF ANY PROPOSED CHANGES IN STREET RIGHT OF WAYS OR ANY RECENT STREET OR PUBLIC SIDEWALK CONSTRUCTION.
14. NO WETLAND AREA SHOWN ON NATIONAL WETLAND INVENTORY MAP PROVIDED BY US FISH AND WILDLIFE SERVICE FOR SURVEYED PROPERTY.
15. UNDERGROUND UTILITIES ARE SHOWN WITH THE BEST AVAILABLE INFORMATION, EXACT LOCATIONS SHOULD BE VERIFIED BEFORE ANY NEW CONSTRUCTION.
16. ALL IRON RODS SET ARE A 1/2" DIAMETER X 30" LENGTH REINFORCING ROD WITH A PINK PLASTIC CAP BEARING "SHOCKLEY 3621".
17. THERE IS NO OBSERVABLE EVIDENCE OF EARTH MOVING WORK, BUILDING CONSTRUCTION OF BUILDING ADDITIONS WITHIN RECENT MONTHS.
18. THERE ARE NO OBSERVABLE CEMETERIES OR BURIAL GROUNDS LOCATED ON THE PROPERTY.

STATE OF ILLINOIS }
} SS:
COUNTY OF WILLIAMSON }

I, VICTOR W. SHOCKLEY, ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 3621, DO HEREBY CERTIFY THAT AT THE REQUEST OF ABBY ALTHOFF, I CAUSED THE TRACT DESCRIBED AND PLATTED HEREON TO BE SURVEYED AND THAT THE SURVEY WAS MADE ON THE GROUND OF THE PROPERTY WITH SAID PROPERTY BEING EXHIBIT 'A' SHOWN ON THE COMMITMENT FOR TITLE INSURANCE, COMMITMENT NO. 502605, EFFECTIVE DATE OF DECEMBER 27, 2016 AND ISSUED BY TITLE SERVICES INC.

TO TI-COULTERVILLE, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY, CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), TITLE SERVICES, INC. AND COMMONWEALTH LAND TITLE INSURANCE COMPANY.

THIS IS TO CERTIFY THAT THIS MAP OR PLAT AND THE SURVEY ON WHICH IT IS BASED WERE MADE IN ACCORDANCE WITH THE 2016 "MINIMUM STANDARD DETAIL REQUIREMENTS FOR ALTA/NSPS LAND TITLE SURVEYS, JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NSPS, AND INCLUDES ITEMS 1, 2, 3, 4, 6(a), 6(b), 7(a), 8, 9, 10(a), 10(b), 11, 13, 15, 16, 17, 18 AND 19 OF THE TABLE A THEREOF. THE FIELD WORK WAS COMPLETED ON NOVEMBER 16, 2016.

PURSUANT TO THE ACCURACY STANDARDS AS ADOPTED BY ALTA AND NSPS AND IN EFFECT ON THE DATE OF THIS CERTIFICATION, I FURTHER CERTIFY THAT THE POSITIONAL UNCERTAINTIES RESULTING FROM THE SURVEY MEASUREMENTS MADE ON THE SURVEY DO NOT EXCEED THE ALLOWABLE POSITIONAL TOLERANCE.

VICTOR W. SHOCKLEY
ILLINOIS PROFESSIONAL LAND SURVEYOR 3621
STATE OF ILLINOIS

VICTOR W. SHOCKLEY
P.L.S. NO. 3621
CARTERVILLE, ILLINOIS
SIGNED DATE: 01/27/17
EXPIRES 11/30/2018

DATE OF PLAT: NOVEMBER 16, 2016

LEGAL DESCRIPTION:

PART OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 4 SOUTH, RANGE 5 WEST OF THE THIRD PRINCIPAL MERIDIAN, RANDOLPH COUNTY, ILLINOIS.

BEGINNING AT THE INTERSECTION OF THE EAST LINE OF THE WEST THREE-QUARTERS OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 4 SOUTH, RANGE 5 WEST OF THE THIRD PRINCIPAL MERIDIAN, RANDOLPH COUNTY, ILLINOIS, WITH THE SOUTHERLY LINE OF ILLINOIS STATE HIGHWAY 13 (50 FEET WIDE). THENCE SOUTHERLY ALONG SAID EAST LINE OF THE WEST THREE-QUARTERS OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER, 650.43 FEET TO THE NORTHWESTERLY LINE OF THE MISSOURI-ILLINOIS RAILROAD (50 FEET WIDE); THENCE SOUTHWESTERLY WITH A DEFLECTION ANGLE OF 49 DEGREES 16 MINUTES 57 SECONDS ALONG SAID NORTHWESTERLY LINE OF THE RAILROAD, 392.35 FEET; THENCE NORTHERLY WITH A DEFLECTION ANGLE OF 130 DEGREES 41 MINUTES 03 SECONDS, 887.36 FEET TO SAID SOUTHERLY LINE OF HIGHWAY 13; THENCE SOUTHEASTERLY WITH A DEFLECTION ANGLE OF 105 DEGREES 15 MINUTES 29 SECONDS ALONG SAID SOUTHERLY LINE OF HIGHWAY 13, 308.39 FEET TO THE POINT OF BEGINNING, EXCEPT 15 FEET OFF THE NORTH SIDE THEREOF DEDICATED TO THE PEOPLE OF THE VILLAGE OF COULTERVILLE FOR A PUBLIC SIDEWALK, PUBLIC AND PRIVATE UTILITIES AND DRAINAGE FACILITIES PURSUANT TO DEDICATION OF RIGHT OF WAY FOR SIDEWALK RECORDED JANUARY 23, 2014 AS DOCUMENT NUMBER 2014R00293, EXCEPT ANY INTEREST IN THE COAL UNDERLYING THE LAND WHICH HAVE BEEN HERETOFORE CONVEYED OR RESERVED IN PRIOR CONVEYANCES, AND ALL RIGHTS AND EASEMENTS IN FAVOR OF THE ESTATE OF SAID COAL, IF ANY.

NO.	DESCRIPTION	BY	DATE	NO.	DESCRIPTION	BY	DATE
1.	ADDED EASEMENT FOR FORCE MAIN	VWS	12/8/16				
2.	CHANGED NOTE ON GAS SUBSTATION	VWS	12/14/16				
3.	ADDED EASEMENT LINES TO LEGEND	VWS	01/16/17				
4.	REVISED LEGAL DESCRIPTION	VWS	01/27/17				

	BY	DATE
DESIGNED		
DRAWN	WFL	11/14/16
CHECKED	VWS	11/18/16

ALTA/NSPS LAND TITLE SURVEY
COULTERVILLE REHABILITATION & HEALTH CARE CENTER
COULTERVILLE, RANDOLPH COUNTY, ILLINOIS
FHA PROJECT NO. 072-22159

JOHN H. CRAWFORD & ASSOCIATES, P.C.
CIVIL ENGINEERS, LAND SURVEYORS
201 SOUTH DIVISION STREET, CARTERVILLE, ILLINOIS 62918
PHONE (618) 985-8310 FAX (618) 985-4883
PROFESSIONAL DESIGN FIRM # 184-002898

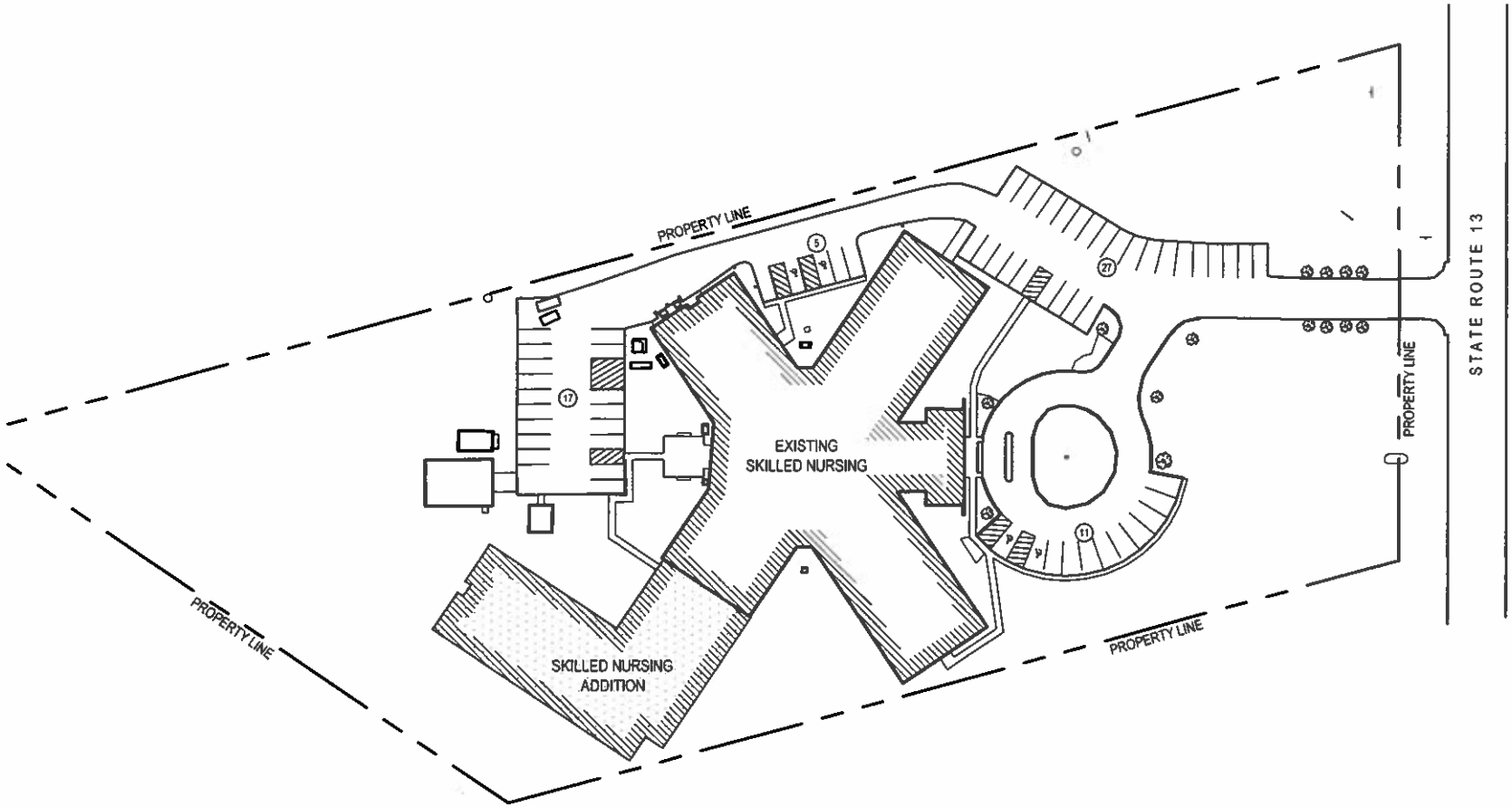
SHEET NO.	
1	
ISSUE	DATE
A4	01/27/17

SITE INFORMATION (EXISTING)

- 4.91 ACRES
- CURRENT ZONING: C
- PARKING: 60 STALLS

BUILDING INFORMATION

- SKILLED NURSING
- EXISTING: 29,505 ± sf , 75 BEDS
- ADDITION: 12,342 ± sf, 25 BEDS



NORTH

CONCEPT SITE PLAN

COULTERVILLE REHABILITATION & HEALTH CARE CENTER NOV 26, 2018

0' 50' 100' 200'

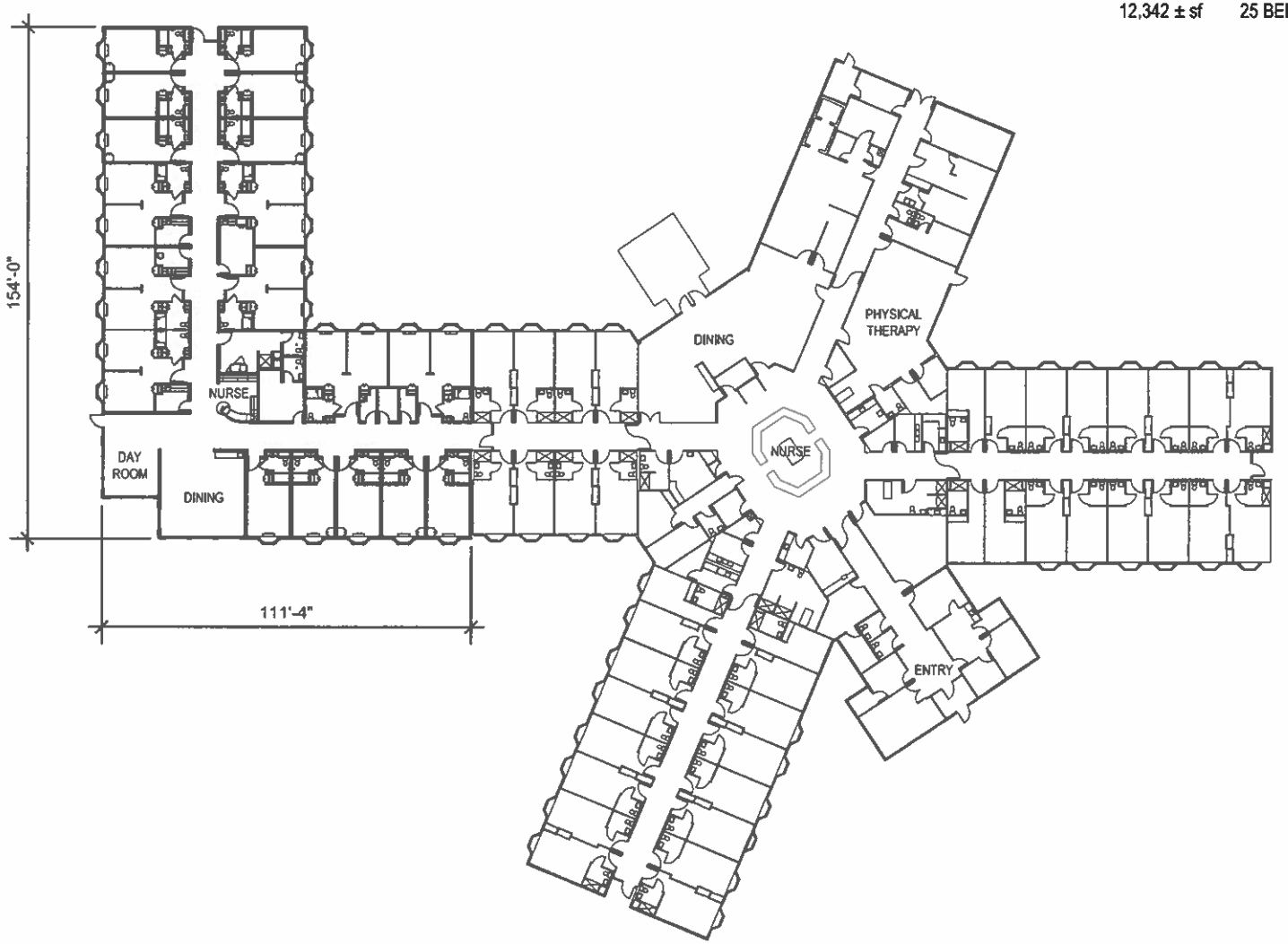
SCALE : 1" = 100'-0"

NSPJ ARCHITECTS

ARCHITECTURE LANDSCAPE ARCHITECTURE INTERIORS ENERGY SERVICES

9515 W. 75TH ST., SUITE 201
PRAIRIE VILLAGE, KS 66208
P. 913.831.1415
F. 913.831.1567
NSPARCH.COM

ADDITION INFORMATION
12,342 ± sf 25 BEDS



NORTH

SCHEMATIC PLAN

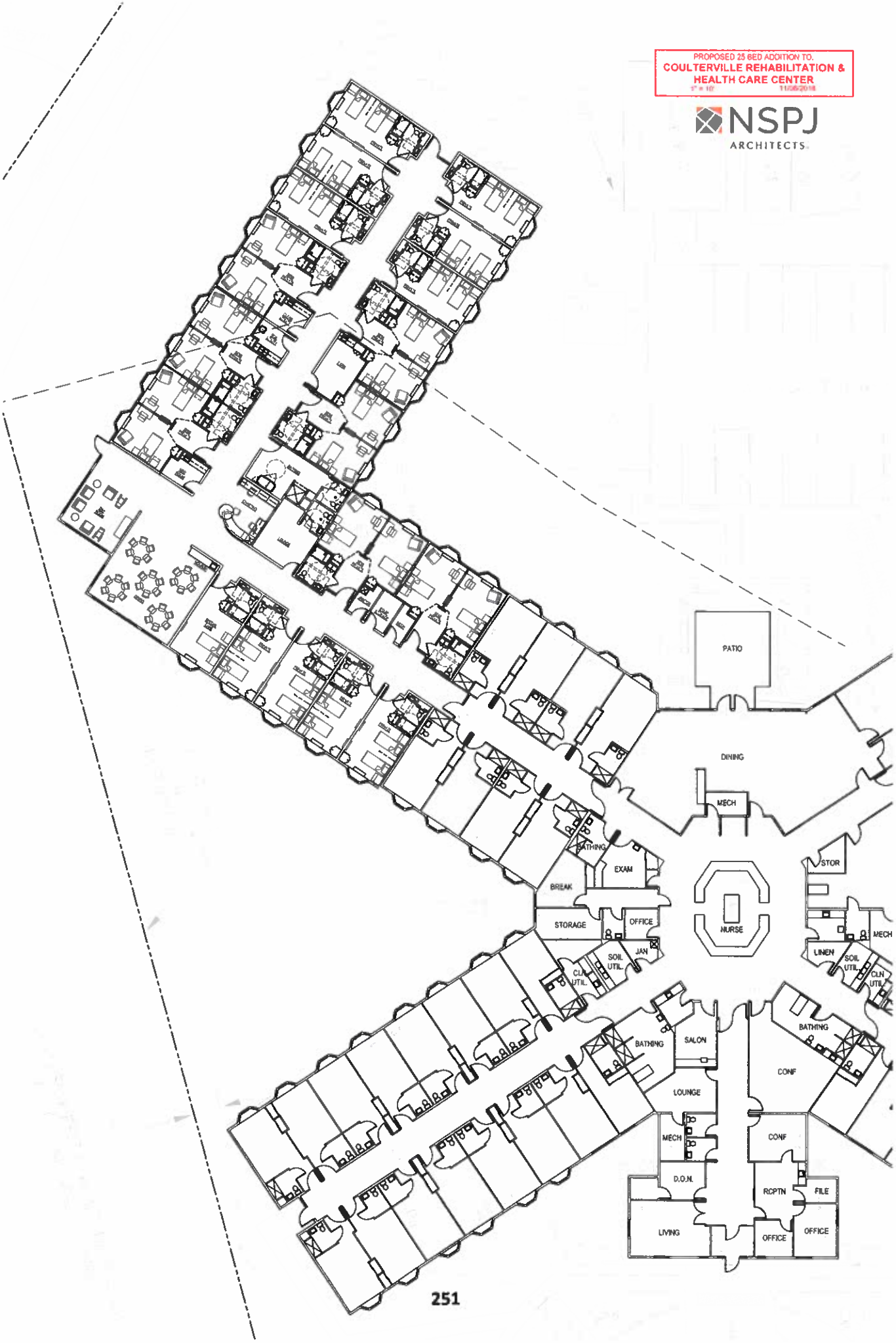
COULTERVILLE REHABILITATION & HEALTH CARE CENTER NOV 26, 2018

0' 25' 50' 100'
SCALE : 1" = 50'-0"

NSPJ ARCHITECTS
ARCHITECTURE LANDSCAPE ARCHITECTURE INTERIORS ENERGY SERVICES
3515 W. 75TH ST., SUITE 201
PRAIRIE VILLAGE, KS 66208
P. 913.831.1415
F. 913.831.1563
NSPJARCH.COM

PROPOSED 25 BED ADDITION TO:
COULTERVILLE REHABILITATION & HEALTH CARE CENTER
1" = 10' 11/05/2018

NSPJ ARCHITECTS



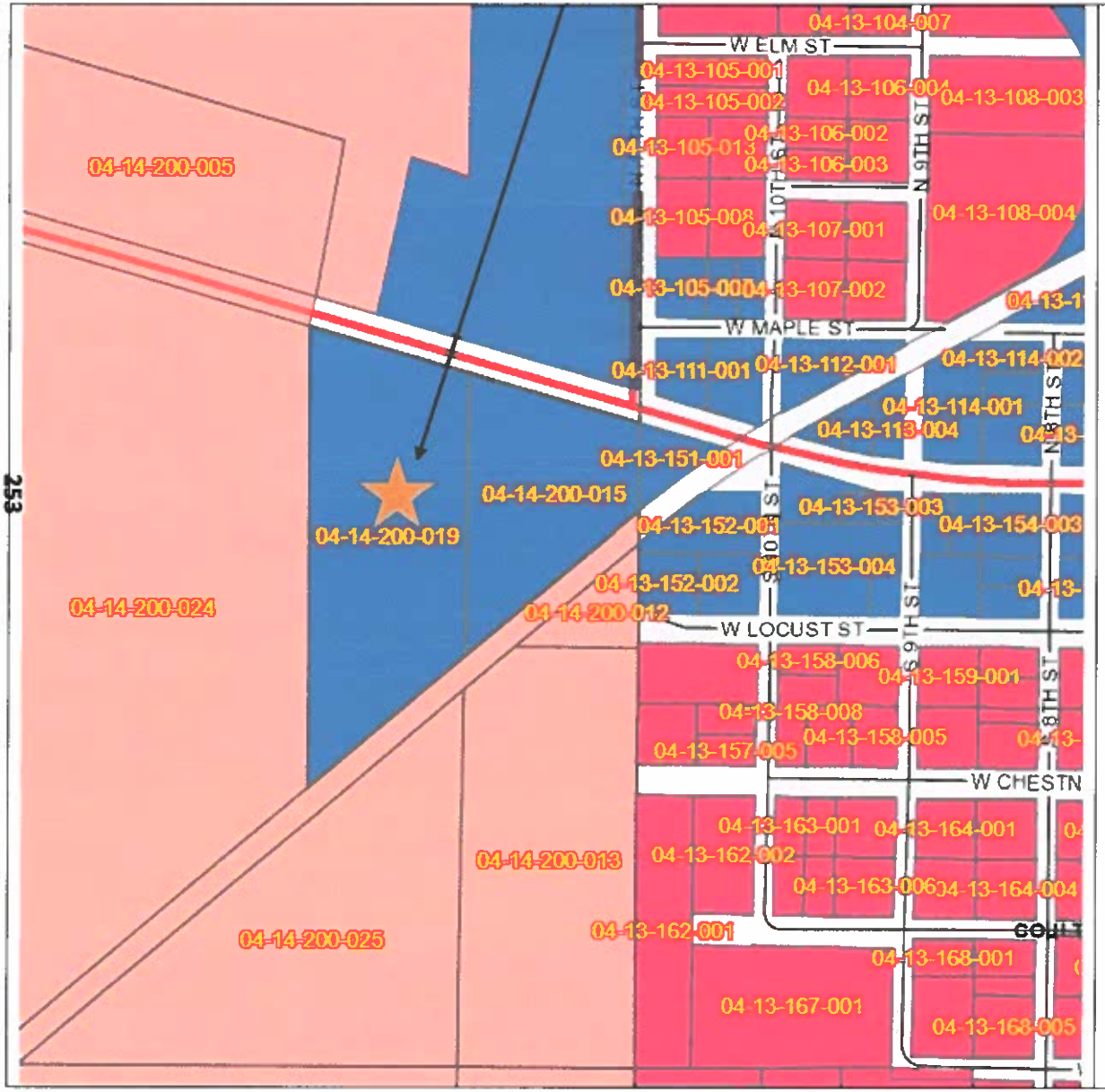
ATTACHMENT 23

Criterion 1125.630 – Zoning

The existing long-term care facility located in Coulterville, Illinois already has the appropriate zoning and no changes to the current zoning are required to complete the project. Evidence of the current zoning follows this page.

ZONING CHARTS

Coulterville Rehabilitation and Health Care Center
Project Site: 13138 State Route 13, Coulterville, Illinois 62237



(1 of 2)

Map Number: 04-14-200-019

Parcel Number	1604305650
Site Address	13138 STATE ROUTE 13
Site City	COULTERVILLE IL 62237
Gross Acres	0.00
Owner Name	TI COULTERVILLE LLC
Owner Address	C/O COULTERVILLE REHAB & HCC LLC
Owner Address	7611 STATE LINE RD STE 301
Owner City,State,Zip	KANSAS CITY MO 64114

(2 of 2)

Zones: C

Zone	C
PIN	
Notes	

Edited by phubbard@randolphco.org on 5/3/18 at 6:19 PM

Zoom to •••

Zone C – Office/Commercial

Source: https://www.arcgis.com/apps/webappviewer/index.html?id=a7785c3c61b84d70a51433a1ced28476

ATTACHMENT 24

Criterion 1125.640 – Assurances

Joseph C. Tutera, an authorized representative of Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), signed this CON permit application. Immediately following this page is a statement signed and dated by Mr. Tutera 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 77 Ill. Adm. Code § 1125.210(c) for the expanded long-term care category of service.

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 18, 2019

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

Re: Coulterville Rehabilitation & Health Care Center
CON Permit Application: 25-Bed SNF Expansion
Assurance of Occupancy

Dear Ms. Avery:

The CON permit applicant, Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), hereby certifies that if this expansion project is approved, the Applicant will achieve and maintain the occupancy specified in 77 Ill. Adm. Code 1125.210(c) by the end of the second year of operation after project completion. I fully expect to meet this occupancy standard due to the increase of occupancy levels at our SNF over the past three years and the resident waiting list that continues to grow.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation & Health Care Center, L.L.C.

NOTARY:

Subscribed and sworn to me this _____ day of _____, 2019

_____
Notary Public

Seal:

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 11, 2019

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

Re: Assurances
Review Criterion 1125.640

Dear Ms. Avery:

The undersigned, on behalf of the CON permit applicant Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), hereby certifies that, by the second year of operation after the expansion project is completed, the Applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for the general long-term care category of service as described in the attached CON permit application.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation and Health Care Center, LLC

NOTARY:

Subscribed and sworn to me this 19th day of June, 2019

Notary Public

Seal:

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

ATTACHMENT 27

Criterion 1125.800 -- Availability of Funds

$2,385,361	a.	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b.	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c.	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d.	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.
_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$2,385,361	**TOTAL FUNDS AVAILABLE**	

As indicated in the previous chart, the project will be entirely funded with cash. The entirety of the funds will come from the CON permit co-applicant TI-Coulterville, LLC ("Co-Applicant"). The funds will be made available to the primary CON permit Applicant (i.e., Coulterville Rehabilitation and Health Care Center, LLC) upon permit issuance.

A letter from the Co-Applicant's bank is attached immediately following this page, providing evidence of the amount of cash that is available for this project.

COULTERVILLE
REHABILITATION & HEALTH CARE CENTER

June 11, 2019

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

Re: Availability of Funds
Review Criterion 1125.800 – Cash and Securities

Dear Ms. Avery:

The CON permit applicant, Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), will fund the 25-bed expansion at the existing skilled nursing facility ("Project") entirely with cash. A letter from Security Bank of Kansas City is attached, which shows that the Applicant has sufficient financial resources to fund the cost of the Project.

Respectfully Submitted,

Joseph C. Tutera
Manager
Coulterville Rehabilitation and Health Care Center, LLC

attachments

NOTARY:

Subscribed and sworn to me this 19th day of June, 2019

Notary Public

Seal:

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

SECURITY BANK
OF KANSAS CITY℠

June 7, 2019

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

Re: Certificate of Need Permit Application
Coulterville Rehabilitation & Health Care Center, LLC
Criterion 1125.800 – Availability of Funds

Dear Ms. Avery:

It is my understanding that Coulterville Rehabilitation & Health Care Center, LLC ("Primary Applicant") is submitting a certificate of need ("CON") permit application, which proposes an expansion of its existing skilled nursing facility from 75 to 100 beds ("Project"). A second entity, TI-Coulterville, LLC, is named in the CON permit application as a co-applicant ("Co-Applicant") because this entity will be wholly responsible for funding the Project. The CON permit application provides that the total cost of the Project is $2,400,000. Of that amount, the Co-Applicant must have $2,400,000 immediately available and solely dedicated to fund the Project with cash ("Project Funds").

I, Ken Sanderson, submit this letter for the Primary Applicant and Co-Applicant to certify that, as of January 21, 2019, a related party to the Co-Applicant and Applicant (Tutera Group Inc.) has sufficient funds available through an unused line of credit at our bank to cover the total cost of the Project and further certify that such Project Funds are liquid and immediately available to the Primary Applicant and Co-Applicant. If you have questions, please do not hesitate to contact me at [phone number]. Thank you very much.

Respectfully Submitted,

Ken Sanderson
Vice President
Security Bank of Kansas City

NOTARY:

Subscribed and sworn to me this 7th day of June, 2019

Christine M Heffernan
Notary Public

NOTARY PUBLIC - - State of Kansas
CHRISTINE M. HEFFERNAN
My Appt Exp. 11/20/2019

Seal:

ATTACHMENT 28

Criterion 1125.800 – Financial Viability

The project will be entirely funded with cash; therefore, this review criterion is not applicable.

ATTACHMENT 29

Criterion 1125.800 -- Viability Ratios

The project will be entirely funded with cash; therefore, this review criterion is not applicable.

ATTACHMENT 30

Criterion 1125.800 -- Economic Feasibility

A. Reasonableness of Financing Arrangements

A signed and notarized statement from the Applicant is attached immediately following this Attachment 30. The statement attests that the project is being funded entirely by available cash and that no financing will be secured to pay for the expansion of the long-term care facility.

B. Conditions of Debt Financing

The project does not involve any debt financing; therefore, this section is not applicable.

C. Reasonableness of Project and Related Costs

The following chart identifies the department impacted by the proposed project (the entire healthcare facility as proposed) and provides a cost and square footage allocation related to this project.

Cost and Gross Square Feet By Department or Service									
Department (list Below)	A	B	C	D	E	F	G	H	Total Cost (G+H)
	Cost/Square Foot new Mod.		Gross Sq Ft New Circ.*		Gross Sq Ft Mod. Circ.*		Const. $ (AXC)	Mod. $ (BXE)	
Gen. LTC	$191.25		12,342				$191.25		$191.25
Contingency	$2.03		12,342				$2.03		$2.03
TOTAL	**$193.28**		**12,342**				**$193.28**		**$193.28**
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

The following information represents the projected direct annual operating costs for the first full year operating at target utilization, but no more than two years following the date of project completion:

Year 2021

Operating Expenses: $250,000

Operating Expense/Bed: $10,000

E. Total Effect of the Project on Capital Costs

The following information represents the total projected annual capital costs for the first full year operating at target utilization, but no more than two years following the date of project completion:

Year 2021

Capital Costs: $2,385,361

Beds: 25

Capital Costs/Procedure: $95,414

TUTERA
senior living & health care

June 11, 2019

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

Re: Availability of Funds
Review Criterion 1125.800 – Cash and Securities

Dear Ms. Avery:

The CON permit applicant, Coulterville Rehabilitation and Health Care Center, LLC ("Applicant"), will fund the 25-bed expansion at the existing skilled nursing facility ("Project") entirely with cash. A letter from Security Bank of Kansas City is attached, which shows that the Applicant has sufficient financial resources to fund the cost of the Project.

Respectfully Submitted,

Joseph C. Tutera
Manager
TI-Coulterville, LLC

attachments

NOTARY:

Subscribed and sworn to me this 19th day of June, 2019

Notary Public

Seal:

MICHAEL S. LEVITT
Notary Public - Notary Seal
State of Missouri, Jackson County
Commission # 12544728
My Commission Expires Mar 13, 2020

APPENDIX A

Projected Costs and Sources of Funds

PROJECT COSTS AND SOURCES OF FUNDS			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$138,531	$0	$138,531
Off Site Work	$0	$0	$0
New Construction Contracts	$2,034,430	$0	$2,034,430
Modernization Contracts	$0	$0	$0
Contingencies	$25,000	$0	$25,000
Architectural/Engineering Fees	$90,000	$0	$90,000
Consulting and Other Fees	$37,500	$0	$37,500
Movable or Other Equipment (not in construction contracts)	$59,900	$0	$59,900
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	**$2,385,361**	**$0**	**$2,385,361**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,385,361	$0	$2,385,361
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
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	**$2,385,361**	**$0**	**$2,385,361**

CONTINUATION SHEET

AIA DOCUMENT G703 (INSTRUCTIONS ON REVERSE SIDE)

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed Certification, is attached. In tabulations below, amounts are stated to the nearest dollar. Use Column I on Contracts where variable retainage for line items may apply.

Project: Counterville Expansion

A	B	C			D	E	F	G		H	I					
					WORK COMPLETED											
ITEM NO	DESCRIPTION OF WORK	SCHEDULED VALUE	AGGREGATE CHANGE	REVISED SCHEDULE OF VALUES	FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G / C)	BALANCE TO FINISH (C-G)	RETAINAGE (IF VARIABLE RATE)	RETAINAGE Current Period	Payment This Period	Payee	Aug 18	Aug 25
1000	General Conditions															
1110	Printing & Postage	$ 1,389.00		$ 1,389.00				$ -	0%	1,389.00					77.17	55.56
1118	Temporary Construction	$ 1,389.00		$ 1,389.00				$ -	0%	1,389.00					77.17	55.56
1120	Equipment Rentals	$ 3,472.25		$ 3,472.25				$ -	0%	3,472.25					192.90	138.89
1125	Truck Allowance	$ 4,375.00		$ 4,375.00				$ -	0%	4,375.00					243.06	175
1130	Fuel	$ 694.50		$ 694.50				$ -	0%	694.50					38.58	27.78
1145	Cell Phone	$ 833.25		$ 833.25				$ -	0%	833.25					46.29	33.33
1150	Office Supplies	$ 695.00		$ 695.00				$ -	0%	695.00					38.61	27.8
1155	Traffic Control / Safety	$ 1,389.00		$ 1,389.00				$ -	0%	1,389.00					77.17	55.56
1160	Miscellaneous Materials	$ 1,389.00		$ 1,389.00				$ -	0%	1,389.00					77.17	55.56
1165	Labor / Cleanup	$ 13,883.25		$ 13,883.25				$ -	0%	13,883.25					771.29	555.33
1167	Surveying/Layout	$ 6,250.00		$ 6,250.00				$ -	0%	6,250.00					347.22	250
1170	Payroll - Office Supervision	$ 33,750.00		$ 33,750.00				$ -	0%	33,750.00					1,875.00	######
1172	Payroll - Jobsite Supervision	$ 110,250.00		$ 110,250.00				$ -	0%	110,250.00					6,125.00	######
1200	Permits & Insurance	$ -	$ -	$ -				$ -	#DIV/0!	-					-	-
1317	Dumpsters	$ 6,925.00		$ 6,925.00				$ -	0%	6,925.00					384.72	277
1319	Aerial Photo's	$ 133,900.00		$ 133,900.00				$ -	0%	133,900.00					7,438.89	5356
1516	Temp. Toilets	$ 694.50		$ 694.50				$ -	0%	694.50					38.58	27.78
1517	Temp Fence	$ 2,800.00		$ 2,800.00				$ -	0%	2,800.00					155.56	112
1518	Office Trailer	$ 2,775.00		$ 2,775.00				$ -	0%	2,775.00					154.17	111
1519	Storage Trailer	$ 1,650.00		$ 1,650.00				$ -	0%	1,650.00					91.67	66
1930	Punch list	$ 3,450.00		$ 3,450.00				$ -	0%	3,450.00					191.67	138
1990	Final Clean	$ 3,325.00		$ 3,325.00				$ -	0%	3,325.00					184.72	133
2000	SITEWORK - Special Inspections	$ 13,900.00		$ 13,900.00				$ -	0%	13,900.00					772.22	556
2200	Sitework/Earthwork	$ 61,375.00		$ 61,375.00				$ -	0%	61,375.00					3,409.72	######
2282	Termite Control	$ 1,350.00		$ 1,350.00				$ -	0%	1,350.00					75.00	54
2300	Site Utilities	$ 54,575.00		$ 54,575.00				$ -	0%	54,575.00					3,031.94	2183
2400	Site Fencing	$ 6,950.00		$ 6,950.00				$ -	0%	$ 6,950.00					386.11	278
2900	Landscaping & Irrigation	$ 381.75		$ 381.75				$ -	0%	$ 381.75					21.21	15.27
3300	Cast-In-Place Concrete	$ 131,450.00		$ 131,450.00				$ -	0%	$ 131,450.00					7,302.78	5258
4200	Masonry	$ 9,325.00		$ 9,325.00				$ -	0%	$ 9,325.00					518.06	373
6010	Rough Framing Material	$ 94,850.00		$ 94,850.00				$ -	0%	$ 94,850.00					5,269.44	3794
6102	Rough Framing - Labor	$ 99,300.00		$ 99,300.00				$ -	0%	$ 99,300.00					5,516.67	######
6192	Wood Trusses	$ 43,750.00		$ 43,750.00				$ -	0%	$ 43,750.00					2,430.56	1750
6200	Finish Carpentry & FRP	$ 21,575.00		$ 21,575.00				$ -	0%	$ 21,575.00					1,198.61	863
6400	Casework-Units	$ 92,775.00		$ 92,775.00				$ -	0%	$ 92,775.00					5,154.17	3711
6410	Casework-Commons	$ 16,425.00		$ 16,425.00				$ -	0%	$ 16,425.00					912.50	657
7210	Thermal Insulation	$ 15,900.00		$ 15,900.00				$ -	0%	$ 15,900.00					883.33	636
7500	Roofing	$ 56,000.00		$ 56,000.00				$ -	0%	$ 56,000.00					3,111.11	2240
7501	Roofing repair existing	$ 3,450.00		$ 3,450.00				$ -	0%	$ 3,450.00					191.67	138
7900	Caulking	$ 8,475.00		$ 8,475.00				$ -	0%	$ 8,475.00					470.83	339
8142	Doors, Frames & Hardware	$ 35,425.00		$ 35,425.00				$ -	0%	$ 35,425.00					1,968.06	1417
8311	Access Doors	$ 375.00		$ 375.00				$ -	0%	$ 375.00					20.83	15
8411	Aluminum Doors & Frames	$ 1,375.00		$ 1,375.00				$ -	0%	$ 1,375.00					76.39	55
8801	Mirrors	$ 3,675.00		$ 3,675.00				$ -	0%	$ 3,675.00					204.17	147
9210	Drywall Repair Existing	$ 3,450.00		$ 3,450.00				$ -	0%	$ 3,450.00					191.67	138
9250	Gypsum Board	$ 95,275.00		$ 95,275.00				$ -	0%	$ 95,275.00					5,293.06	3811
9650	Tile	$ 46,425.00		$ 46,425.00				$ -	0%	$ 46,425.00					2,579.17	1857
9651	Resilient Flooring & Base	$ 68,575.00		$ 68,575.00				$ -	0%	$ 68,575.00					3,809.72	2743
9900	Painting	$ 35,400.00		$ 35,400.00				$ -	0%	$ 35,400.00					1,966.67	1416
9901	Painting repair existing	$ 3,450.00		$ 3,450.00				$ -	0%	$ 3,450.00					191.67	138
10260	Wall & Door Protection	$ 2,975.00		$ 2,975.00				$ -	0%	$ 2,975.00					165.28	119
10280	Toilet & Bath Accessories	$ 10,075.00		$ 10,075.00				$ -	0%	$ 10,075.00					559.72	403
10521	Fire Cabinets	$ 1,425.00		$ 1,425.00				$ -	0%	$ 1,425.00					79.17	57
12211	Window Blinds	$ 6,025.00		$ 6,025.00				$ -	0%	$ 6,025.00					334.72	241
15300	Fire Suppression	$ 82,300.00		$ 82,300.00				$ -	0%	$ 82,300.00					4,572.22	3292
15400	Plumbing	$ 141,650.00		$ 141,650.00				$ -	0%	$ 141,650.00					7,869.44	5666
15700	HVAC	$ 127,100.00		$ 127,100.00				$ -	0%	$ 127,100.00					7,061.11	5084
16000	Electric/Wiring	$ 138,425.00		$ 138,425.00				$ -	0%	$ 138,425.00					7,690.28	5537
16076	Nurse Call	$ 25,025.00		$ 25,025.00				$ -	0%	$ 25,025.00					1,390.28	1001
6	Allowance - Bldg/Site Signage	$ 13,875.00		$ 13,875.00				$ -	0%	$ 13,875.00					770.83	555
9	Allowances - Lighting	$ 32,850.00		$ 32,850.00				$ -	0%	$ 32,850.00					1,825.00	1314
12	Allowances - Spoils	$ 2,775.00		$ 2,775.00				$ -	0%	$ 2,775.00					154.17	111
13	Allowances - Weather conditions	$ 13,875.00		$ 13,875.00				$ -	0%	$ 13,875.00					770.83	555
	Contingency	$ 100,000.00	$ -	$ 100,000.00				$ -	0%	$ 100,000.00					5,555.56	2404
	General Liability/WC	$ 14,075.00		$ 14,075.00				$ -	0%	$ 14,075.00					781.94	563
	General Contractor fee	$ 100,000.00		$ 100,000.00				$ -	0%	$ 100,000.00					5,555.56	2500
		$ 2,172,960.50	$ -	$ 2,172,960.50	$ -	$ -	$ -	$ -	0%	$ 2,172,960.50	$ -	$ -	$ -			

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G703-1992

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AE	90,000.00	90,000.00
Consulting	10,000.00	10,000.00
Fixtures		-
Art	6,950.00	6,950.00
Beds 25	28,000.00	28,000.00
Bedding 25	2,500.00	2,500.00
TV 25	6,950.00	6,950.00
Appicances	10,500.00	10,500.00
Office furniture	5,000.00	5,000.00
Testing	7,500.00	7,500.00
Contingency	25,000.00	25,000.00
Legal	20,000.00	20,000.00
Other	212,400.00	212,400.00
Grand Totls	$ 2,385,360.50	$ 2,385,360.50

← Equipment

APPENDIX B

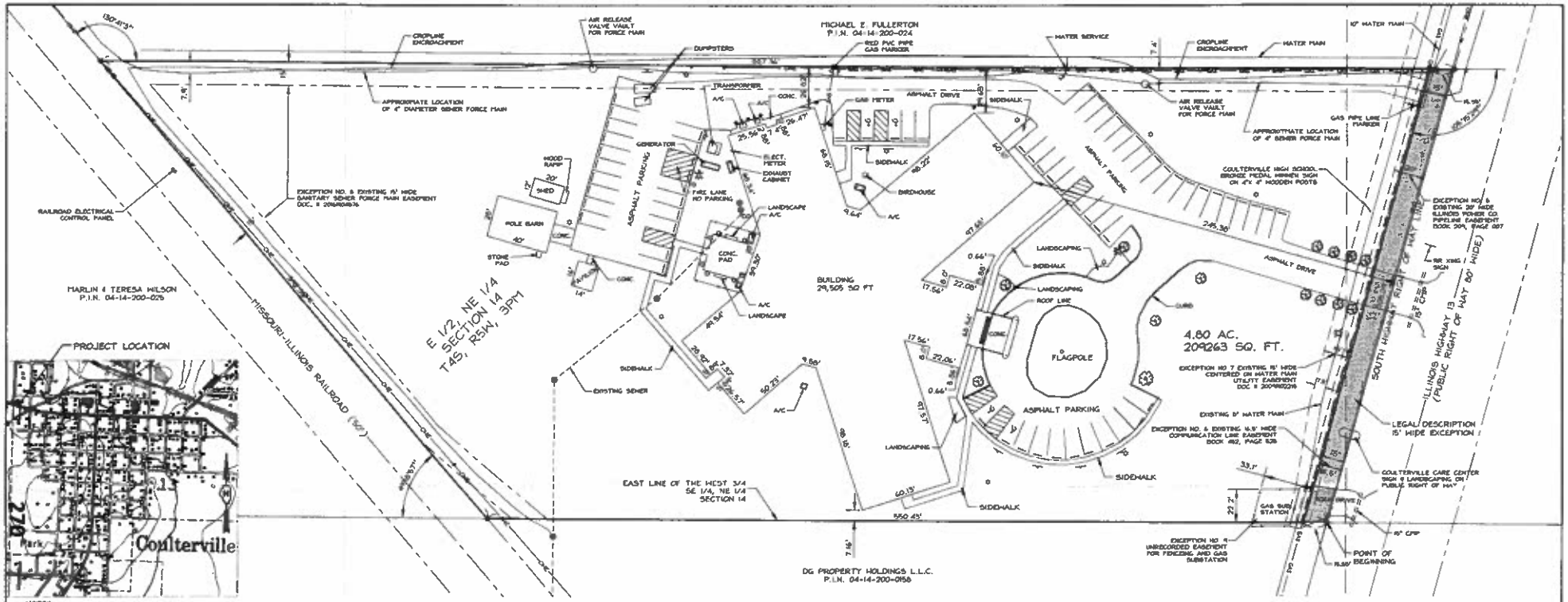
Related Project Costs

No additional information. See Appendix B in the application form.

APPENDIX C

Project Status and Completion Schedule

- Architectural drawings are provided immediately following this page.
- The anticipated project completion date is December 31, 2020, which assumes CON approval no later than the October 22, 2019 State Board meeting. If the State Board does not grant a CON permit by this date, a later project completion date may be necessary.
- Financial commitment will occur after permit issuance.
- The project will be funded entirely with cash.



NOTES:

1. THIS PLAT REPRESENTS AN ALTA/NSPS LAND TITLE SURVEY AND MINIMUM STANDARD DETAIL REQUIREMENTS, EFFECTIVE DATE FEBRUARY 23, 2016.
2. THIS PLAT HAS BEEN PREPARED WITH THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE, COMMITMENT NO. 502605, EFFECTIVE DATE OF DECEMBER 27, 2016 AND ISSUE BY TITLE SERVICES, INC.

   •EXCEPTION NO. 5: EASEMENT IN FAVOR OF ILLINOIS POWER COMPANY (RE: GAS PIPELINE) RECORDED IN VOLUME 209 OF RECORDS ON PAGES 7 AND 8 (AS SHOWN HEREON).

   •EXCEPTION NO. 6: EASEMENT IN FAVOR OF GTE NORTH INCORPORATED (RE:COMMUNICATION LINE) RECORDED IN BOOK 452, PAGE 528 (AS SHOWN HEREON).

   •EXCEPTION NO. 7: EASEMENT IN FAVOR OF VILLAGE OF COULTERVILLE, ILLINOIS (RE:WATER MAIN) RECORDED AS DOCUMENT NO. 2009R02216 (AS SHOWN HEREON).

   •EXCEPTION NO. 8: EASEMENT IN FAVOR OF VILLAGE OF COULTERVILLE, ILLINOIS (RE:SANITARY SEWER FORCE MAIN) RECORDED AS DOCUMENT NO. 2016R04676 (AS SHOWN HEREON).

   •EXCEPTION NO. 9: UNRECORDED EASEMENT FOR GAS SUBSTATION AND FENCING AS DISCLOSED BY SURVEY MADE BY JOHN H. CRAWFORD & ASSOCIATES, P.C. DATED NOVEMBER 16, 2016 (AS SHOWN HEREON).
3. THE LEGAL DESCRIPTION SHOWN ON THE SURVEY IS THE SAME LEGAL DESCRIPTION AS SHOWN IN THE TITLE COMMITMENT.
4. PROPERTY CONTAINS 4.80 ACRES, MORE OR LESS; 209263 SQUARE FEET.
5. IMPROVEMENTS SUCH AS, BUT NOT LIMITED TO UNDERGROUND UTILITIES, LANDSCAPE FEATURES, FOUNDATIONS, ETC., HAVE NOT BEEN LOCATED, EXCEPT AS SHOWN.
6. PARCEL SHOWN HEREON IS IN ZONE X UNSHADED, ACCORDING TO FEDERAL EMERGENCY MANAGEMENT AGENCY COMMUNITY PANEL NUMBER 17330 0125 D, ZONE X IS AN AREA OF MINIMAL FLOOD HAZARD, USUALLY DEPICTED ON FIRMS AS ABOVE THE 500-YEAR FLOOD LEVEL.
7. PER DEED OF RECORD, FEE SIMPLE OWNER OF THE PROPERTY IS TI-COULTERVILLE,L.L.C., A MISSOURI LIMITED LIABILITY COMPANY.
8. PROPERTY IS IDENTIFIED BY PERMANENT REAL ESTATE INDEX NO. 16-043-056-50.
9. THE ADDRESS OF THE BUILDING IS: 13136 STATE ROUTE 13, COULTERVILLE, ILLINOIS 62237.
10. THE PARKING LOT CONTAINS 57 REGULAR SPACES, 4 ACCESSIBLE SPACES.
11. ZONING: COMMERCIAL, NO BUILDING SET BACK, 7 ACRE MINIMUM LOT SIZE AND 6000 SQUARE FEET MINIMUM MAIN BUILDING SIZE PER THE LAND RESOURCE MANAGER OF RANDOLPH COUNTY, ILLINOIS ON NOVEMBER 16, 2016.
12. NO EVIDENCE OF EARTH MOVING WORK, BUILDING CONSTRUCTION OR BUILDING ADDITIONS OBSERVED.
13. NO OBSERVED EVIDENCE OF ANY PROPOSED CHANGES IN STREET RIGHT OF WAYS OR ANY RECENT STREET OR PUBLIC SIDEWALK CONSTRUCTION.
14. NO WETLAND AREA SHOWN ON NATIONAL WETLAND INVENTORY MAP PROVIDED BY US FISH AND WILDLIFE SERVICE FOR SURVEYED PROPERTY.
15. UNDERGROUND UTILITIES ARE SHOWN WITH THE BEST AVAILABLE INFORMATION, EXACT LOCATIONS SHOULD BE VERIFIED BEFORE ANY NEW CONSTRUCTION.
16. ALL IRON RODS SET ARE A 1/2" DIAMETER X 30" LENGTH REINFORCING ROD WITH A PINK PLASTIC CAP BEARING "SHOCKLEY 3621".
17. THERE IS NO OBSERVABLE EVIDENCE OF EARTH MOVING WORK, BUILDING CONSTRUCTION OF BUILDING ADDITIONS WITHIN RECENT MONTHS.
18. THERE ARE NO OBSERVABLE CEMETERIES OR BURIAL GROUNDS LOCATED ON THE PROPERTY.

STATE OF ILLINOIS }
} SS.
COUNTY OF WILLIAMSON }

I, VICTOR W. SHOCKLEY, ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 3621, DO HEREBY CERTIFY THAT AT THE REQUEST OF ABBY ALTHOFF, I CAUSED THE TRACT DESCRIBED AND PLATTED HEREON TO BE SURVEYED AND THAT THE SURVEY WAS MADE ON THE GROUND OF THE PROPERTY WITH SAID PROPERTY BEING EXHIBIT 'A' SHOWN ON THE COMMITMENT FOR TITLE INSURANCE, COMMITMENT NO. 502605, EFFECTIVE DATE OF DECEMBER 27, 2016 AND ISSUED BY TITLE SERVICES INC.

TO TI-COULTERVILLE, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY, CAMBRIDGE REALTY CAPITAL LTD OF ILLINOIS, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), TITLE SERVICES, INC. AND COMMONWEALTH LAND TITLE INSURANCE COMPANY.

THIS IS TO CERTIFY THAT THIS MAP OR PLAT AND THE SURVEY ON WHICH IT IS BASED WERE MADE IN ACCORDANCE WITH THE 2016 MINIMUM STANDARD DETAIL REQUIREMENTS FOR ALTA/NSPS LAND TITLE SURVEYS, JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NSPS, AND INCLUDES ITEMS 1, 2, 3, 4, 6(a), 6(b), 7(a), 8, 9, 10(a), 10(b), 11, 12, 13, 16, 17, 18 AND 19 OF THE TABLE A THEREOF. THE FIELD WORK WAS COMPLETED ON NOVEMBER 16, 2016.

PURSUANT TO THE ACCURACY STANDARDS AS ADOPTED BY ALTA AND NSPS AND IN EFFECT ON THE DATE OF THIS CERTIFICATION, I FURTHER CERTIFY THAT THE POSITIONAL UNCERTAINTIES RESULTING FROM THE SURVEY MEASUREMENTS MADE ON THE SURVEY DO NOT EXCEED THE ALLOWABLE POSITIONAL TOLERANCE.

VICTOR W. SHOCKLEY
I.P.L.S. NO. 3621
CARTERVILLE, ILLINOIS
SIGNED DATE: 01/27/17
EXPIRES 11/30/2018

VICTOR W. SHOCKLEY 3621 PROFESSIONAL LAND SURVEYOR Carterville, IL STATE OF ILLINOIS

DATE OF PLAT: NOVEMBER 16, 2016

GRAPHIC SCALE

(IN FEET)
1 inch = 30 ft.

LEGEND

- FORCE MAIN EASEMENT LINES
- IRON ROD FOUND
- RAILROAD SPIKE FOUND
- 1/2" IRON ROD SET
- RIGHT OF WAY MARKER
- GUY WIRE FOR ELECTRIC
- ELECTRIC POWER POLE
- STREET OR PARKING LIGHT
- SANITARY SEWER MANHOLE
- BOLLARD
- CORRUGATED METAL PIPE
- EASEMENT LINES
- OVERHEAD ELECTRIC
- STREET OR BUSINESS SIGN
- CLEANOUT
- PHONE PEDESTAL
- FIRE HYDRANT
- WATER VALVE
- WATER METER
- TREE
- GAS MAIN
- STRIPED AREA OF NO PARKING

LEGAL DESCRIPTION:

PART OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 4 SOUTH, RANGE 5 WEST OF THE THIRD PRINCIPAL MERIDIAN, RANDOLPH COUNTY, ILLINOIS.

BEGINNING AT THE INTERSECTION OF THE EAST LINE OF THE WEST THREE-QUARTERS OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 4 SOUTH, RANGE 5 WEST OF THE THIRD PRINCIPAL MERIDIAN, RANDOLPH COUNTY, ILLINOIS, WITH THE SOUTHERLY LINE OF ILLINOIS STATE HIGHWAY 13 (80 FEET WIDE); THENCE SOUTHERLY ALONG SAID EAST LINE OF THE WEST THREE-QUARTERS OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER, 550.43 FEET TO THE NORTHWESTERLY LINE OF THE MISSOURI-ILLINOIS RAILROAD (50 FEET WIDE); THENCE SOUTHWESTERLY WITH A DEFLECTION ANGLE OF 49 DEGREES 18 MINUTES 57 SECONDS ALONG SAID NORTHWESTERLY LINE OF THE RAILROAD, 390.36 FEET; THENCE NORTHERLY WITH A DEFLECTION ANGLE OF 130 DEGREES 41 MINUTES 03 SECONDS, 867.36 FEET TO SAID SOUTHERLY LINE OF HIGHWAY 13; THENCE SOUTHEASTERLY WITH A DEFLECTION ANGLE OF 105 DEGREES 15 MINUTES 24 SECONDS ALONG SAID SOUTHERLY LINE OF HIGHWAY 13, 308.39 FEET TO THE POINT OF BEGINNING, EXCEPT 15 FEET OFF THE NORTH SIDE THEREOF DEDICATED TO THE PEOPLE OF THE VILLAGE OF COULTERVILLE FOR A PUBLIC SIDEWALK, PUBLIC AND PRIVATE UTILITIES AND DRAINAGE FACILITIES PURSUANT TO DEDICATION OF RIGHT OF WAY FOR SIDEWALK RECORDED JANUARY 23, 2014 AS DOCUMENT NUMBER 2014R00213, EXCEPT ANY INTEREST IN THE COAL UNDERLYING THE LAND WHICH HAVE BEEN HERETOFORE CONVEYED OR RESERVED IN PRIOR CONVEYANCES, AND ALL RIGHTS AND EASEMENTS IN FAVOR OF THE ESTATE OF SAID COAL, IF ANY.

NO.	DESCRIPTION	BY	DATE	NO.	DESCRIPTION	BY	DATE
1.	ADDED EASEMENT FOR FORCE MAIN	VWS	12/8/16				
2.	CHANGED NOTE ON GAS SUBSTATION	VWS	12/14/16				
3.	ADDED EASEMENT LINES TO LEGEND	VWS	01/16/17				
4.	REVISED LEGAL DESCRIPTION	VWS	01/27/17				

		BY	DATE
DESIGNED			
DRAWN	WFL		11/14/16
CHECKED	VWS		11/18/16

ALTA/NSPS LAND TITLE SURVEY
COULTERVILLE REHABILITATION & HEALTH CARE CENTER
COULTERVILLE, RANDOLPH COUNTY, ILLINOIS
FHA PROJECT NO. 072-22159

JOHN H. CRAWFORD & ASSOCIATES, P.C.
CIVIL ENGINEERS, LAND SURVEYORS
301 SOUTH GARDNER STREET, CARTERVILLE, ILLINOIS 62918
PHONE: (618) 985-3711 FAX: (618) 985-8162
PROFESSIONAL DESIGN FIRM # 184-002868

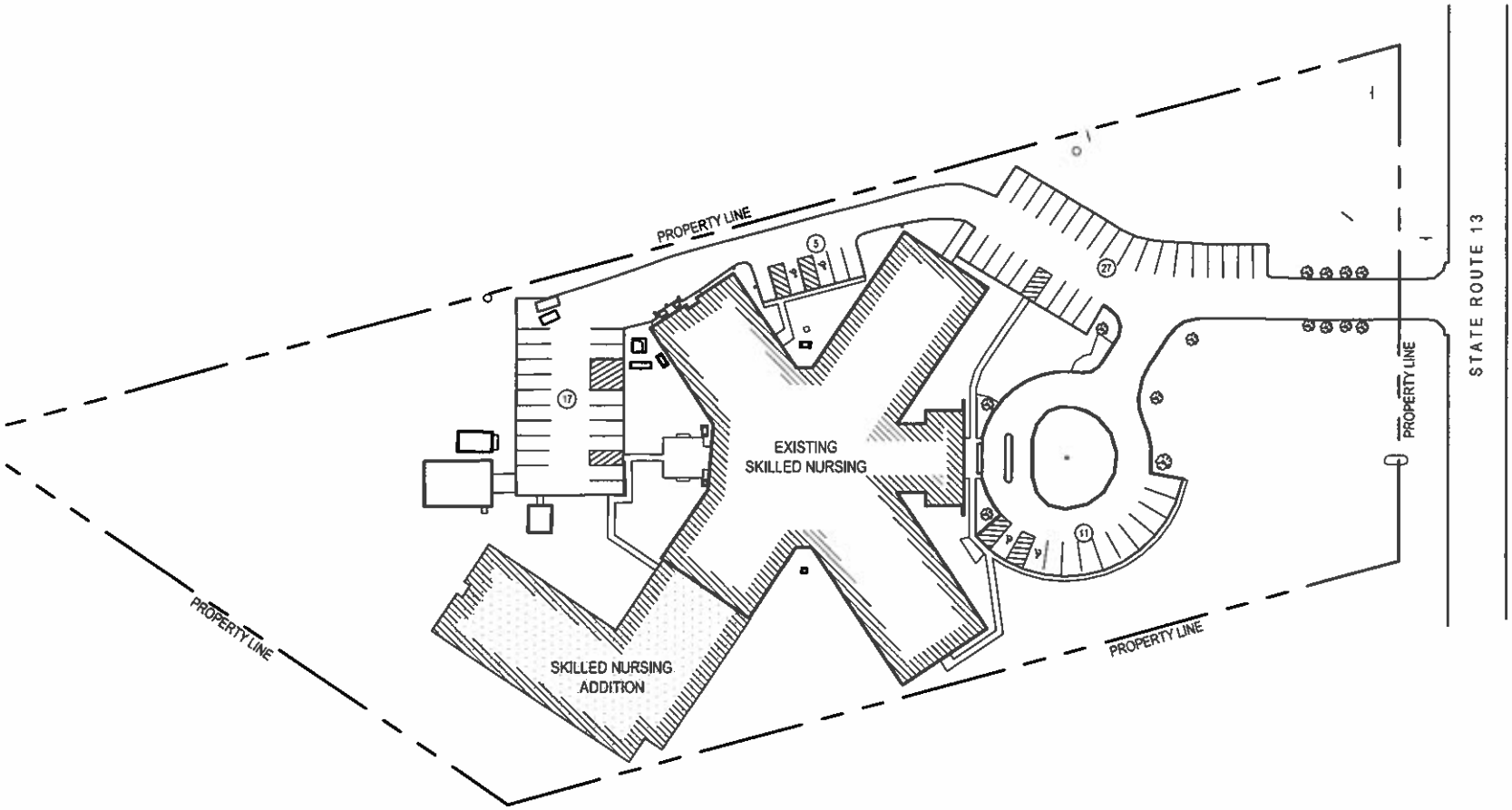
SHEET NO.	
1	
ISSUE	DATE
A4	01/27/17

SITE INFORMATION (EXISTING)

- 4.91 ACRES
- CURRENT ZONING: C
- PARKING: 60 STALLS

BUILDING INFORMATION

- SKILLED NURSING
- EXISTING: 29,505 ± sf , 75 BEDS
- ADDITION: 12,342 ± sf, 25 BEDS



NORTH

CONCEPT SITE PLAN

COULTERVILLE REHABILITATION & HEALTH CARE CENTER NOV 26, 2018

0' 50' 100' 200'

SCALE : 1" = 100'-0"

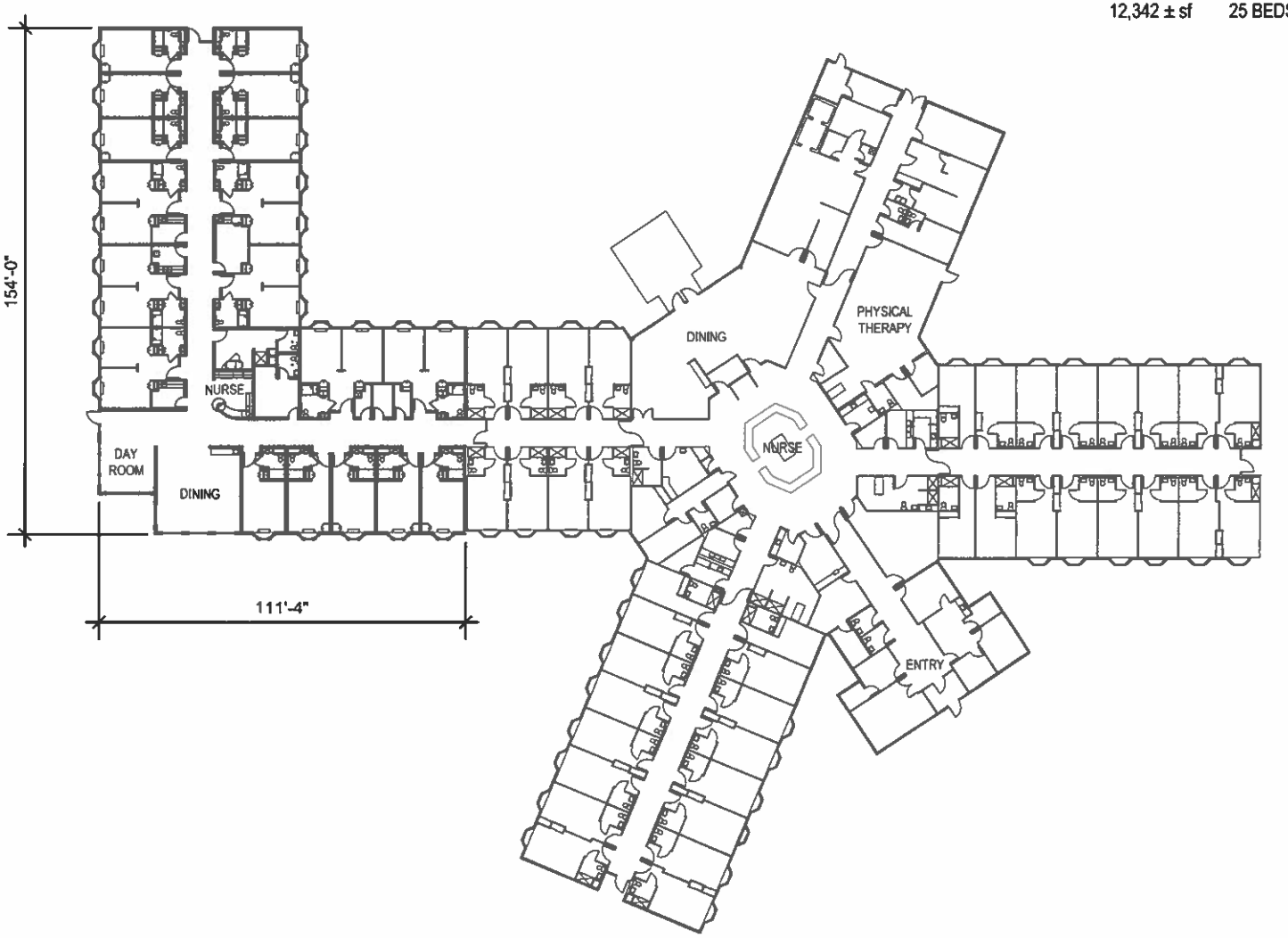
NSPJ ARCHITECTS

ARCHITECTURE LANDSCAPE ARCHITECTURE INTERIORS ENERGY SERVICES

3515 W. 75TH ST., SUITE 201
PRAIRIE VILLAGE, KS 66208

P. 913.831.1815
F. 913.831.1563
NSPJARCH.COM

ADDITION INFORMATION
12,342 ± sf 25 BEDS



NORTH

SCHEMATIC PLAN

COULTERVILLE REHABILITATION & HEALTH CARE CENTER NOV 26, 2018

0' 25' 50' 100'
SCALE : 1" = 50'-0"

NSPJ ARCHITECTS
ARCHITECTURE LANDSCAPE ARCHITECTURE INTERIORS ENERGY SERVICES
8515 W. 75TH ST., SUITE 201
PRAIRIE VILLAGE, KS 66208
P. 913.831.1815
F. 913.831.1563
NSPJARCH.COM

SECURITY BANK
OF KANSAS CITY℠

June 7, 2019

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

Re: Certificate of Need Permit Application
Coulterville Rehabilitation & Health Care Center, LLC
Criterion 1125.800 – Availability of Funds

Dear Ms. Avery:

It is my understanding that Coulterville Rehabilitation & Health Care Center, LLC ("Primary Applicant") is submitting a certificate of need ("CON") permit application, which proposes an expansion of its existing skilled nursing facility from 75 to 100 beds ("Project"). A second entity, TI-Coulterville, LLC, is named in the CON permit application as a co-applicant ("Co-Applicant") because this entity will be wholly responsible for funding the Project. The CON permit application provides that the total cost of the Project is $2,400,000. Of that amount, the Co-Applicant must have $2,400,000 immediately available and solely dedicated to fund the Project with cash ("Project Funds").

I, Ken Sanderson, submit this letter for the Primary Applicant and Co-Applicant to certify that, as of January 21, 2019, a related party to the Co-Applicant and Applicant (Tutera Group Inc.) has sufficient funds available through an unused line of credit at our bank to cover the total cost of the Project and further certify that such Project Funds are liquid and immediately available to the Primary Applicant and Co-Applicant. If you have questions, please do not hesitate to contact me at [phone number]. Thank you very much.

Respectfully Submitted,

Ken Sanderson
Vice President
Security Bank of Kansas City

NOTARY:

Subscribed and sworn to me this 7th day of June, 2019

Christine M Heffernan
Notary Public

Seal:

NOTARY PUBLIC - - State of Kansas
CHRISTINE M. HEFFERNAN
My Appt Exp. 11/20/2019

APPENDIX D

Cost Space Requirements

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL	$2,385,361	29,505	12,342	12,342			
Total Reviewable	*$2,385,361*			*12,342*			
NON-CLINICAL	$0	0	0	0			
Total Non-Clinical	*$0*	*0*	*0*	*0*			
TOTAL	**$2,385,361**			**12,342**			

No space is being reallocated for a different purpose as a result of this project. This project also does not include any vacated space.

HYLAK-REINHOLTZ
LAW FIRM, LLC

601 West Monroe Street
Springfield, Illinois 62704

Joseph J. Hylak-Reinholtz
Attorney at Law
(217) 525-0700 ext. 114
JHRLaw2017@gmail.com

June 25, 2019

RECEIVED
JUN 28 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA HAND DELIVERY

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761
Attention: Michael Constantino, Supervisor, Project Review Section

Re: Application for Permit – Expansion of Services
Coulterville Rehabilitation and Health Care Center

Dear Mr. Constantino:

I submit the enclosed certificate of need permit application ("Application") on behalf of co-applicants Coulterville Rehabilitation and Health Care Center, LLC and TI-Coulterville, LLC ("Applicants") seeking approval for a 25-bed expansion of an existing long-term care facility located in Coulterville, Illinois. For your review, please find attached an original copy and a duplicate of the following:

1. Application for CON Permit;
2. All Required Attachments; and
3. Check for $2,500 payable to the Illinois Department of Public Health to cover the initial portion of the application fee.

The Applicants respectfully request an expedited review of this Application. Specifically, the Applicants are seeking placement on the August 6, 2019 meeting agenda. The project site is in Randolph County (HSA 5), which has a stated need for 35 additional long-term care beds. The existing SNF also has a long waiting list for potential residents. The Applicants prefer to not keep these potential residents waiting longer than necessary. Furthermore, the Applicants would like to begin construction before the winter months arrive.

Thank you for your time and consideration. If you have questions, do not hesitate to contact me at (630) 464-4514.

Sincerely yours,

Joseph Hylak-Reinholtz

Enclosure