

DOCKET NO: A - 40	BOARD MEETING: June 12-13, 2007	PROJECT NO: 07-011	PROJECT COST: Original: \$24,937,075 Current:
FACILITY NAME: Rock Island County Care Center		CITY: East Moline	
TYPE OF PROJECT: Substantive			HSA: X

The applicant proposes to discontinue their current Long-Term Care facility (Oak Glen Home) and construct a "replacement" Long-Term Care facility (Rock Island County Care Center) with the same number of beds (245). The total estimated project cost is \$24,937,075.

STATE AGENCY REPORT

Rock Island County, d/b/a
Rock Island County Care Center
East Moline, Illinois
Project #07-011

I. The Proposed Project

The applicant proposes to discontinue their current Long Term Care facility (Oak Glen Home) and construct a “replacement” Long Term Care facility (Rock Island County Care Center) with the same number of beds (245). The total estimated project cost is \$24,937,075, with the clinical portion being \$19,190,657.

II. Summary of Findings

- A. The State Agency finds the proposed project appears **not** to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicant proposes to discontinue its current Long-Term Care facility (Oak Glen Home) and construct a “replacement” Long-Term Care facility with the same number of beds (245). The new facility will be in East Moline and is approximately 15 minutes, or 9.4 miles, away from the current nursing home in Coal Valley. The total estimated project cost is \$24,937,075, with the clinical portion being \$19,190,657.

The applicant is the Rock Island County, d/b/a Rock Island County Care Center. Rock Island County is the legal entity that presently owns and operates the Oak Glen Home located in Coal Valley. Both the current and proposed facilities are located in the Rock Island County Long-term Care Planning Area (HSA X). HSA X consists of Henry, Mercer, and Rock Island counties. According to the May 15, 2007 update to the State Board’s Inventory of Healthcare Facilities and Services and Need Determination (“Inventory”) there is a computed excess of 84 beds in the planning area.

A public hearing was held on the proposed project on March 13, 2007. A report of the public hearing and written comments received by the State Agency regarding the proposed project are included in materials provided to the State Board. The State Agency notes that in addition to numerous letters of support, the State Agency received numerous letters of opposition, including one letter from an area facility (Rosewood Care Center). However one area facility, Trinity Regional Health System, provided a letter of support for the project.

The project is classified as substantive and subject to both a Part 1110 and Part 1120 review. Project obligation is to occur after permit issuance with an anticipated project completion date of March 2009.

According to the State Board's 2005 Long-Term Care profiles ("Profiles"), the utilization for the applicant's existing facility was 69.8%, with an average daily census of 171 residents and an average length of stay of 246 days. Table One displays this information.

TABLE ONE			
Oak Glen Home's 2005 Utilization Data			
Authorized Beds	Average Daily Census	Average Length of Stay	Utilization
245	171	246	69.8%

IV. The Proposed Project - Details

The applicant proposes the discontinuation of Oak Glen Home and to replace this 245-bed general long-term care facility by constructing a new 245-bed facility with 126,737 gross square feet ("GSF") at a site that is 9.4 miles from the existing facility. The replacement facility will be located on a 13.4 acre site in East Moline. Upon project completion, residents and staff will transfer to the new facility. The applicant states "No plan for the land once the facility has been discontinued has been determined at this time".

The new building will have two separate 35-bed units for Alzheimer's care (two levels of care), a Medicare unit, hospice and bariatric rooms (rooms for larger patients), inpatient and outpatient therapies, as well as IV therapy, a community dental operatory, etc. The applicant has identified that of the total proposed GSF, 95,868 GSF is dedicated for the clinical care component; while 30,869 GSF is administrative and ancillary support space. Pursuant to the provisions of the Planning Act, only the clinical components of the overall project are subject to review and permit requirements.

The State Agency notes that the discontinuation of the existing facility is contingent upon approval of the replacement facility. In addition, the Planning Act and State Board rules specify that replacement of a facility on another site constitutes establishment of a new facility. Therefore, the State Agency is reviewing the project as discontinuation of one facility and establishment of a new facility. This position is consistent with how similar applications have been reviewed and considered by the State Board in the past.

V. Project Costs and Sources of Funds

The total estimated clinical project cost is \$19,190,657 and is to be funded from cash (\$190,000), gifts (\$15,200), bond proceeds (\$15,438,480) and Other Funds (\$3,546,977). Table Two displays the project's cost information as well as cost information for the project's components. As stated previously, only the clinical components are subject to review.

TABLE TWO			
Use of Funds	Clinical	Non-clinical	Total Project
Preplanning Costs	\$8,132	\$2,568	\$10,700
Site Survey and Soil Investigation	\$16,093	\$5,082	\$21,175
Site Preparation	\$76,000	\$24,000	\$100,000
Off Site Work	\$342,000	\$108,000	\$450,000
New Construction Contracts	\$14,317,789	\$4,521,407	\$18,839,196
Contingencies	\$1,368,278	\$432,088	\$1,800,366
Architectural/Engineering Fees	\$1,029,779	\$325,194	\$1,354,973
Consulting and Other Fees	\$133,558	\$42,176	\$175,734
Movable or Other Equipment	\$1,000,000	\$0	\$1,000,000
Bond Issuance Expense	\$127,054	\$40,122	\$167,176
Net Interest Expense During Construction	\$771,974	\$243,781	\$1,015,755
Acquisition of building or Other Property		\$2,000	\$2,000
Total Project Cost	\$19,190,657	\$5,746,418	\$24,937,075
Sources of Funds	Clinical	Non-clinical	Total Project
Cash and Securities	\$190,000	\$60,000	\$250,000
Gifts and Bequests	\$15,200	\$4,800	\$20,000
Bond Issues	\$15,438,480	\$4,561,520	\$20,000,000
Other Funds and Sources	\$3,546,977	\$1,120,098	\$4,667,075
Total Project Funds	\$19,190,657	\$5,746,418	\$24,937,075

VI. Review Criteria - Discontinuation

A. Criterion 1110.130 - Discontinuation

The criteria states:

- “a) The applicant must provide the following:
- 1) the reasons for the discontinuation;
 - 2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;
 - 3) the availability of other services or facilities in the planning area that are available and willing to assume the applicant's workload without conditions, limitations, or discrimination;
 - 4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and
 - 5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use.
- b) Each application for discontinuation will be analyzed to determine:
- 1) that the stated reasons for the proposed discontinuation are valid and are of such a nature to warrant discontinuation;
 - 2) that the discontinuation project will not adversely affect the services needed by the planning area as calculated in the appropriate Appendix of this Subchapter;
 - 3) that the discontinuation project will not have an adverse affect on the health delivery system by creating demand for services which cannot be met by existing area facilities;
 - 4) that the discontinuation project is in the public interest and would not cause planning area residents unnecessary hardship by the limitation of access to needed services including the effect of the proposed discontinuation on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, the elderly and other underserved groups to obtain needed health care;
 - 5) that (in every project for discontinuation except the discontinuation of a total health care facility) the anticipated use to which the physical plant and equipment will be put once the discontinuation takes place and the date such action will occur is appropriate.”

The applicant proposes to discontinue its existing 245-bed nursing care facility upon completion of a replacement structure. The discontinuation is contingent upon approval of the replacement facility and will not occur until the new facility has opened and is operational and after a transfer of residents occurs.

The applicant states that the reason for the discontinuation is "the life safety code issues within the existing facility coupled with the fact that the existing facility is at the end of its useful life without undergoing a major renovation project. This proposition of discontinuing the existing county nursing home is the cost associated with the possibility of renovation versus the construction of a new facility". The applicant provided 2005 and 2006 Life/Safety Code Surveys showing numerous violations. The applicant also states it met with regulatory officials on two occasions to determine how best to address these deficiencies and that the regulatory officials agreed that they needed a replacement facility, and that repair and modernization were not feasible. The applicant also explains that the existing facility was constructed in 1966, is not state-of-the-art and is difficult to market and attract new patients.

The anticipated date of discontinuation is the date that the residents are transferred from the old facility to the new facility. The anticipated project completion date is March 2009.

Since the applicant is constructing a replacement facility, there is not a need to determine the availability of other services or facilities in the planning area that are willing to assume the applicant's workload. The newly constructed facility will immediately assume the applicant's patient load without conditions. However according to the May 15, 2007 Inventory update, there is a computed excess of 84 long-term care beds in the Rock Island County Long-term Care Planning Area. Should the State Board approve the discontinuation of the current facility, there will be a computed need for 161 long-term care beds.

Table Three illustrates the Rock Island County Long-term Care Planning Area's facilities, their location, authorized beds, distance and travel time (from the proposed facility) and utilization. The State Agency notes location and bed information was obtained from the State Board's Inventory, distance and travel time was determined using Map Quest and utilization was determined from the State Board's 2005 Long-Term Care profiles. The facilities in the table are sorted based on travel time.

TABLE THREE Long-Term Care Facilities in the Rock Island County Long-term Care Planning Area					
Facility	City	Authorized Beds	Distance (miles)	Travel Time (minutes)	Utilization
Forest Hill Health & Rehab	East Moline	137	1.6	3	75%
Park View Terrace	East Moline	120	1.0	3	82%
Illini Hospital Nursing	Silvis	120	2.5	4	93%
Rosewood Care Centre	Moline	120	1.8	4	77%
Aspen Rehab & Health	Silvis	63	3.3	7	81%
Comfort Harbor Home	Milan	23	8.0	11	87%
Heartland Health	Moline	149	6.7	12	100%
Trinity Med Center West	Rock Island	29	8.2	13	90%
River Park Health Care	Rock Island	177	8.1	14	79%
Oak Glen Home (1)	Coal Valley	245	9.4	15	70%
Friendship Manor	Rock Island	97	9.1	16	63%
St. Anthony's	Rock Island	120	8.5	16	85%

1 - Applicant's current facility.

When establishing a new facility, the State Agency's utilization standard is 90%. There are nine facilities in the planning area that operated below 90% during 2005, including the applicant's current facility.

The applicants provided a closure plan that includes the transfer of existing patients to the new facility.

The State Agency notes the criterion specifies that having to provide the anticipated use of the discontinued facility does not apply to the discontinuation of a total health care facility, such as this project. However, the applicant states "No plans for the land once the facility has been discontinued has been determined at this time".

The discontinuation project will not adversely affect the services needed by the planning area as calculated in the appropriate Appendix of this Subchapter because the applicant is proposing a replacement facility with 245 beds. As noted, there is currently a computed excess of 84 long-term care beds in the planning area. Should the State Board approve the discontinuation, there will be a computed need of 161 long-term care beds. The new facility will contain 245 long-term care beds, which exceeds the resulting need for 161 beds after discontinuation.

Finally, it appears the discontinuation project will not have an adverse affect on the health delivery system, and would not cause planning area residents unnecessary hardship, because all residents will be transferred to the new facility

prior to the discontinuation. However the discontinuation will create a computed bed need in the planning area. As a result, a positive finding cannot be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE DISCONTINUATION CRITERION (77 IAC 1110.130).

VII. General Review Criteria

A. Criterion 1110.230(a) - Location

The criterion states:

“An applicant who proposes to establish a new health care facility or a new category of service or who proposes to acquire major medical equipment that is not located in a health care facility and that is not being acquired by or on behalf of a health care facility must document the following:

- 1) that the primary purpose of the proposed project will be to provide care to the residents of the planning area in which the proposed project will be physically located. Documentation for existing facilities shall include patient origin information for all admissions for the last 12 months. Patient origin information must be presented by zip code and be based upon the patient's legal residence other than a health care facility for the last six months immediately prior to admission. For all other projects for which referrals are required to support the project, patient origin information for the referrals is required. Each referral letter must contain a certification by the health care worker physician that the representations contained therein are true and correct. A complete set of the referral letters with original notarized signatures must accompany the application for permit.
- 2) that the location selected for a proposed project will not create a maldistribution of beds and services. Maldistribution is typified by such factors as: a ratio of beds to population (population will be based upon the most recent census data by zip code), within 30 minutes travel time under normal driving conditions of the proposed facility, which exceeds one and one half times the State average; an average utilization rate for the last 12 months for the facilities providing the

proposed services within 30 minutes travel time under normal driving conditions of the proposed project which is below the Board's target occupancy rate; or the lack of a sufficient population concentration in an area to support the proposed project."

The applicant provided a zip code sorted list of admissions dated July 1, 2005 through June 30, 2006, which lists 123 patients. This project is proposing 245 beds. With 123 prospective patients, this facility would only be 50% utilized. In addition, the 2005 State Board's Long-term Care profile shows this facility had 171 patients and was 69.8% utilized with 245 beds.

According to the patient zip code list, 23 patients have origins outside of the Rock Island County Long-term Care Planning area. This represents 19% of the 123 prospective patients. In addition, six patients on the list are from outside HSA X, which represents 5% of prospective patients. However, the majority of identified patients reside in Rock Island County. Therefore, it appears the replacement facility would continue to provide care primarily for residents of the planning area.

While the applicant did not provide physician referral letters as stipulated in this criterion, they did provide a list of referrals per physician. This list shows 14 physicians providing 123 referrals from July 1, 2005 through June 30, 2006.

The applicant provided the population of the planning area, Rock Island County. According to the U. S. Census Bureau, the population of Rock Island County is 149,374. According to the State Board's Inventory, there are 1,308 authorized long-term care beds in the Rock Island County Long-term Care Planning area. This computes to one bed per 114.2 residents. According to the State Board's Inventory, the Illinois statewide use rate for long-term care beds is one bed per 217 residents (59,979 total LTC beds in Illinois divided into the State population of 13,036,200). Therefore the planning area use rate is lower than the State use rate and this portion of the criterion is negative.

Table Four illustrates facilities within a 30-minute travel time of the proposed facility, their location, authorized beds, distance and travel time (from the proposed facility) and utilization. The State Agency notes

location and bed information was obtained from the State Board's Inventory, distance and travel time was determined using Map Quest and utilization was obtained from the State Board's 2005 Long-Term Care profiles. The facilities in the table are sorted based on travel time.

Facility	City	Beds	Distance (miles)	Travel Time (minutes)	Utilization
Forest Hill Health	East Moline	137	1.6	3	75%
Park View Terrace	East Moline	120	1.0	3	82%
Illini Hospital Nursing	Silvis	120	2.5	4	93%
Rosewood Care Centre	Moline	120	1.8	4	77%
Aspen Rehab & Health	Silvis	63	3.3	7	81%
Comfort Harbor Home	Milan	23	8.0	11	87%
Heartland Center	Moline	149	6.7	12	100%
Trinity Med Center West	Rock Island	29	8.2	13	90%
River Park Health Care	Rock Island	177	8.1	14	79%
Oak Glen Home (1)	Coal Valley	245	9.4	15	70%
Friendship Manor	Rock Island	97	9.1	16	63%
St. Anthony's	Rock Island	120	8.5	16	85%
Geneseo Good Samaritan Village (2)	Geneseo	72	20.9	27	95%
Hammond-Henry (2)	Geneseo	57	20.9	27	75%
Hillcrest Home (2)	Geneseo	106	24.1	32	83%
1. Applicant's current facility. 2. In the Henry County Long-term Care Planning Area, still within HSA X.					

When establishing a new facility, the State Agency's utilization standard for area facilities is 90%. As seen in Table Four, there are 11 facilities within a 30-minute drive time of the proposed facility that operated below the 90% standard in 2005, including the proposed project's current facility.

The State Agency notes, that in addition to numerous letters of support, the State Agency received numerous letters of opposition, including one letter from an area facility, Rosewood Care Center. Rosewood Care Center based its opposition on low occupancy levels of area providers, resulting additional taxes being imposed on area residents, area provider's ability to absorb the proposed facility's patients, a resulting duplication of services, and an "explosion" of new Assisted Living Facility providers in the area. However, Trinity Regional Health System provided a letter of support.

The applicant provided population information to address the issue of a sufficient population concentration in an area to support the proposed project. The data shows that within a 30-mile radius of the proposed facility, aged 65 and over population will grow from 63,500 in 2007 to 74,800 in 2012, which is an 18% growth rate. The applicant states, "These numbers only confirm the growing

need in this area to be able to serve this population as they grow older by providing the necessary long term care services”.

It appears the applicant did not provide a sufficient volume of patients to justify the size of the proposed project and did not prove the area use rate was above the State Agency standard. In addition, many area providers operated below the State Board’s utilization target. Therefore, it appears this facility will create a maldistribution of service.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE LOCATION REVIEW CRITERION (77 IAC 1110.230(a)).

B. Criterion 1110.230(b) - Background of Applicant

The criterion states:

“The applicant shall demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the fitness of the applicant, the State Board shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.”

The applicant is Rock Island County, d/b/a Rock Island County Care Center. Rock Island County is the legal entity that presently owns and operates the Oak Glen Home located in Coal Valley, Rock Island County (HSA X). The applicant certifies it has not had any adverse actions taken by Medicare or Medicaid, or any State or Federal regulatory authority within the past three years. It appears the applicant is fit, willing and able and has the qualifications, background and character to adequately provide a proper standard of healthcare service for the community.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE BACKGROUND OF APPLICANT CRITERION (77 IAC 1110.230(b)).

C. Criterion 1110.230(c) - Alternatives to the Proposed Project

The criterion states:

“The applicant must document that the proposed project is the most effective or least costly alternative. Documentation shall consist of a comparison of the proposed project to alternative options. Such a comparison must address issues of cost, patient access, quality, and financial benefits in both the short and long term. If the alternative selected is based solely or in part on improved quality of care, the applicant shall provide empirical evidence including quantifiable outcome data that verifies improved quality of care. Alternatives must include, but are not limited to: purchase of equipment, leasing or utilization (by contract or agreement) of other facilities, development of freestanding settings for service and alternate settings within the facility.”

The applicants considered the following alternatives:

1. Do nothing

The applicant rejected this alternative because physicians and residents are unwilling to travel to the current facility’s rural location, and Rock Island County is unable to finance the facility maintenance and improvements required. The applicant states it would cost approximately \$15 - \$17 million to repair the update the current facility (see discussion of the third alternative). It is noted this option has no cost.

2. Utilize Currently Underutilized Facilities In the Area

This alternative was rejected because the applicant feels that area occupancy rates are high, most facilities restrict the number of Medicaid clients they serve, and area facilities purposefully choose to limit admissions and consequently have low utilization. It is noted this alternative has no cost.

3. Modernize Existing Facility

The applicant rejected this alternative because the cost to repair and maintain the current out-dated facility would cost \$15-17 million, (close to the \$20 amount to construct the proposed facility), the applicant's architects believe it is unfeasible to modernize their existing facility, it would still leave the facility with an institutional living environment (such as with the use of community bathrooms), and there would be too much disruption to the residents during a major modernization.

The State Agency notes that the applicant states it will not have an adverse impact on area providers because it is proposing the same number of licensed beds for the new facility and it will provide services without regard to a person's payor source. In addition, the applicant states that the community has repeatedly passed tax referendums to support the facility.

As noted previously, this project proposes 245 beds. The applicant provided justification with 123 prospective patients. At this level, the new facility would be would only be 50% utilized. The 2005 Long-term Care profile shows his facility had 171 patients and was only 69.8% utilized (with 245 beds). According to the May 15, 2007 Inventory update, the planning area has a computed excess 84 long-term care beds. When the current is facility is discontinued, there will be a computed need for 161 beds in the planning area. Therefore, it appears a more cost-effective alternative would be to construct a facility with a smaller number of licensed beds.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE REQUIREMENTS OF THE ALTERNATIVES CRITERION (77 IAC 1110.230(c)).

D. Criterion 1110.230(d) - Need for the Project

The criterion states:

"1) If the State Board has determined need pursuant to Part 1100, the proposed project shall not exceed additional need determined

- unless the applicant meets the criterion for a variance.
- 2) If the State Board has not determined need pursuant to Part 1100, the applicant must document that it will serve a population group in need of the services proposed and that insufficient service exists to meet the need. Documentation shall include but not be limited to:
 - A) area studies (which evaluate population trends and service use factors);
 - B) calculation of need based upon models of estimating need for the service (all assumptions of the model and mathematical calculations must be included);
 - C) historical high utilization of other area providers; and
 - D) identification of individuals likely to use the project.
 - 3) If the project is for the acquisition of major medical equipment that does not result in the establishment of a category of service, the applicant must document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.”

As noted previously, there is a computed excess of 84 long-term care beds in the planning area. Should the State Board approve the discontinuation, there will be a computed need for 161 long-term care beds. The applicant’s proposal to establish a new 245-bed facility exceeds the stated need. Further, area providers operated below the State Board’s utilization standard for 2005. Finally, the applicant did not provide adequate patient volume to justify the size of this project. As a result, a positive finding cannot be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE NEED FOR THE PROJECT CRITERION (77 IAC 1110.230(d)).

E. Criterion 1110.230(e) - Size of the Project

The criterion states:

“The applicant must document that the size of a proposed project is appropriate.

- 1) The proposed project cannot exceed the norms for project size

found in Appendix B of this Part unless the additional square footage beyond the norm can be justified by one of the following:

- A) the proposed project requires additional space due to the scope of services provided;
 - B) the proposed project involves an existing facility where the facility design places impediments on the architectural design of the proposed project;
 - C) the proposed project involves the conversion of existing bed space and the excess square footage results from that conversion; or
 - D) the proposed project includes the addition of beds and the historical demand over the last five year period for private rooms has generated a need for conversion of multiple bed rooms to private usage.
- 2) When the State Board has established utilization targets for the beds or services proposed, the applicant must document that in the second year of operation the annual utilization of the beds or service will meet or exceed the target utilization. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures which would increase utilization."

The new facility will have two separate 35-bed units for Alzheimer's care (two levels of care), a Medicare unit, hospice and bariatric rooms, inpatient and outpatient therapies, as well as IV therapy, a community dental operatory, etc.

The applicant identified that of the total proposed GSF, 95,868 GSF is dedicated for the clinical care component; while 30,869 GSF is administrative and ancillary support space. Pursuant to the provisions of the Planning Act, only the clinical care component of the overall project is subject to review and permit requirements. This facility also proposes 245 long-term care beds. Since the clinical component will contain 95,868 GSF, this results in 391.30 GSF of clinical space per bed. This proposed size falls within the State standard of 414 GSF per bed.

The applicant states it performed a feasibility study prior to the planning for the replacement facility. This study showed that the new facility

would obtain and maintain a 90% or better occupancy within the first two years of operation.

As noted, this project proposes 245 beds. The applicant provided justification with 123 prospective patients. Therefore, this facility would only be 50% utilized. The 2005 long-term care profile shows the applicant's current facility had 171 patients and was 69.8% utilized. According to the May 15, 2007 Inventory update, the Rock Island County Long-term Care Planning Area has a computed excess of 84 beds. Should the State Board approve the discontinuation of the current facility, there will be a computed need for 161 long-term care beds in Rock Island County. Based on the information submitted, it appears the size of the proposed facility is too large.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE SIZE OF THE PROJECT CRITERION (77 IAC 1110.230(e)).

VIII. Addition of Beds Review Criteria

- A. Criterion 1110.320(a) Establishment of Additional Hospitals
Criterion 1110.320(c) Addition of Beds to Existing Facilities

These criteria are not applicable to the proposed project.

THE STATE AGENCY FINDS THE ESTABLISHMENT OF ADDITIONAL HOSPITALS (77 IAC 1110.320(a)) AND THE ADDITION OF BEDS TO EXISTING FACILITIES CRITERIA (77 IAC 1110.320(b)) ARE NOT APPLICABLE TO THE PROJECT.

- B. Criterion 1110.320(b) Allocation of Additional Beds

The criterion states:

- "b) The applicant proposing to establish a category of service must document that access to the service will be improved. Documentation shall consist of at least one of the following:
- 1) the proposed service is not available within the planning area;

- 2) existing facilities have restricted admission policies resulting in access limitations;
- 3) existing service providers are experiencing occupancy levels in excess of the category of service target levels;
- 4) the travel time to existing service providers is excessive (exceeds 45 minutes) for area residents to be served by the project.”

Table Five illustrates facilities within a 45-minute travel time of the proposed facility, their location, number of beds, distance and travel time (from the proposed facility) and utilization. The State Agency notes location and bed information was obtained from the State Board’s Inventory, distance and travel time was determined using Map Quest and utilization was obtained from the State Board’s 2005 Long-Term Care profiles. The facilities in the table are sorted based on travel time.

TABLE FIVE					
Long-Term Care Facilities within a 45-minute drive time					
Facility	City	Beds	Distance (miles)	Travel Time (minutes)	Utilization
Forest Hill Health Rehab	East Moline	137	1.6	3	75%
Park View Terrace	East Moline	120	1.0	3	82%
Illini Hospital Nursing	Silvis	120	2.5	4	93%
Rosewood Care Centre	Moline	120	1.8	4	77%
Aspen Rehab & Health Care	Silvis	63	3.3	7	81%
Comfort Harbor Home	Milan	23	8.0	11	87%
Heartland Health Care	Moline	149	6.7	12	100%
Trinity Medical Center West	Rock Island	29	8.2	13	90%
River Park Health Care	Rock Island	177	8.1	14	79%
Oak Glen Home (1)	Coal Valley	245	9.4	15	70%
Friendship Manor	Rock Island	97	9.1	16	63%
St. Anthony’s	Rock Island	120	8.5	16	85%
Geneseo Good Samaritan Village (2)	Geneseo	72	20.9	27	95%
Hammond-Henry (2)	Geneseo	57	20.9	27	75%
Hillcrest Home (2)	Geneseo	106	24.1	32	83%
Prophet's Riverview	Prophetstown	70	39.4	42	89%
<ol style="list-style-type: none"> 1. Applicant’s current facility. 2. In the Henry County Long-term Care Planning Area, still within HSA X. 					

When establishing a new facility, the State Agency’s utilization standard for area facilities is 90%. As seen in Table Five, there are 12 facilities within a 45-minute drive time of the proposed facility that operated below 90%, including the applicant’s current facility. Therefore, the applicant did not adequately demonstrate that the proposed service is not available

within the planning area, that existing service providers are experiencing occupancy levels in excess of the category of service target levels, or that the travel time to existing service providers is excessive (exceeds 45 minutes) for area residents to be served by the project.

The applicant states existing facilities have restricted admission policies, which results in access limitations, “based on the resident’s ability to pay versus relying on the Medicaid system for payment”. Table Six lists Long-Term Care Facilities in the Rock Island County Long-term Care Planning Area, whether they have documented a Medicaid restricted admission policy, their percent of Medicaid residents, their volume of charity care residents as per the State Board’s Profiles, their travel time to the proposed facility and their overall utilization. The table is sorted by the percent of Medicaid at the facility.

Facility	Documented Medicaid Restrictions?	Percent Medicaid	Charity Care Residents	Travel Time (minutes)	Overall Utilization
River Park Health Care Center	No	82.00%	0	14	79%
Oak Glen Home (1)	No	81.00%	0	15	70%
Comfort Harbor Home	No	80.00%	0	11	87%
Forest Hill Health \$ Rehab	No	79.00%	0	3	75%
Aspen Rehab & Health Care	No	78.00%	0	7	81%
Park View Terrace	No	71.00%	1	3	82%
St. Anthony’s	No	52.00%	0	16	85%
Illini Hospital Nursing Home	No	18.00%	0	4	93%
Rosewood Care Centre	No	14.00%	0	4	77%
Heartland Health Care Center	No	.07%	0	12	100%
Trinity Medical Center West	No	0.00%	0	13	90%
Friendship Manor	No	0.00%	0	16	63%
1. Applicant’s current facility.					

As seen in Table Six, the long-term care service is available in the planning area. Thus, the applicant cannot meet the requirements of subsection b)1) of the criterion. None of the planning area facilities documented a restrictive admission policy and the majority (seven out of 12) of the facilities have over 50% Medicaid recipients. Thus, the applicant cannot meet the requirements of subsection b)2) of the criterion. As seen in Table

Six, nine of the 12 facilities in the planning area did not operate at target utilization in 2005. Thus, the applicant cannot meet the requirements of subsection b)3) of the criterion. Finally, there are providers within a 45-minute travel time of the proposed facility. Thus, the applicant cannot meet the requirements of subsection b)4) of the criterion. As noted, the applicant cannot meet any of the requirements of the criterion and a positive finding cannot be made.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE ALLOCATION OF ADDITIONAL BEDS CRITERION (77 IAC 1110.320(b)).

IX. General Long-Term Care Review Criteria

A. Criterion 1110.1730(a) - Facility Size

The criterion states:

“The maximum size of a general long-term care facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient 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 2 year period of time.”

The applicant proposes a facility with 245 beds, which is below the maximum standard of 250 beds.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FACILITY SIZE CRITERION (77 IAC 1110.1730(a)).

B. Criterion 1110.1730(b) - Community Related Functions

The criterion states:

“The applicant must 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 such organizations.”

The applicant provided eight letters of support from the Alzheimer’s Association, State Senator Mike Jacobs, Chairman of the Rock Island County Board, State Representative Patrick Verschoore, Mayor John Thodos, President of Trinity Regional Health System and the Tri-County Building Trades Council. The State Agency notes that separately, the Agency received numerous letters of support and opposition from area providers, organizations, politicians and residents.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE COMMUNITY RELATED FUNCTIONS CRITERION (77 IAC 1110.1730(b)).

C. Criterion 1110.1730(c) - Zoning

The criterion states:

“The applicant must 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.”

The applicant provided a letter from the Mayor of East Moline stating that the property is properly zoned.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ZONING CRITERION (77 IAC 1110.1730(c)).

D. Criterion 1110.1730(d) - Variances to Computed Nursing Care Bed Need

The criterion states:

“1) Defined Population Variance.

- A) The applicant must document that the proposed project will service a defined population group of a religious, fraternal

or ethnic nature from throughout the entire health service area or from a larger geographic area (hereinafter referred to as the GA) proposed to be served and which includes, at a minimum, the entire health service area in which the facility is or will be physically located. Documentation shall consist of the following:

- i) a description of the proposed religious, fraternal or ethnic group proposed to be served
 - ii) the boundaries of the GA; and
 - iii) the number of individuals in the defined population which lives within the proposed GA, including the source of the figures.
- B) In addition, the applicant must document each of the following:
- i) the proposed services do not exist in the GA where the facility is or will be located; and
 - ii) the services cannot be instituted at existing facilities within the GA in sufficient number to accommodate the group's needs. The applicant must enumerate each specific service the proposed facility will provide which could not be provided in any of the existing facilities in the GA; the basis for determining why such service could not be provided.
- C) The application must document that the proposed number of beds is needed based upon the target occupancy rate. Documentation shall consist of an identification of the defined population volume; the patient origin of the proposed patients; and a rationale for the utilization projections.
- D) The applicant must document that at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of written admission policy which insures that the requirements of this subsection will be met.
- E) The applicant must document that the proposed project is either directly owned, sponsored or affiliated with the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant must provide legally-binding documents which prove

ownership, sponsorship or affiliation.

2) Continuum of Care Variance

- A) The applicant must document that the project will provide a continuum of care for a geriatric population which 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. Such housing complex must be on the same site as the health facility component of the project. Such a proposal must be for the purposes of and serve only the residents of the housing complex and may be developed in one of the following ways:
- i) The proposal may be developed after the housing complex has been established; or
 - ii) The proposal may be developed as a part of a total housing construction program, provided that, the entire complex is one inseparable project and 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.
- B) The applicant must also document the following:
- i) That the proposed number of beds are needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds may not exceed one licensed long-term care bed for every five apartments or independent living units; and
 - ii) That its written policies of operation provide that if a resident of the retirement community is transferred to the long-term care unit, the resident will not lose his or her apartment unit or be transferred to another long-term care facility solely because of the resident's altered financial status or medical indigence."

The proposed facility is a government entity and; therefore, does not serve a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic area.

As noted previously, the applicant documented that its primary purpose is to serve the planning area population.

The State Agency notes the applicant states it will offer some services that may not be available at other area facilities such as bariatric rooms, specialized hospice rooms, two levels of Alzheimer's/Dementia care, a dental operatory, IV therapy, outpatient therapies, etc.

The State Agency also notes that the applicant states that the 65 and older population growth will exceed the number of excess beds available in the planning area, the current facility's (Oak Glen Home) operates at 85% or more Medicaid, other area providers limit Medicaid recipients, and the proposed facility will continue to meet the area's unmet need by accommodating those relying on the State's Public Aid system.

The applicant states they performed a feasibility study prior to the planning for the replacement facility, which showed they would be able to obtain and maintain a 90% or better occupancy rate within the first two years of operation.

The applicant also states that at the time of the application they have two patients on a waiting list for the new facility, and, in addition to some marketing, the increased amenities will adequately market the facility itself and attract patients.

Item 2 of this criterion pertains to those facilities providing a continuum of care and; therefore, does not apply to this project.

As noted there is a computed excess of 84 beds in the planning area. Should the State Board approve the discontinuation, there will be a computed need for 161 beds in the planning area. The applicant's proposed number of beds will exceed the State Board's computed need. Further, similar services exist in the planning area, area providers operated below the State Board's standard for 2005, and the applicant did not justify an adequate number of patients to justify the size of this facility.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES **NOT** APPEAR TO BE IN CONFORMANCE WITH THE VARIANCES TO COMPUTED NURSING CARE BED NEED CRITERION (77 IAC 1110.1730(d)).

C. Criterion 1110.1730(e) Staffing

“Applicants must document that the supply of manpower currently available in the area is sufficient to meet the health service needs in that area. Documentation should include, but is not limited to, letters from employment services in the area indicating the number of potential health care employees on their rolls; letters from local health departments, in whose jurisdiction the applicant is located, indicating the availability of personnel in the planning area; actual applications for employment on file with the applicant; and surveys performed by persons other than the applicant regarding the availability of manpower.”

The applicant states the supply of manpower is sufficient to meet their needs, they do not anticipate a lack of staff, area staffing agencies have traditionally supplemented their staff as needed and their turnover and staffing patterns have stabilized their workforce. In addition, they have an onsite, approve C.N.A. training program and are developing an online training program for various positions. The applicant further states it intends to exceed the minimum IDPH staffing requirements. As such, the applicant provided a review of its intended staffing patterns and volumes. The State Agency notes that the applicant is constructing a replacement facility. The applicant states that all existing staff will transfer to the new facility.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING CRITERION (77 IAC 1110.1730(e)).

X. **Review Criteria - Financial Feasibility**

- A. Criterion 1120.210(a) - Financial Viability
- B. Criterion 1120.210(b) - Availability of Funds
- C. Criterion 1120.210(c) - Start-Up Costs

These criteria are not applicable, since the applicant documented an “A” bond rating.

THE STATE AGENCY FINDS THE FINANCIAL VIABILITY (77 IAC 1120.210(a)), AVAILABILITY OF FUNDS (77 IAC 1120.210(b)) AND START-UP COSTS CRITERIA (77 IAC 1120.210(c)) ARE NOT APPLICABLE TO THE PROJECT

XI. Review Criteria - Economic Feasibility

- A. Criterion 1120.310(a) - Reasonableness of Financing Arrangements
- B. Criterion 1120.310(b) - Terms of Debt Financing

These criteria are not applicable, as the applicant documented an “A” bond rating and is using bond proceeds of \$20 million to fund this project.

THE STATE AGENCY FINDS THE REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING CRITERIA (77 IAC 1120.310(a) and 1120.310(b)) ARE NOT APPLICABLE TO THE PROJECT.

- C. Criterion 1120.310(c) - Reasonableness of Project Cost

The criteria states:

- “1) Construction and Modernization Costs
Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicant documents construction constraints or other design complexities and provides

evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

2) Contingencies

Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

BOARD NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.

3) Architectural Fees

Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

4) Major Medical and Movable Equipment

A) For each piece of major medical equipment, the applicant must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

5) Other Project and Related Costs

The applicant must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed."

Preplanning Costs - This cost is \$8,132, or 1% of construction, contingencies and equipment costs. This appears reasonable compared to the State standard of 1.8%.

Site Survey, Soil Investigation and Site Preparation - This cost is \$92,093, or 1% of construction and contingency costs. This appears reasonable when compared to the State standard of 5%.

Off Site Work - This cost is \$342,000. The State Board does not have a standard for this cost.

New Construction - This cost is \$14,317,789, or \$149.35 per GSF. This appears reasonable compared to the adjusted State standard of \$155.00 per GSF.

Contingencies - This cost is \$1,368,278. This represents 9.6% of new construction costs and appears reasonable compared to the State standard of 10%.

Architectural and Engineering Fees - This cost is \$1,029,779, or 6.5% of construction and contingencies. This appears reasonable compared to the State standard of 4.60% - 11.60%.

Consulting and Other Fees - This cost is \$133,558. The State Agency does not have a standard for this cost.

Moveable Equipment - These costs total \$1,000,000, or \$4,082 per bed. This appears reasonable compared to the adjusted State standard of \$6,736 per bed.

Bond Issuance Expense - This cost is \$127,054. The State Board does not have a standard for these costs.

Net Interest During Construction - This cost is \$771,974. The State Board does not have a standard for these costs.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANT MEETS THE REQUIREMENTS OF THE PROJECT COST CRITERION (77 IAC 1120.310(c)).

D. Criterion 1120.310(d) - Projected Operating Costs

The criterion states:

“The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct cost means the fully allocated costs of salaries, benefits, and supplies for the service.”

The applicant projects total annual operating costs of \$108.32 per equivalent patient day for the first full year after project completion. The State Board does not have a standard for these costs.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANT MEETS THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1120.310(d)).

E. Criterion 1120.310(e) - Total Effect of the Project on Capital Costs

The criterion states:

“The applicant must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.”

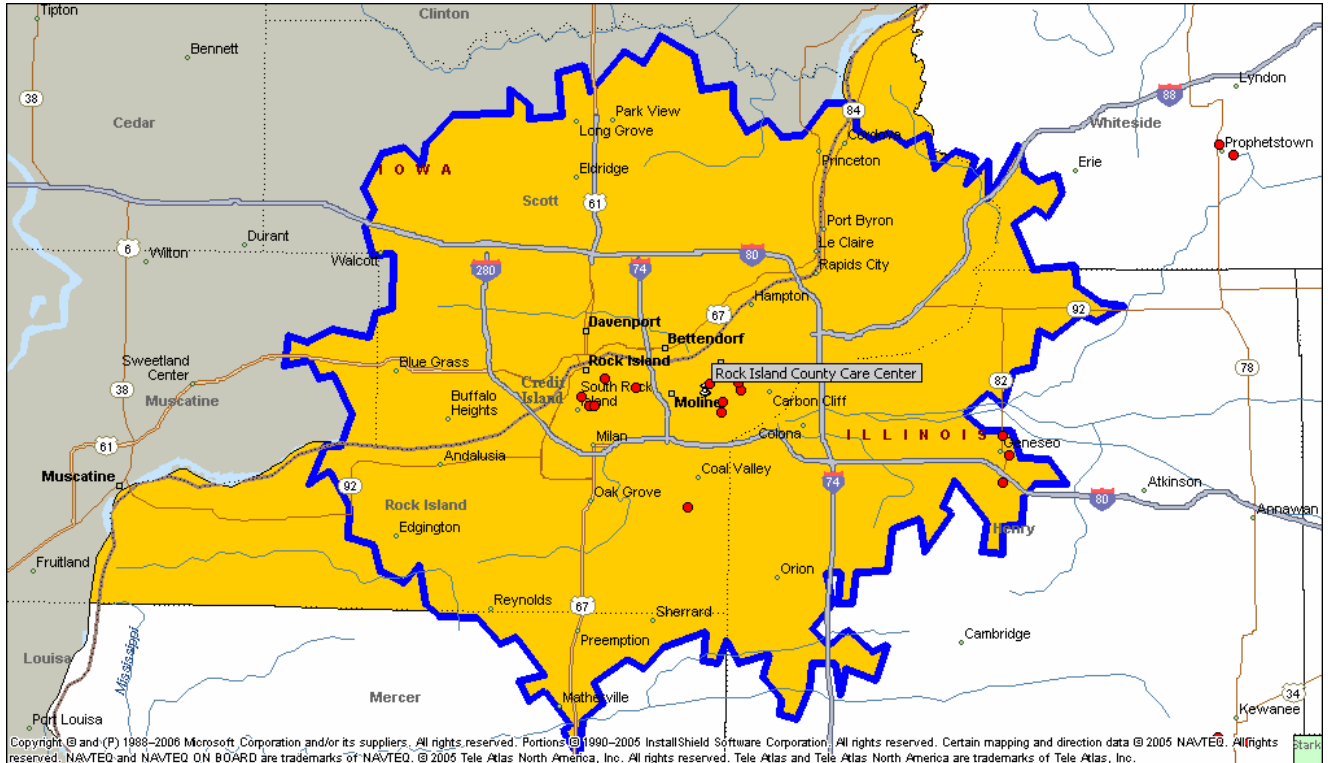
The applicant projects total annual operating costs of \$20.59 per equivalent patient day for the first full year after project completion. The State Board does not have a standard for these costs.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANT MEETS THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.310(e)).

F. Criterion 1120.310(f) - Non-Patient Related Services

This criterion is not applicable.

THE STATE AGENCY NOTES THE NON-PATIENT RELATED SERVICES CRITERION IS NOT APPLICABLE (77 IAC 1120.310(f)).



Facilities within a 30-Minute Drive Time

Facility Name	Address	City	Zip
Trinity Medical Center West	2701 17th Street	Rock Island	61201
River Park Health Care Center	2545 24th Street	Rock Island	61201
Oak Glen Home	11210 95th Street	Coal Valley	61240
Rosewood Care Centre-Moline	7300 34th Avenue	Moline	61265
Hillcrest Home	14688 SR-82	Geneseo	61254
Hammond-Henry District Hospital	600 North College Avenue	Geneseo	61254
Geneseo Good Samaritan Village	704 South Illinois Street	Geneseo	61254
Friendship Manor	1209 21st Avenue	Rock Island	61201
St. Anthony's Nursing & Rehab Center	767 30th Street	Rock Island	61201
Heartland Health Care Center	833 16th Avenue	Moline	61265
Parkview Terrace	430 30th Avenue	East Moline	61244
Forest Hill Health & Rehab	4747 11th Street	East Moline	61244
Illini Hospital Nursing Home	1455 Hospital Road	Silvis	61282
Aspen Rehab & Health Care	1403 9th Avenue	Silvis	61282

Reference Numbers 010 161 161 6006761
OAK GLEN HOME
 11210 95TH STREET
 COAL VALLEY, IL. 61240
Administrator
 Trudy Whittington
Contact Person and Telephone
 Sheryl Thomas
 309-799-3161
Registered Agent Information
 BOHNSACK, JAMES E.
 1504 THIRD AVENUE
 ROCK ISLAND, IL 61240

Date Completed
 6/12/2006

ADMISSION RESTRICTIONS
 Aggressive/Anti-Social
 Chronic Alcoholism
 Developmentally Disabled
 Drug Addiction
 Medicaid Recipient
 Medicare Recipient
 Mental Illness
 Non-Ambulatory
 Non-Mobile
 Public Aid Recipient
 Under 65 Years Old
 Unable to Self-Medicare
 Other Restrictions
 No Restrictions

RESIDENTS BY PRIMARY DIAGNOSIS
 0 DIAGNOSIS
 0 Neoplasms 6
 0 Endocrine/Metabolic 5
 0 Blood Disorders 2
 0 *Nervous System 6
 0 Alzheimer Disease 36
 0 Mental Illness 12
 0 Developmental Disability 4
 0 Circulatory System 36
 0 Respiratory System 10
 0 Digestive System 4
 0 Genitourinary System Disorders 4
 1 Skin Disorders 1
 0 Musculo-skeletal Disorders 6
 Injuries and Poisonings 20
 Other Medical Conditions 19
 Non-Medical Conditions 0
TOTALS 171

Note: 1 equals restrictions used by facility

FACILITY OWNERSHIP
 COUNTY

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
		SET-UP	USED			
Nursing Care	245	216	183	171	20	245
Skilled Under 22	0	0	0	0		0
Intermediate DD	0	0	0	0		0
Sheltered Care	0	0	0	0		0
TOTAL BEDS	245	216	183	171	20	245

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	19	38	0	0	0	0	0	0	19	38	57
85 _Over	9	63	0	0	0	0	0	0	9	63	72
TOTALS	43	128	0	0	0	0	0	0	43	128	171

PATIENT DAYS OF CARE - 2005 BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	LEVEL OF CARE			TOTAL	License		Set Up	
	Medicare	Medicaid	Other		Occ. Pct.	Occ. Pct.		
Nursing Care	3180	49973	10277	63430	70.9	80.5		
SkiUnd22	0	0	0	0	0.0	0.0		
ICF/DD		0	0	0	0.0	0.0		
Shelter			0	0	0.0	0.0		
TOTALS	3180	49973	10277	63430	70.9	80.5		

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	3180	43.6	49973	55.9
SkiUnd22			0	0.0
ICF/DD			0	0.0
TOTALS	3180	43.6	49973	55.9

OAK GLEN HOME

010 6006761

ADMISSIONS AND DISCHARGES - 2005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	132	6	0	28	0	171
SkUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
TOTALS	5	132	6	0	28	0	171

A. Residents on January 1, 2005	176
B. Total Admissions 2005	128
C. Total Discharges 2005	133
D. Residents on December 31, 2005	171

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Indian	1	0	0	0	0
Black	7	0	0	0	7
Hawaiiin or Pacific Islander	0	0	0	0	0
White	163	0	0	0	163
Unknown	0	0	0	0	0
Total	171	0	0	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	104	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

ETHNICITY

Hispanic	2	0	0	0	2
Not Hispanic	169	0	0	0	169
Unknown	0	0	0	0	0
Total	171	0	0	0	171

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	1	1	0	0	0	0	0	0	0	0	1	1	2
45 to 59	0	0	4	6	0	0	0	0	0	0	0	0	4	6	10
60 to 64	0	0	0	3	0	1	0	0	0	0	0	0	0	4	4
65 to 74	0	0	10	13	0	2	0	0	0	1	0	0	10	16	26
75 to 84	1	3	15	28	0	1	0	0	3	6	0	0	19	38	57
85_Over	0	1	6	45	0	2	0	0	3	15	0	0	9	63	72
TOTALS	1	4	36	96	0	6	0	0	6	22	0	0	43	128	171

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	10.00
LPN's	32.00
Certified Aides	80.00
Other Health Staff	3.00
Non-Health Staff	66.00
Totals	195.00

Source: Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.