EXHIBIT 4

(Report of Compliance)

Kane County Development Department
Zoning Division, Kane County Gov’t Center
219 Batavia Ave.
Geneva, Illinois 60134
Attn. Kane County Zoning Officer

Re: 41W400 Silver Glen Rd., St. Charles, IL 60175

To Whom It May Concern:

Pursuant to the terms of the Consent Decree, dated August __, 2018, Maxxam (or its successor) hereby confirms compliance with all the conditions contained therein. In particular, Maxxam confirms the following to the best of its knowledge and belief:

1. Maxxam has obtained all necessary licenses from the State of Illinois on _____________. Since obtaining the necessary State licenses, Maxxam has maintain those licenses in good standing and with any revocation, suspension or other disciplinary actions.

Maxxam confirms that it is in full compliance with all legal and administrative requirements of the Department of Human Services Division of Alcoholism and Substance Abuse Treatment and Intervention Licenses (‘DHS’), found at 77 Illinois Administrative Code, Subchapter d, Part 2060 (‘Code’), to the satisfaction of Department of Human Services.

2. Maxxam has provided Kane County or its designee with 150 doses of NARCAN (Naloxone) or similar mutually agreeable medication in the last 12 months.

3. Maxxam confirms that its use of the property is in compliance with the site plan labeled “Maxxam Partners, LLC – Site Plan” and as described in the Application and Rider (Exhibit 2 and 5 to the Consent Decree).

4. Maxxam has not added any additional buildings to the site without complying with all applicable review and approval procedures in the Kane County Zoning Ordinance.

5. Maxxam confirms that it is not providing outpatient treatment of methadone patients or any other outpatient program or service unless it is related to a patient’s inpatient continuum of care.

6. Maxxam has retained a security vendor on _____________. Maxxam confirms that it is providing a level of security that, in the opinion of this retained security vendor, is sufficient to protect the facility’s residents and the surrounding community.
7. Maxxam has had no change of ownership greater than 25% of the aggregate ownership interest or change in management [or Maxxam has provided the County Zoning Officer with a copy of any notifications sent to the Department of Human Services under Section 2060.221(b) and provided any successor owner(s) a copy of Ordinance ___ and the Consent Decree].

8. Maxxam has obtained [or used reasonable efforts to pursue] accreditation for the Facility by the Joint Commission on Accreditation of Health Care Organizations (“JCAHO”) and the Commission on Accreditation of Rehabilitation Facilities (“CARF”). [Those reasonable efforts are as follows: _________________________________.]

9. Maxxam confirms that it has complied with all applicable requirements of the Illinois Controlled Substances Act, 720 ILCS 520, and any other applicable federal, state or local law, regulation or code pertaining to the storage, distribution, disposal, and dispensation of any controlled substance.

10. Maxxam confirms that it has complied with the Professional Staff Qualifications requirement provided in Section 2060.309 of the Code, including that at least one staff member, 24 hours a day, is a registered nurse, or a licensed practical nurse or certified emergency medical technician who has completed at least 40 hours of formal training in the field of alcoholism or other substance abuse. Maxxam also confirms that it has exceeded Section 2060.309’s staffing requirements in that it has provided a Medical Director as referenced in Section 2060.413(a)(1) on premises at least 30 hours per week.

11. Maxxam confirms that it has established a foundation through the Community Foundation for the Fox River Valley for outreach to the Kane County community in connection with issues pertaining to substance abuse and addiction and has funded the foundation at a minimum level of $15,000 per year.

12. Maxxam confirms that it has complied with all applicable federal, state and local laws, regulations and codes pertaining to wastewater at its facility, including but not limited to the Wastewater Land Treatment Site Regulation Act, 415 ILCS 50/1, all related legal requirements of Kane County, and all related requirements of the Illinois and federal Environmental Protection Agency. Maxxam has provided to the County any well monitoring/testing reports it receives from the Illinois or federal Environmental Protection Agency and/or any reports it receives from third-party vendors within 30 days of receipt.

13. Maxxam has complied with Section 2060.305 (g) (1)-(24) of the Code’s spacing requirements including that (a) a minimum of 80 square feet is provided in a single bedroom; (b) 60 square feet is provided per bed in a multi-bedroom with no more than four beds per room; and (c) no bunk beds will be used for any detoxification patient.

14. Maxxam has installed and maintained a fence substantially in compliance with Exhibit 6 and 7 to the Consent Decree.
15. Maxxam confirms that any new or replacement exterior lighting fixtures are full cut-off and have a color temperature of less than 3,000 Kelvin, provided that such fixtures do not compromise security as determined by the security system provider.

16. Maxxam confirms that all signage related to the Facility is only on the Property and that no signage or advertising is on the water tower located on the Property.

17. Maxxam confirms that it has paid the Fox River & Countryside Fire/Rescue District or any entity providing emergency medical services (EMS) to the Subject Property all emergency transport fees for transports to or from the Property, according to the EMS Entity’s regular cost recovery and fee schedule in effect at the time of the transport on behalf of its patients and residents directly to the EMS Entity.

Maxxam understands and agrees that this report is not confidential and is subject to public disclosure.

MAXXAM PARTNERS, LLC

By:______________________________

Its:______________________________

Date:____________________________

SUBSCRIBED and SWORN to before
me this ____ day of _________, 2018.

______________________________
NOTARY PUBLIC