

ANNUAL BED REPORT - CY 2009

0018

Abraham Lincoln Memorial Hospital

New Location

Lincoln IL 62656-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	22	22	11	0	11	0	22
PEDIATRIC	0	0	2	0	-2	0	0
OBSTETRIC-GYNECOLOGY	3	3	4	0	-1	0	3
INTENSIVE CARE	0	0	8	0	-8	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: On Jan 2009, #08-074 Board approved a replacement hospital at new location with M/S = 22 and OB = 3.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5496

Adventist Bolingbrook Hospital

400 Medical Center Dr

Bolingbrook, IL 60440

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	106	106	106	0	0	0	106
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	20	20	20	0	0	0	20
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	138	138	138	0	0	0	138

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3814

Adventist Glen Oaks Hospital

701 Winthrop Avenue

Glendale Height, IL 60139-9972

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	61	61	51	6	0	3	60
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	15	15	15	0	0	0	15
INTENSIVE CARE	10	10	10	0	0	0	10
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	58	58	58	0	0	0	58
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	144	144	134	6	0	3	143

Note: According to Board Action on 4/22/2009, Glen Oaks Medical Center's, new CON bed count =144

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0976

Adventist Hinsdale Hospital

120 North Oak Street

Hinsdale, IL 60521-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	197	197	179	0	0	0	179
PEDIATRIC	19	19	19	0	0	0	19
OBSTETRIC-GYNECOLOGY	37	37	31	0	0	6	37
INTENSIVE CARE	31	31	31	0	0	0	31
NEONATAL INTENSIVE CARE	11	11	11	0	0	0	11
ACUTE/CHRONIC MENTAL ILLNES	17	17	17	0	0	0	17
REHABILITATION	26	26	23	3	0	0	26
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	338	338	311	3	0	6	320

* Note: Board action on 4/22/09, resulted in hospital CON = 338 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5017

Adventist LaGrange Memorial Hospital

5101 S. Willow Springs Road

La Grange, IL 60525-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	165	165	161	4	0	0	165
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	13	13	12	1	0	0	13
INTENSIVE CARE	27	27	27	0	0	0	27
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	205	205	200	5	0	0	205

Note: According to the Board action on 4/22/2009, hospital CON= 223 beds. Board approved project #08-105 on April 22, 2009 resulted in decrease of 8 more ped beds. Pediatric beds now total 0. New CON count = 205 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3475

Advocate - Good Shepherd Hospital

450 West Highway #22

Barrington, IL 60010-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	113	113	113	0	0	0	113
PEDIATRIC	14	14	14	0	0	0	14
OBSTETRIC-GYNECOLOGY	24	24	24	0	0	0	24
INTENSIVE CARE	18	18	18	0	0	0	18
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	14	14	14	0	0	0	14
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	183	183	183	0	0	0	183

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3871

Advocate Bethany Hospital

3435 West Van Buren

Chicago, IL 60624 -000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	86	86	61	8	0	17	86
TOTAL BEDS	86	86	61	8	0	17	86

Note: On 4/22/09, Board reclassified the M/S and ICU beds under Long Term Acute Care (LTAC) per PART 1100.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4812

Advocate BroMenn Regional Medical Center

1304 Franklin Avenue

Normal, IL 61761

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	134	134	134	0	0	0	134
PEDIATRIC	11	11	11	0	0	0	11
OBSTETRIC-GYNECOLOGY	30	30	24	0	6	0	30
INTENSIVE CARE	12	12	11	1	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	19	19	17	2	0	0	19
REHABILITATION	15	15	15	0	0	0	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	221	221	212	3	6	0	221

Note: According to Board action on 4/22/09, new CON bed count for the facility is 221. Project #08-076 approved on Jan 2009 resulted OB= 30 beds. On January 6, 2010, BroMenn became part of the Advocate System. Change of Ownership approved on 10/13/09 resulted in name change to Advocate BroMenn Medical Center.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0315

Advocate Christ Medical Center

4440 West 95th Street

Oak Lawn, IL 60453

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	378	378	376	2	0	0	378
PEDIATRIC	45	45	45	0	0	0	45
OBSTETRIC-GYNECOLOGY	39	39	39	0	0	0	39
INTENSIVE CARE	103	103	103	0	0	0	103
NEONATAL INTENSIVE CARE	37	37	37	0	0	0	37
ACUTE/CHRONIC MENTAL ILLNES	56	56	46	5	0	0	51
REHABILITATION	37	37	37	0	0	0	37
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	695	695	683	7	0	0	690

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0422

Advocate Condell Medical Center

801 South Milwaukee Avenue

Libertyville, IL 60048-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	214	214	189	6	19	0	214
PEDIATRIC	16	16	16	0	0	0	16
OBSTETRIC-GYNECOLOGY	26	26	26	0	0	0	26
INTENSIVE CARE	25	25	17	0	0	8	25
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	281	281	248	6	19	8	281

* Note: On 4/22/09, according to Board action new hospital count= 281. Condell joined Adocate in Dec 2008, resulted in name change to Advocate Condell.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3574

Advocate Eureka Hospital

101 South Major Street

Eureka, IL 61530-0203

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	18	7	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	18	7	0	0	25

Note: On 10/13/2009, Eureka was approved change of ownership resulted in name change to Advocate Eureka Community Hospita

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3384

Advocate Good Samaritan Hospital

3815 Highland Avenue

Downers Grove, IL 60515-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	185	185	185	0	0	0	185
PEDIATRIC	16	16	16	0	0	0	16
OBSTETRIC-GYNECOLOGY	36	36	33	3	0	0	36
INTENSIVE CARE	44	44	44	0	0	0	44
NEONATAL INTENSIVE CARE	11	11	11	0	0	0	11
ACUTE/CHRONIC MENTAL ILLNES	41	41	37	4	0	0	41
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	333	333	326	7	0	0	333

Note: According to Board action on 4/22/09, Board reduced 7 AMI beds, new CON=333 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5165

Advocate Illinois Masonic Medical Center

836 West Wellington

Chicago, IL 60657-5193

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	225	225	191	23	0	11	225
PEDIATRIC	14	14	14	0	0	0	14
OBSTETRIC-GYNECOLOGY	51	51	37	5	0	9	51
INTENSIVE CARE	37	37	34	3	0	0	37
NEONATAL INTENSIVE CARE	20	20	20	0	0	0	20
ACUTE/CHRONIC MENTAL ILLNES	39	39	35	4	0	0	39
REHABILITATION	22	22	22	0	0	0	22
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	408	408	353	35	0	20	408

Note: According to a Board action on 4/22/09, 143 total beds were reduced, new CON=408 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4796

Advocate Lutheran General Hospital

1775 Dempster Street

Park Ridge, IL 60068

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	313	313	307	6	0	0	313
PEDIATRIC	48	48	47	1	0	0	48
OBSTETRIC-GYNECOLOGY	62	62	62	0	0	0	62
INTENSIVE CARE	61	61	61	0	0	0	61
NEONATAL INTENSIVE CARE	54	54	54	0	0	0	54
ACUTE/CHRONIC MENTAL ILLNES	55	55	50	5	0	0	55
REHABILITATION	45	45	41	4	0	0	45
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	638	638	622	16	0	0	638

Note: On 4/22/09, Board action resulted in reduction in several beds and new CON = 638 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4697

Advocate South Suburban Hospital

17800 South Kedzie Avenue

Hazel Crest, IL 60429-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	207	207	207	0	0	0	207
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	16	16	16	0	0	0	16
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	41	41	41	0	0	0	41
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	284	284	284	0	0	0	284

Note: According to Board action on 4/22/09, Board reduced 5 Long Term beds, new LTC count= 41 beds. The new CON = 284 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4176

Advocate Trinity Hospital

2320 East 93rd Street

Chicago, IL 60617-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	172	172	158	0	0	0	158
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	23	23	20	3	0	0	23
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	207	207	190	3	0	0	193

Note: According to Board action on 4/22/09, Board reduced 43 beds in total, new hospital CON = 207 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5009

Alexian Brothers Behavioral Health Hospital

1650 Moon Lake Boulevard

Hoffman Estates, IL 60194-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	137	137	141	0	0	0	141
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	137	137	141	0	0	0	141

* Note: According to Bed Change approved on 7/19/2010, Alexian Brothers Behavioral Hospital, Hoffman Estates, received permission to add 4 AMI beds to an existing category of service. Total AMI beds= 141. However, according to a letter sent to IDPH by the facility dated Nov 12, 2008, the beds would be in operation as of Dec 1, 2008. The total CON=141 beds

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2238

Alexian Brothers Medical Center

800 Biesterfield Road

Elk Grove Villa, IL 60007-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	241	241	241	0	0	0	241
PEDIATRIC	16	16	16	0	0	0	16
OBSTETRIC-GYNECOLOGY	28	28	28	0	0	0	28
INTENSIVE CARE	36	36	36	0	0	0	36
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	66	66	66	0	0	0	66
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	387	387	387	0	0	0	387

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0026

Alton Memorial Hospital

One Memorial Drive

Alton, IL 62002-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	117	117	99	10	8	0	117
PEDIATRIC	4	4	4	0	0	0	4
OBSTETRIC-GYNECOLOGY	25	25	25	0	0	0	25
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	20	20	20	0	0	0	20
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	28	28	26	2	0	0	28
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	206	206	186	12	8	0	206

* Note: According to Board action on 4/22/09 Board reduced 14 ped beds, new CON = 206 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4119

Anderson Hospital

6800 State Route 162

Maryville, IL 62062-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	98	98	96	2	0	0	98
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	24	24	24	0	0	0	24
INTENSIVE CARE	7	7	7	0	0	0	7
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	15	15	15	0	0	0	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	144	144	142	2	0	0	144

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5207

Aurora Chicago Lakeshore Hospital

4840 North Marine Drive

Chicago, IL 60640-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	146	146	132	14	0	0	146
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	146	146	132	14	0	0	146

Note: According to Board action on 4/22/09 Board reduced 1 AMI bed, new CON =146 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0141

Blessing Hospital @ 11th Street

Broadway @ 11th Street

Quincy, IL 62305-7005

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	204	204	182	18	0	0	200
PEDIATRIC	20	20	17	3	0	0	20
OBSTETRIC-GYNECOLOGY	25	25	22	3	0	0	25
INTENSIVE CARE	25	25	25	0	0	0	25
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	16	18	18	0	0	0	18
LONG-TERM CARE	20	20	20	0	0	0	20
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	310	312	284	24	0	0	308

* Note: According to Board action on 4/22/09 Board reduced 30 beds overall. 24 LTC beds were reduced resulting in LTC CON= 20 beds. A Bed Change approved on 10/1/2009, Blessing added 2 Rehab beds, the Rehab count= 18 beds, bringing Total CON count to 312 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4515

Blessing Hospital @ 14th Street

Broadway @ 14th Street

Quincy, IL 62305-7005

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	39	39	39	0	0	0	39
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	56	56	56	0	0	0	56
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	95	95	95	0	0	0	95

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3798

Carle Foundation Hospital

611 West Park Street

Urbana, IL 61801-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	185	195	195	0	0	0	195
PEDIATRIC	20	20	19	1	0	0	20
OBSTETRIC-GYNECOLOGY	28	28	28	0	0	0	28
INTENSIVE CARE	32	32	32	0	0	0	32
NEONATAL INTENSIVE CARE	25	25	25	0	0	0	25
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	15	15	15	0	0	0	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	305	315	314	1	0	0	315

Note: On 6/8/09, according to Bed Change approved Carle added 10 Med Surg beds to its existing service, M/S beds = 195

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0182

Carlinville Area Hospital

1001 East Morgan Street

Carlinville, IL 62626-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: Project #08-016, approved on 8/12/2008 resulted in establishment of a replacement hospital. The hospital will now have 25 authorized M/S beds, a reduction of 8 Medical-Surgical beds. Project completion date is 3/1/2011

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3889

Centegra Hospital - McHenry

4201 Medical Center Drive

McHenry, IL 60050-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	129	129	127	2	0	0	129
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	19	19	19	0	0	0	19
INTENSIVE CARE	18	18	18	0	0	0	18
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	15	15	15	0	0	0	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	181	181	179	2	0	0	181

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4606

Centegra Hospital - Woodstock

Highway #14 & Doty Road

Woodstock, IL 60098-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	74	74	60	0	14	0	74
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	20	20	14	0	6	0	20
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	106	106	86	0	20	0	106

* Note: Project #08-002 approved on 7/1/2008, MMC-New Woodstock, received permit for modernization of existing hospital, including the addition of 14 M/S and 6 OB beds. Facility now has 74 M/S and 20 OB beds. Project completion date is 5/31/2012.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1503

Centegra Specialty Hospital - Woodstock South

527 West South Street

Woodstock, IL 60098-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	44	44	36	0	0	0	36
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	40	40	40	0	0	0	40
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	84	84	76	0	0	0	76

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0216

Central DuPage Hospital

25 North Winfield Road

Winfield, IL 60190-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	213	213	213	0	0	0	213
PEDIATRIC	10	10	10	0	0	0	10
OBSTETRIC-GYNECOLOGY	35	35	35	0	0	0	35
INTENSIVE CARE	32	32	32	0	0	0	32
NEONATAL INTENSIVE CARE	8	8	8	0	0	0	8
ACUTE/CHRONIC MENTAL ILLNES	15	15	15	0	0	0	15
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	313	313	313	0	0	0	313

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0364

CGH Medical Center

100 East LeFevre Road

Sterling, IL 61081-1279

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	75	75	75	0	0	0	75
PEDIATRIC	6	6	6	0	0	0	6
OBSTETRIC-GYNECOLOGY	10	10	10	0	0	0	10
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	99	99	99	0	0	0	99

* Note: According to Board action on 4/22/09 Board reduced 26 beds overall. The new CON bed = 99.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3137

Children's Memorial Hospital

Chicago Avenue - Replacement

Chicago, IL 60614-3363

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	156	156	139	0	17	0	156
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	60	60	48	0	12	0	60
NEONATAL INTENSIVE CARE	60	60	50	3	7	0	60
ACUTE/CHRONIC MENTAL ILLNES	12	12	12	2	-2	0	12
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	288	288	249	5	34	0	288

Project #07-134 was approved 2/26/2008 for replacement hospital with completion date of 4/30/2014; Construction of 288 bed replacement hospital with 156 Ped, 60 ICU, 60 Neonatal Ill and 12 AMI beds (decrease of 6 AMI beds)

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0331

Clay County Hospital

911 Stacy Burk Drive

Flora, IL 62839-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	18	18	18	0	0	0	18
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	18	18	18	0	0	0	18

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0414

Community Memorial Hospital

400 Caldwell Street

Staunton, IL 62088-1499

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	21	21	21	0	0	0	21
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 24 beds in total (M/S reduced by 22 beds and Peds = 2). New hospital CON count is 25 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0455

Crawford Memorial Hospital

1000 North Allen Ave

Robinson, IL 62454-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	21	21	21	0	0	0	21
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	4	4	4	0	0	0	4
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	38	38	35	3	0	0	38
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	63	63	60	3	0	0	63

* Note: According to Board action on 4/22/09, Board reduced 39 beds overall. Board discontinued ten nursing care beds, total LTC= 38 beds. New hospital CON count is 63.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3947

Crossroads Community Hospital

8 Doctors Park Road

#8 DOCTORS PARK ROAD

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	47	50	50	0	0	0	50
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	5	7	7	0	0	0	7
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	52	57	57	0	0	0	57

Note: According to Board approved Bed Change, on 10/9/2009, Crossroads Community Hospital, Mount Vernon, increased Medical-Surgical beds by 3 to a total of 50, and increased ICU beds by 2 to a total of 7 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0471

Decatur Memorial Hospital

2300 North Edward Street

Decatur, IL 62526-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	204	204	204	0	0	0	204
PEDIATRIC	18	18	17	1	0	0	18
OBSTETRIC-GYNECOLOGY	26	26	26	0	0	0	26
INTENSIVE CARE	32	32	32	0	0	0	32
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	61	61	55	6	0	0	61
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	341	341	334	7	0	0	341

* Note: According to Board action on 4/22/09, Board reduced 15 beds overall. Board discontinued 8 LTC beds. Total LTC CON= 61 beds. New hospital CON count is 341 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4333

Delnor Community Hospital

300 Randall Road

Geneva, IL 60134-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	121	121	121	0	0	0	121
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	18	18	18	0	0	0	18
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	159	159	159	0	0	0	159

Note: Project # 05-020 approved on 9/22/05 was completion on 2/28/09 - with M/S count - 121 beds and modern patient care units.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1164

Dr. John Warner Hospital

422 West White Street

Clinton, IL 61727-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	21	21	19	2	0	0	21
PEDIATRIC	3	3	2	1	0	0	3
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	2	2	2	0	0	0	2
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	26	26	23	3	0	0	26

* Note: According to Board action on 4/22/09, Board reduced 17 beds overall in M/S and ICU categories of service . New hospital CON count is 26 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3905

Edward Hospital

801 South Washington Street

Naperville, IL 60540-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	199	199	199	0	0	0	199
PEDIATRIC	7	7	6	1	0	0	7
OBSTETRIC-GYNECOLOGY	39	39	29	0	10	0	39
INTENSIVE CARE	60	52	40	0	12	0	52
NEONATAL INTENSIVE CARE	12	12	12	0	0	0	12
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	317	309	286	1	22	0	309

Note: On 10/13/2009, Edward Hospital was approved for alteration of project #07-138 - ICU beds reduced from 60 to 52. Project #07-091 includes addition of 12 ICU beds and discontinuation of 6 NICU. Facility will have 60 ICU and 12 NICU beds upon project completion (9/30/2010)

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1511

Elmhurst Memorial Hospital

200 Berteau Avenue

Elmhurst, IL 60126-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	185	13	-198	0	0
PEDIATRIC	0	0	7	0	-7	0	0
OBSTETRIC-GYNECOLOGY	0	0	24	0	-24	0	0
INTENSIVE CARE	0	0	22	0	-22	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	18	18	18	0	0	0	18
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	38	38	38	0	0	0	38
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	56	56	294	13	-251	0	56

* Note: Due to project #07-104, presently under construction, Berteau campus continues to operate 294 beds + 13 reserve beds. As part of the replacement project # 07-104, York Street campus is approved for 259 beds (198 M/S, 6 Ped, 20 OB, 35 ICU Facility will continue to operate 38 LTC and 18 AMI beds at Berteau location

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0646

Evanston Hospital

2650 Ridge Avenue

Evanston, IL 60201-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	192	192	167	7	0	0	174
PEDIATRIC	15	15	15	0	0	0	15
OBSTETRIC-GYNECOLOGY	52	52	52	0	0	0	52
INTENSIVE CARE	26	26	26	0	0	0	26
NEONATAL INTENSIVE CARE	44	44	44	0	0	0	44
ACUTE/CHRONIC MENTAL ILLNES	17	17	17	0	0	0	17
REHABILITATION	22	22	22	0	0	0	22
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	368	368	343	7	0	0	350

* Note: On 4/22/09, Board voluntarily reduced 21 beds (19 AMI and 2 Rehab beds) bringing the CON count to 368

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0679

Fairfield Memorial Hospital

N.W. 11th Street

Fairfield, IL 62837-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	20	20	20	0	0	0	20
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	30	30	30	0	0	0	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	54	54	54	0	0	0	54

* Note: Project #08-084 approved on 1/27/2009 discontinues 5 OB beds. CON= 54

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0695

Fayette County Hospital

650 West Taylor Street

Vandalia, IL 62471-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	21	0	0	0	21
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	85	85	85	0	0	0	85
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	114	114	110	0	0	0	110

* Note: According to Board action on 4/22/09, Board reduced 42 beds overall within M/S and LTC categories of service. Board discontinued 19 nursing care beds, total now 85 nursing care beds. New hospital CON count is 114 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0703

Ferrell Hospital

1201 Pine Street

Eldorado, IL 62930-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	26	26	25	1	0	0	26
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	26	26	25	1	0	0	26

* Note: According to Board action on 4/22/09, Board reduced 26 M/S beds overall. New hospital CON count is 26 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4630

Foster G. McGaw Hosp - Loyola University Med

2160 South 1st Avenue

Maywood, IL 60153-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	298	298	287	11	0	0	298
PEDIATRIC	34	34	34	0	0	0	34
OBSTETRIC-GYNECOLOGY	30	30	30	0	0	0	30
INTENSIVE CARE	125	125	125	0	0	0	125
NEONATAL INTENSIVE CARE	50	50	50	0	0	0	50
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	24	32	32	0	0	0	32
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	561	569	558	11	0	0	569

* Note: According to Board action on 4/22/09, Board reduced 9 ICU beds. On 7/1/09, Board added 8 rehab beds, total rehab count = 32. The CON count is 569 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4770

Franklin Hospital

201 Bailey Lane

Benton, IL 62812-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	22	3	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	0	0	0	4	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	29	29	22	3	0	4	29

Note: According to Board action on 4/22/09, Board reduced 46 M/S beds overall. New hospital CON count is 29 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0778

Freeport Memorial Hospital

1045 West Stephenson

Freeport, IL 61032-4899

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	109	109	100	9	0	0	109
PEDIATRIC	15	15	15	0	0	0	15
OBSTETRIC-GYNECOLOGY	14	14	12	2	0	0	14
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	26	26	23	3	0	0	26
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	172	172	158	14	0	0	172

* Note: According to Board action on 4/22/09, Board reduced 31 beds overall in Ped, OB and LTC categories of service. Board discontinued 17 LTC beds, LTC CON as of 12/31/09 = 26. Current facility CON count is 172 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0794

Galesburg Cottage Hospital

695 North Kellogg Street

Galesburg, IL 61401-

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	87	87	81	6	0	0	87
PEDIATRIC	18	18	18	0	0	0	18
OBSTETRIC-GYNECOLOGY	10	10	10	0	0	0	10
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	12	12	12	0	0	0	12
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	34	34	34	0	0	0	34
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	173	173	167	6	0	0	173

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5223

Gateway Regional Medical Center

2100 Madison Avenue

Granite City, IL 62040-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	181	181	152	15	0	0	167
PEDIATRIC	28	28	28	0	0	0	28
OBSTETRIC-GYNECOLOGY	28	28	25	2	0	0	27
INTENSIVE CARE	12	12	11	1	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	90	100	100	0	0	0	100
REHABILITATION	14	14	14	0	0	0	14
LONG-TERM CARE	19	19	19	0	0	0	19
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	372	382	349	18	0	0	367

Note: On 4/30/09 added 10 AMI beds, now AMI= 100 beds. According to Board action on 4/22/09, Board reduced 44 beds overall in M/S and ICU categories of service. New CON count for the facility is 382 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4036

Genesis Medical Center - Illini Campus

801 Illini Drive

Silvis, IL 61282

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009					Total Beds Reported
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS			
					CON	NON-CON		
MEDICAL-SURGICAL	105	105	96	9	0	0	105	
PEDIATRIC	16	16	15	1	0	0	16	
OBSTETRIC-GYNECOLOGY	21	21	20	1	0	0	21	
INTENSIVE CARE	7	7	7	0	0	0	7	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0	
REHABILITATION	0	0	0	0	0	0	0	
LONG-TERM CARE	0	0	0	0	0	0	0	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	149	149	138	11	0	0	149	

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0836

Gibson Community Hospital

1120 North Melvin Street

Gibson City, IL 60936-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	24	24	20	4	0	0	24
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	8	8	3	5	0	0	8
INTENSIVE CARE	3	3	2	1	0	0	3
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	16	16	16	0	0	0	16
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	51	51	41	10	0	0	51

* Note: According to Board action on 4/22/09, Board reduced 5 M/S beds overall. New CON count for the facility is 51 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3483

Glenbrook Hospital

2100 Pfingsten Road

Glenview, IL 60025-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	136	136	136	0	0	0	136
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	17	17	17	0	0	0	17
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	153	153	153	0	0	0	153

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4705

Good Samaritan Regional Health Center

Replacement

Mount Vernon, IL 62864-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	99	99	106	0	-7	0	99
PEDIATRIC	0	0	11	0	-11	0	0
OBSTETRIC-GYNECOLOGY	9	9	6	0	3	0	9
INTENSIVE CARE	16	16	12	0	4	0	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	10	10	19	0	-9	0	10
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	134	134	154	0	-20	0	134

Project # 08-051 on Jan 2009, Board approved for a 134 bed replacement hospital with M/S=99, OB=9, ICU=16, Rehab =10 at new location.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0851

Gottlieb Memorial Hospital

701 West North Avenue

Melrose Park, IL 60160-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	154	154	128	5	0	21	154
PEDIATRIC	12	12	4	0	0	0	4
OBSTETRIC-GYNECOLOGY	30	30	27	0	0	0	27
INTENSIVE CARE	24	24	24	0	0	0	24
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	10	10	10	0	0	0	10
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	34	34	32	2	0	0	34
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	264	264	225	7	0	21	253

* Note: According to Board action on 4/22/09, Board reduced 10 LTC beds overall. LTC count = 34 beds. New CON count for the facility is 264 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0869

Graham Hospital

210 West Walnut

Canton, IL 61520-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	39	39	38	1	0	0	39
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	8	8	7	1	0	0	8
INTENSIVE CARE	5	5	5	0	0	0	5
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	54	54	54	0	0	0	54
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	106	106	104	2	0	0	106

* Note: According to Board action on 4/22/09, Board reduced 18 beds overall within M/S and OB category of service. New CON count for the facility is 106 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5595

Greater Peoria Speciality Hospital

Richard Pryor & Romeo B. Garrett &

Peoria, IL 61605

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	50	50	50	0	0	0	50
TOTAL BEDS	50	50	50	0	0	0	50

Note: According to Board action on 4/22/09, facility decreased M/S beds to 42 and ICU for 8 beds for a total CON of 50 approved beds. On 4/22/09, all the facility's M/S and ICU beds were re-assigned as Long Term Acute Care beds (50 LTAC beds).

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0570

Greenville Regional Hospital, Inc.

200 Healthcare Drive

Greenville, IL 62246-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	26	26	26	0	0	0	26
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	4	4	4	0	0	0	4
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	10	10	10	0	0	0	10
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	42	42	42	0	0	0	42

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0885

Hamilton Memorial Hospital

611 South Marshall

McLeansboro, IL 62859-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	60	60	60	0	0	0	60
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	85	85	85	0	0	0	85

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0893

Hammond Henry Hospital

600 N. College Avenue

Geneseo, IL 61254-1099

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	16	16	15	1	0	0	16
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	3	3	3	0	0	0	3
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	56	56	56	0	0	0	56
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	79	79	78	1	0	0	79

* Note: According to Board action on 4/22/09, Board reduced 26 beds overall in M/S, OB, ICU and LTC. Board discontinued one nursing care bed, total LTC now =56 beds. New CON count for the facility is 79 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0901

Hardin County General Hospital

Ferrell Road

Rosiclare, IL 62982-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 23 M/S beds overall. New CON count for the facility is 25 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0521

Harrisburg Medical Center

100 Dr. Warren Tuttle Drive

Harrisburg, IL 62946-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	48	48	42	3	0	0	45
PEDIATRIC	3	3	3	0	0	0	3
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	27	27	27	0	0	0	27
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	78	78	72	3	0	0	75

* Note: According to Board action on 4/22/09, Board reduced 8 M/S beds overall. New CON count for the facility is 78 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4739

Heartland Regional Medical Center

3333 West Deyoung

Marion, IL 62959-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	68	68	68	0	0	0	68
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	12	12	12	0	0	0	12
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	92	92	92	0	0	0	92

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0935

Herrin Hospital

201 South 14th Street

Herrin, IL 62948-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	67	67	63	0	0	4	67
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	29	29	29	0	0	0	29
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	104	104	100	0	0	4	104

* Note: According to Board action on 4/22/09, Board reduced 3 rehab beds overall. New CON =104 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5066

Highland Park Hospital

777 Park Avenue West

Highland Park, IL 60035-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	98	98	93	0	0	0	93
PEDIATRIC	6	6	6	0	0	0	6
OBSTETRIC-GYNECOLOGY	25	25	25	0	0	0	25
INTENSIVE CARE	16	16	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	13	13	12	1	0	0	13
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	158	158	148	1	0	0	149

According to Board action on 4/22/09, Board reduced 53 beds overall in M/S and AMI. New CON = 158 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0968

Hillsboro Area Hospital

1200 East Tremont Street

Hillsboro, IL 62049-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	40	40	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	40	40	25	0	0	0	25

* Note: Project#07-151 approved on 4/28/08, discontinued entire 40 bed LTC unit. According to Board action on 4/22/09, Board reduced 14 M/S beds overall. New CON count for the facility is 40 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0992

Holy Cross Hospital

2701 West 68th Street

Chicago, IL 60629-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	204	204	204	0	0	0	204
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	16	16	16	0	0	0	16
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	34	34	34	0	0	0	34
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	274	274	274	0	0	0	274

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1008

Holy Family Medical Center

100 North River Road

Des Plaines, IL 60016-1278

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	59	59	54	5	0	0	59
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	129	129	129	0	0	0	129
TOTAL BEDS	188	188	183	5	0	0	188

* Note: On 4/22/09, Board approved the reclassification of the beds under new category of service called Long Term Acute Care (LTAC) per PART 1100 rule. Facility opted to keep 59 beds in M/S and rest of the M/S beds clubbed with ICU were categorized as LTAC beds =129 beds. According to Board action on 4/22/09, Board reduced 50 LTAC beds voluntarily. New CON count for the facility is 188 beds (M/S=59, LTAC = 129).

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4200

Hoopeston Community Memorial Hospital

701 East Orange Street

Hoopeston, IL 60942-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	24	24	21	3	0	0	24
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	24	24	21	3	0	0	24

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1024

Hopedale Hospital

Tremont & Second Street

Hopedale, IL 61747-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	20	20	19	1	0	0	20
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	5	5	5	0	0	0	5
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	24	1	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 9 M/S beds overall. New CON count for the facility is 25 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5132

Illini Community Hospital

640 West Washington

Pittsfield, IL 62363-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	19	19	17	2	0	0	19
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	23	2	0	0	25

Note: According to Board action on 4/22/09, Board reduced 12 M/S beds overall. New CON count for the facility is 25 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3418

Illinois Valley Community Hospital

925 West Street

Peru, IL 61354-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	56	56	56	0	0	0	56
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	16	16	16	0	0	0	16
INTENSIVE CARE	9	9	9	0	0	0	9
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	83	83	83	0	0	0	83

Note: According to Board action on 4/22/09, Board reduced 60 beds within M/S, Ped and OB overall. New CON count for the facility is 83 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1099

Ingalls Memorial Hospital

One Ingalls Drive

Harvey, IL 60426-3558

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	355	355	324	31	0	0	355
PEDIATRIC	49	49	16	1	0	32	49
OBSTETRIC-GYNECOLOGY	32	32	30	2	0	0	32
INTENSIVE CARE	26	26	25	1	0	0	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	48	48	48	0	0	0	48
REHABILITATION	53	53	53	0	0	0	53
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	563	563	496	35	0	32	563

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1107

Iroquois Memorial Hospital

200 Fairman Street

Watseka, IL 60970-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	56	56	52	4	0	0	56
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	12	12	12	0	0	0	12
INTENSIVE CARE	6	6	6	0	0	0	6
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	74	74	70	4	0	0	74

* Note: According to Board action on 4/22/09, Board reduced 20 M/S beds overall. New CON count for the facility is 74 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1115

Jackson Park Hosp. Foundation

7531 Stony Island Avenue

Chicago, IL 60649-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	203	203	100	18	31	0	149
PEDIATRIC	8	8	8	0	0	0	8
OBSTETRIC-GYNECOLOGY	20	20	15	2	0	0	17
INTENSIVE CARE	12	12	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	86	86	86	0	0	0	86
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	329	329	217	20	31	0	268

* Note: According to Board action on 4/22/09, Board reduced 7 Ped beds overall. New CON count for the facility is 329 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1156

Jersey Community Hospital

400 Maple Summit Road

Jerseyville, IL 62052-0426

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	51	51	51	0	0	0	51
PEDIATRIC	4	4	4	0	0	0	4
OBSTETRIC-GYNECOLOGY	6	6	6	0	0	0	6
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	65	65	65	0	0	0	65

* Note: According to Board action on 4/22/09, Board reduced 2 OB beds overall. New CON count for the facility is 65 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2758

John & Mary Kirby Hospital

1111 North State Street

Monticello, IL 61856-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	16	16	16	0	0	0	16
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	16	16	16	0	0	0	16

* Note: On 12/1/2009, facility received permit to discontinue the existing hospital and build a new replacement hospital and their CON remains the same (CON= 16 beds).

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0430

John H. Stroger Hospital of Cook County

1901 West Harrison Street - Suite 56

Chicago, IL 60612-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	228	228	240	0	0	0	240
PEDIATRIC	40	40	40	0	0	0	40
OBSTETRIC-GYNECOLOGY	40	40	40	0	0	0	40
INTENSIVE CARE	98	98	86	0	0	0	86
NEONATAL INTENSIVE CARE	58	58	58	0	0	0	58
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	464	464	464	0	0	0	464

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0497

Katherine Shaw Bethea Hospital

403 East First Street

Dixon, IL 61021-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	43	43	43	0	0	0	43
PEDIATRIC	10	10	10	0	0	0	10
OBSTETRIC-GYNECOLOGY	7	7	7	0	0	0	7
INTENSIVE CARE	6	6	6	0	0	0	6
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	14	14	14	0	0	0	14
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	80	80	80	0	0	0	80

* Note: According to Board action on 4/22/09, Board reduced 4 beds within Ped and AMI overall. New CON count for the facility is 80 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2667

Kenneth Hall Regional Hospital

129 North 8th Street

East St. Louis, IL 62201-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	39	39	36	3	0	0	39
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	39	39	36	3	0	0	39

* Note: As of July 1, 2009 Kenneth Hall Regional Hospital merged with Touchette Regional Hospital. All information reported is for the 6 months ending 6/30/2009. The services that are continuing at the KHRH campus are AMI and ED.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1198

Kewanee Hospital

1051 West South Street, PO Box 747

Kewanee, IL 61443-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	19	19	19	0	0	0	19
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	3	3	3	0	0	0	3
INTENSIVE CARE	3	3	3	0	0	0	3
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4564

Kindred Chicago Central Hospital

4058 West Melrose Street

Chicago, IL 60641-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	102	102	95	0	0	0	95
TOTAL BEDS	102	102	95	0	0	0	95

* Note: On 4/22/09, Board approved the reclassification of the beds under LTAC per PART 1100 rule. LTAC = 102 beds. According to Board action on 4/22/09, Board reduced 14 LTAC beds overall voluntarily. New CON count for the facility is 102 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4937

Kindred Hospital Chicago North

2544 West Montrose Avenue

Chicago, IL 60618-1537

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	31	31	31	0	0	0	31
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	133	133	133	0	0	0	133
TOTAL BEDS	164	164	164	0	0	0	164

Note: On 4/22/09, Board approved the reclassification of the beds under LTAC per PART 1100 rule. LTAC= 133 beds. According to Board action on 4/22/09, Board reduced 1 LTAC bed overall voluntarily. New CON count for the facility is 164 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4952

Kindred Hospital - Chicago Northlake

365 East North Avenue

Northlake, IL 60164-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	94	94	94	0	0	0	94
TOTAL BEDS	94	94	94	0	0	0	94

* Note: On 4/22/09, Board approved the reclassification of the beds under LTAC per PART 1100 rule. LTAC= 94 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4945

Kindred Hospital - Sycamore

225 Edwards Street

Sycamore, IL 60178-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	69	69	69	0	0	0	69
TOTAL BEDS	69	69	69	0	0	0	69

* Note: On 4/22/09, Board approved the reclassification of the beds under LTAC per PART 1100 rule. LTAC = 69 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3400

Kishwaukee Community Hospital

One Kish Hospital Drive

DeKalb, IL 60115-0707

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	70	70	70	0	0	0	70
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	12	12	12	0	0	0	12
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	6	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	100	94	94	0	0	0	94

On 09/1/09, according to project #09-010, received permit to discontinue 6 AMI beds

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1230

Lake Forest Hospital

660 North Westmoreland

Lake Forest, IL 60045

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	74	74	74	0	0	0	74
PEDIATRIC	10	10	10	0	0	0	10
OBSTETRIC-GYNECOLOGY	23	23	23	0	0	0	23
INTENSIVE CARE	10	10	10	0	0	0	10
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	88	88	88	0	0	0	88
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	205	205	205	0	0	0	205

* Note: According to Board action on 4/22/09, Board reduced 10 LTC beds overall voluntarily. New LTC = 88 beds. The total CON count for the facility is 205 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3012

LaRabida Children's Hospital

East 65th Street at Lake Michigan

Chicago, IL 60649-

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	49	49	49	0	0	0	49
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	49	49	49	0	0	0	49

* Note: Per the HFPB rules, this facility is currently classified as a "Specialized Long Term Care, Long-Term Medical Care for Children".

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1255

Lawrence County Memorial Hospital

2200 West State Street

Lawrenceville, IL 62439-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	10	10	10	0	0	0	10
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	35	35	35	0	0	0	35

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

8167

Lincoln Prairie Behavioral Health Center

5230 S. Sixth Street

Springfield, IL 62703

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	80	80	80	0	0	0	80
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	80	80	80	0	0	0	80

* Note: On 5/1/2008, Lincoln Prairie Behavioral Health Center, Springfield, received license for operation from the Illinois Department of Public Health. Was in operation from Jan 1 2009.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5058

Linden Oaks Hospital

801 South Washington Street

Naperville, IL 60540-6400

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	101	101	96	5	0	0	101
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	101	101	96	5	0	0	101

Note: According to Board action on 4/22/09, Board reduced 9 AMI beds overall voluntarily. New CON count for the facility is 101 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1271

Little Company of Mary Hosp & Healthcare Ctr

2800 West 95th Street

Evergreen Park, IL 60805

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	208	208	182	0	26	0	208
PEDIATRIC	20	20	20	0	0	0	20
OBSTETRIC-GYNECOLOGY	17	17	29	0	-12	0	17
INTENSIVE CARE	29	29	29	2	-2	0	29
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	24	24	24	0	0	0	24
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	298	298	284	2	12	0	298

* Note: Project # 08-087 approved by Board on 4/22/09 reduces M/S by 131 beds and OB by 23 beds. M/S = 208 and OB= 17. Facility reduced Ped beds voluntarily from 37 beds to 17 and AMI from 32 to 24 and Board approved this change on 4/22/09. The new CON count for the facility is 298 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1289

Loretto Hospital

645 South Central Avenue

Chicago, IL 60644-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	89	89	81	8	0	0	89
PEDIATRIC	10	10	10	0	0	0	10
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	76	76	60	0	0	16	76
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	187	187	163	8	0	16	187

* Note: According to Board action on 4/22/09, Board reduced 36 M/S beds overall voluntarily. New CON count for the facility is 187 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5249

Louis A. Weiss Memorial Hospital

4646 North Marine Drive

Chicago, IL 60640-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	184	184	168	16	0	0	184
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	16	16	16	0	0	0	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	10	10	10	0	0	0	10
REHABILITATION	26	26	26	0	0	0	26
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	236	236	220	16	0	0	236

Note: According to Board action on 4/22/09, Board reduced 103 M/S beds overall voluntarily. New CON count for the facility is 236 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5082

MacNeal Memorial Hospital

3249 South Oak Park Avenue

Berwyn, IL 60402-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	272	272	241	13	0	8	262
PEDIATRIC	10	10	10	0	0	0	10
OBSTETRIC-GYNECOLOGY	25	25	25	0	0	0	25
INTENSIVE CARE	26	26	26	0	0	0	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	64	64	52	0	0	10	62
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	397	397	354	13	0	18	385

According to Board action on 4/22/09, Board reduced 30 beds (M/S=29, AML=1) overall voluntarily. New CON count for the facility is 397 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3228

Marianjoy Rehabilitation Center

26 West 171 Roosevelt Road

Wheaton, IL 60187-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	100	100	100	0	0	0	100
LONG-TERM CARE	20	20	20	0	0	0	20
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	120	120	120	0	0	0	120

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1388

Marshall Browning Hospital

900 North Washington

DuQuoin, IL 62832-0192

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 2 M/S beds overall voluntarily. New CON count for the facility is 25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5090

Maryville Academy / Scott A. Nolan Center

555 Wilson Lane

Des Plaines, IL 60016-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	180	180	56	0	94	30	180
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	180	180	56	0	94	30	180

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1412

Mason District Hospital

615 North Promenade

Havana, IL 62644-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	20	5	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	20	5	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 12 M/S beds overall voluntarily. New CON count for the facility is 25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1420

Massac Memorial Hospital

28 Chick Street

Metropolis, IL 62960-0850

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	20	20	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	20	20	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 5 M/S beds overall voluntarily. New CON =20 beds. On 8/10/10 Board reinstated 5 M/S beds to their Authorized Bed count in a Declaratory ruling process. CON=25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1438

McDonough District Hospital

525 East Grant Street

Macomb, IL 61455-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	72	72	43	6	0	23	72
PEDIATRIC	6	6	5	1	0	0	6
OBSTETRIC-GYNECOLOGY	10	10	10	0	0	0	10
INTENSIVE CARE	7	7	7	0	0	0	7
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	16	16	16	0	0	0	16
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	111	111	81	7	0	23	111

* Note: According to Board action on 4/22/09, Board reduced 2 Ped beds overall voluntarily. New CON = 111 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1461

Memorial Hospital

4500 Memorial Drive

Belleville, IL 62223-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	253	253	230	23	0	0	253
PEDIATRIC	14	14	14	0	0	0	14
OBSTETRIC-GYNECOLOGY	29	29	27	2	0	0	29
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	316	316	291	25	0	0	316

* Note: On 4/1/09, Board approved to add 3 Medical-Surgical beds and 4 Intensive Care beds and discontinue 4 Pediatrics beds. The facility is now authorized for 253 Medical-Surgical, 14 Pediatrics and 20 ICU, 29 OB, total CON=316.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1529

Memorial Hospital

402 South Adams St

Carthage, IL 62321-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	15	15	15	0	0	0	15
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	2	2	2	0	0	0	2
INTENSIVE CARE	1	1	1	0	0	0	1
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	18	18	18	0	0	0	18

* Note: Project # 07-112 approved on 12/4/07 with completion date - 5/31/2010- Discontinue the existing 48 bed facility and construct a 18 bed replacement facility with 15 M/S, 2 OB, and 1 ICU beds. Total CON= New Hospital ID (ID#5611) has been issued and is effective as of 8/15/09.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1495

Memorial Hospital

1900 State Street

Chester, IL 62233-1116

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	23	23	23	0	0	0	23
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	2	2	2	0	0	0	2
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 33 (M/S= 31, ICU=2) beds overall voluntarily. New CON = 25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0513

Memorial Hospital Of Carbondale

405 West Jackson Street

Carbondale, IL 62901-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	85	85	85	0	0	0	85
PEDIATRIC	14	14	14	0	0	0	14
OBSTETRIC-GYNECOLOGY	28	28	28	0	0	0	28
INTENSIVE CARE	13	13	13	0	0	0	13
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	140	140	140	0	0	0	140

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1487

Memorial Medical Center

701 N 1st

Springfield, IL 62781-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	360	360	339	20	0	0	359
PEDIATRIC	7	7	7	0	0	0	7
OBSTETRIC-GYNECOLOGY	16	16	16	0	0	0	16
INTENSIVE CARE	44	44	44	0	0	0	44
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	50	50	35	7	0	2	44
REHABILITATION	30	30	30	0	0	0	30
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	507	507	471	27	0	2	500

* Note: According to Board action on 4/22/09, Board reduced 27 beds (M/S= 14, Ped=9, Rehab=4) overall voluntarily. New CON count for the facility is 507 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1537

Mendota Community Hospital

1315 Memorial Drive

Mendota, IL 61342-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	21	21	21	0	0	0	21
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: According to project #08-106, approved on 4/22/09, Board approved establishment of a new hospital and discontinue the present hospital. New facility has M/S =21 and ICU=4 for a total of 25 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3772

Mercer County Hospital

409 N.W 9th Avenue

Aledo, IL 61231-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	22	22	20	2	0	0	22
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	22	22	20	2	0	0	22

* Note: On 1/28/09, Board approved project #08-056 for discontinuation of 3 ICU beds and 14 LTC beds and modernize existing hospital. Current beds at Mercer are all Medical Surgical (22 beds).

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4911

Mercy Harvard Memorial Hospital

901 South Grant Street

Harvard, IL 60033-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	17	17	17	0	0	0	17
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	3	3	0	0	0	3
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	45	45	45	0	0	0	45
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	65	65	65	0	0	0	65

Note: According to Board action on 4/22/09, Board reduced 12 M/S beds. Current CON= 65 beds which includes 45 LTC beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1578

Mercy Hospital & Medical Center

2525 South Michigan Avenue

Chicago, IL 60616-2477

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009					Total Beds Reported
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS			
					CON	NON-CON		
MEDICAL-SURGICAL	289	289	280	8	0	1	289	
PEDIATRIC	37	37	28	3	0	6	37	
OBSTETRIC-GYNECOLOGY	30	30	30	0	0	0	30	
INTENSIVE CARE	30	30	30	0	0	0	30	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	39	39	39	0	0	0	39	
REHABILITATION	24	24	24	0	0	0	24	
LONG-TERM CARE	0	0	0	0	0	0	0	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	449	449	431	11	0	7	449	

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0125

Methodist Hospital of Chicago

5025 North Paulina Street

Chicago, IL 60640-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	154	154	154	0	0	0	154
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	9	9	9	0	0	0	9
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	62	62	62	0	0	0	62
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	23	23	23	0	0	0	23
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	248	248	248	0	0	0	248

* Note: According to Board action on 4/22/09, Board reduced 7 beds (M/S=3, ICU=4) overall voluntarily. New CON = 248 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1594

Methodist Medical Center

221 Northeast Glen Oak

Peoria, IL 61636-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	168	168	160	8	0	0	168
PEDIATRIC	12	12	12	0	0	0	12
OBSTETRIC-GYNECOLOGY	16	16	13	3	0	0	16
INTENSIVE CARE	26	26	24	2	0	0	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	68	68	66	2	0	0	68
REHABILITATION	39	39	39	0	0	0	39
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	329	329	314	15	0	0	329

* Note: On 4/22/09, Board action resulted in 10 bed ICU reduction, new ICU count = 26. Total Con for the facility = 329

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5116

Metro South Medical Center

12935 South Gregory Street

Blue Island, IL 60406-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	319	319	238	34	0	0	272
PEDIATRIC	6	6	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	30	30	28	2	0	0	30
INTENSIVE CARE	28	28	28	0	0	0	28
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	383	383	299	36	0	0	335

Note: Project #08-041- change of Ownership and Name change from St.Francis Medical Center to Metro South Medical Center. According to Board action on 4/22/09, Board reduced 27 Ped beds overall voluntarily. Ped count is 6 beds. New CON count for the facility is 383 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0786

Midwest Medical Center

One Medical Center Dr

Galena, IL 61036-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: Project # 07-086, approved on 12/6/07 has 57 Long Term Care (LTC) beds licensured under LTC act. Utilization shown under Hospital profile reflects with no hospital authorized LTC beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2956

Midwestern Reg Medical Center

2520 Elisha Avenue

Zion, IL 60099-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	73	73	65	4	0	0	69
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	77	77	69	4	0	0	73

Note: According to Board action on 4/22/09, Board reduced 18 M/S beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1628

Morris Hospital & Healthcare Centers

150 West High Street

Morris, IL 60450

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	65	65	65	0	0	0	65
PEDIATRIC	5	5	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	8	8	8	0	0	0	8
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	86	86	86	0	0	0	86

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1636

Morrison Community Hospital

303 North Jackson Street

Morrison, IL 61270-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1644

Mount Sinai Hospital Medical Center

California at 15th Avenue

Chicago, IL 60608-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	165	165	158	7	0	0	165
PEDIATRIC	31	31	29	2	0	0	31
OBSTETRIC-GYNECOLOGY	30	30	30	0	0	0	30
INTENSIVE CARE	30	30	30	0	0	0	30
NEONATAL INTENSIVE CARE	35	35	33	2	0	0	35
ACUTE/CHRONIC MENTAL ILLNES	28	28	28	0	0	0	28
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	319	319	308	11	0	0	319

* Note: According to a Bed Change approved on 2/14/09, facility received permission to add 3 Obstetrics beds. OB= 30 beds. According to Board action on 4/22/09, Board reduced 115 beds overall (M/S=111, ICU=4) voluntarily. New CON count for the facility is 319 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1701

Northwest Community Hospital

800 West Central Road

Arlington Heights, IL 60005-000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	336	336	284	14	38	0	336
PEDIATRIC	16	16	16	0	0	0	16
OBSTETRIC-GYNECOLOGY	44	44	43	0	1	0	44
INTENSIVE CARE	60	60	36	0	24	0	60
NEONATAL INTENSIVE CARE	8	8	0	0	8	0	8
ACUTE/CHRONIC MENTAL ILLNES	32	32	32	0	0	0	32
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	496	496	411	14	71	0	496

* Note: According to Board approved project#08-101, on 4/21/09, facility established 8 bed Neonatal Intensive Care Unit. Total CON= 496

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3251

Northwestern Memorial Hospital

240 East Ontario Suite 530

Chicago IL 60611-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	506	506	506	0	0	0	506
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	134	134	134	0	0	0	134
INTENSIVE CARE	92	92	92	0	0	0	92
NEONATAL INTENSIVE CARE	86	86	86	0	0	0	86
ACUTE/CHRONIC MENTAL ILLNES	55	36	36	0	0	0	36
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	873	854	854	0	0	0	854

Note: According to a Board approved Bed Change on 5/13/09, facility discontinued 19 AMI beds. CON for AMI = 36.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1727

Norwegian American Hospital

1044 North Francisco Avenue

Chicago, IL 60622

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	98	98	91	7	0	0	98
PEDIATRIC	5	5	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	48	48	29	0	0	19	48
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	37	37	36	1	0	0	37
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	200	200	173	8	0	19	200

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1743

Oak Forest Hospital

159th & Cicero Avenue

Oak Forest, IL 60452-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	137	137	120	12	0	5	137
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	58	58	56	0	0	2	58
LONG-TERM CARE	10	10	10	0	0	0	10
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	213	213	194	12	0	7	213

* Note: According to Board action on 4/22/09, Board reduced 890 beds (LTC=884, Rehab=6) overall voluntarily. New CON count for the facility is 213 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4929

OSF Holy Family Medical Center

1000 West Harlem Ave

Monmouth, IL 61462-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	23	23	23	0	0	0	23
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	45	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	68	23	23	0	0	0	23

Note: According to project #09-049 approved on 12/1/09 facility received permit to discontinue 45 bed Skilled Nursing (Long Term Care) category of service. Project was completed as of 12/31/09.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2394

OSF Saint Francis Medical Center

530 N E Glen Oak Avenue

Peoria, IL 61637-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	306	306	285	7	14	0	306
PEDIATRIC	32	32	32	0	0	0	32
OBSTETRIC-GYNECOLOGY	54	54	54	0	0	0	54
INTENSIVE CARE	157	157	110	8	39	0	157
NEONATAL INTENSIVE CARE	40	40	36	0	4	0	40
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	27	27	27	0	0	0	27
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	616	616	544	15	57	0	616

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2444

OSF Saint James_John W. Albrecht Med Ctr

2500 W. Reynolds

Pontiac, IL 61764-9774

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	33	33	33	0	0	0	33
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	4	4	4	0	0	0	4
INTENSIVE CARE	5	5	5	0	0	0	5
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	42	42	42	0	0	0	42

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2071

Ottawa Reg Hospital and Healthcare Ctr

1100 East Norris Drive

Ottawa, IL 61350-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	62	62	49	5	0	0	54
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	14	14	13	1	0	0	14
INTENSIVE CARE	5	5	5	0	0	0	5
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	28	28	24	2	0	0	26
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	109	109	91	8	0	0	99

* Note: According to Board action on 4/22/09, Board reduced 9 beds in M/S category of service. New hospital CON count is 109.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1719

Our Lady of The Resurrection Medical Center

5645 West Addison Street

Chicago, IL 60634-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	213	213	193	20	0	0	213
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	66	66	66	0	0	0	66
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	299	299	279	20	0	0	299

* Note: According to Board action on 4/22/09, Board reduced 164 M/S beds overall voluntarily. New CON count for the facility is 299 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3210

Palos Community Hospital

12251 South 80th Avenue

Palos Heights, IL 60463-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	306	306	294	21	-9	0	306
PEDIATRIC	15	15	15	0	0	0	15
OBSTETRIC-GYNECOLOGY	28	28	27	1	0	0	28
INTENSIVE CARE	36	36	24	0	12	0	36
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	48	48	39	4	0	0	43
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	433	433	399	26	3	0	428

Note: Project #08-075 approved on 3/10/09 increase of 12 ICU and decrease of 9 M/S beds for a total of 439 beds. According to Board action on 4/22/09, Board reduced 6 beds (Ped=2, OB=4) overall voluntarily. New CON count for the facility is 433 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1776

Pana Community Hospital

101 East Ninth Street

Pana, IL 62557-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	22	22	19	3	0	0	22
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	22	19	3	0	0	22

* Note: On 12/1/09, facility was approved for project#09-044 received permit to discontinue 3 bed ICU. According to Board action on 4/22/09, Board reduced 10 M/S beds overall voluntarily. New CON count for the facility is 22 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1784

Paris Community Hospital

721 East Court Street

Paris, IL 61944-2420

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	28	28	25	3	0	0	28
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	28	28	25	3	0	0	28

* Note: According to Board action on 4/22/09, Board reduced 21 M/S beds overall voluntarily. New CON count for the facility is 28 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1792

Passavant Area Hospital

1600 West Walnut Street

Jacksonville, IL 62650-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	101	101	93	8	0	0	101
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	11	11	11	0	0	0	11
INTENSIVE CARE	9	9	9	0	0	0	9
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	121	121	113	8	0	0	121

* Note: According to Board action on 4/22/09, Board reduced 25 M/S beds overall voluntarily. New CON count for the facility is 121 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1834

Pekin Memorial Hospital

600 South 13th Street

Pekin, IL 61554-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	66	66	66	0	0	0	66
PEDIATRIC	9	9	9	0	0	0	9
OBSTETRIC-GYNECOLOGY	12	12	12	0	0	0	12
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	27	27	27	0	0	0	27
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	122	122	122	0	0	0	122

* Note: According to Board action on 4/22/09, Board reduced 3 beds (Ped=1, M/S=2) overall voluntarily. New CON count for the facility is 122 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1883

Perry Memorial Hospital

530 Park Avenue East

Princeton, IL 61356-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	18	18	18	0	0	0	18
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	4	4	4	0	0	0	4
INTENSIVE CARE	3	3	3	0	0	0	3
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 58 beds (M/S=47, OB=6, ICU=5) overall voluntarily. New CON count for the facility is 25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1891

Pinckneyville Community Hospital

101 North Walnut Street

Pinckneyville, IL 62274-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	28	28	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	28	28	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 8 M/S beds overall voluntarily. New CON count for the facility is 28 beds. On 3/2/2010, Pinckneyville was authorized for 25 M/S beds by declaratory ruling approved by the Board.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1925

Proctor Hospital

5409 N. Knoxville Avenue

Peoria, IL 61614-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	151	151	137	14	0	0	151
PEDIATRIC	8	8	8	0	0	0	8
OBSTETRIC-GYNECOLOGY	15	15	15	0	0	0	15
INTENSIVE CARE	16	16	16	0	0	0	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	30	30	28	2	0	0	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	220	220	204	16	0	0	220

* Note: According to Board action on 4/22/09, Board reduced 79 beds (M/S =63, Ped= 2, OB=14) overall voluntarily. New CON count for the facility is 220 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4861

Provena Covenant Medical Center

1400 West Park Avenue

Urbana, IL 61801-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	110	110	101	9	0	0	110
PEDIATRIC	6	6	5	1	0	0	6
OBSTETRIC-GYNECOLOGY	24	24	23	1	0	0	24
INTENSIVE CARE	15	15	13	2	0	0	15
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	30	30	27	3	0	0	30
REHABILITATION	25	25	22	3	0	0	25
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	210	210	191	19	0	0	210

* Note: According to Board action on 4/22/09, Board reduced 44 beds (M/S= 18, Ped=12, AMI=10, ICU=3, Rehab=1) overall voluntarily. New CON count for the facility is 210 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4903

Provena Mercy Medical Center

1325 North Highland Avenue

Aurora, IL 60506-1458

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	156	156	144	12	0	0	156
PEDIATRIC	16	16	14	2	0	0	16
OBSTETRIC-GYNECOLOGY	16	16	16	0	0	0	16
INTENSIVE CARE	16	16	16	0	0	0	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	95	95	91	4	0	0	95
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	299	299	281	18	0	0	299

Note: According to Board action on 4/22/09, Board reduced 16 beds (Ped=12, AML=4) overall voluntarily.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4887

Provena Saint Joseph Hospital

77 North Airlite Street

Elgin, IL 60123-4912

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	99	99	99	0	0	0	99
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	15	0	0	0	0	0	0
INTENSIVE CARE	15	15	13	0	2	0	15
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	30	30	30	0	0	0	30
REHABILITATION	34	34	34	0	0	0	34
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	193	178	176	0	2	0	178

Note: According to project#09-033, approved on 10/13/09, facility discontinued 15 bed OB category of service.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4838

Provena Saint Joseph Medical Center

333 North Madison Street

Joliet, IL 60435-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	319	319	293	26	0	0	319
PEDIATRIC	13	13	13	0	0	0	13
OBSTETRIC-GYNECOLOGY	33	33	33	0	0	0	33
INTENSIVE CARE	52	52	52	0	0	0	52
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	31	31	31	0	0	0	31
REHABILITATION	32	32	31	1	0	0	32
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	480	480	453	27	0	0	480

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4879

Provena St. Mary's Hospital

500 West Court Street

Kankakee, IL 60901-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	105	105	105	0	0	0	105
PEDIATRIC	14	14	14	0	0	0	14
OBSTETRIC-GYNECOLOGY	12	12	12	0	0	0	12
INTENSIVE CARE	26	26	26	0	0	0	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	25	25	25	0	0	0	25
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	182	182	182	0	0	0	182

Note: According to Board action on 4/22/09, Board reduced 4 ICU beds overall voluntarily. New CON count for the facility is 182 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4853

Provena United Samaritans Medical Center

812 North Logan Street

Danville, IL 61832-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	134	134	121	13	0	0	134
PEDIATRIC	9	9	8	1	0	0	9
OBSTETRIC-GYNECOLOGY	17	17	15	2	0	0	17
INTENSIVE CARE	14	14	12	2	0	0	14
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	174	174	156	18	0	0	174

Note: According to Board action on 4/22/09, Board reduced 36 beds (M/S= 24, Ped=9, OB=2, ICU=1) overall voluntarily. New CON count for the facility is 174 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4549

Provident Hospital of Cook County

500 East 51st Street

Chicago, IL 60615-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	81	81	79	0	0	0	79
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	23	23	23	0	0	0	23
INTENSIVE CARE	11	11	11	0	0	0	11
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	115	115	113	0	0	0	113

* Note: According to Board action on 4/22/09, Board reduced 107 beds (M/S= 92, ICU=7, OB=8) overall voluntarily. New CON count for the facility is 115 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5199

Red Bud Regional Hospital

325 Spring Street

Red Bud, IL 62278-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	2	2	0	2	0	0	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	3	0	3	0	0	3
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	30	30	25	5	0	0	30

Note: According to Board action on 4/22/09, Board reduced 1 M/S bed overall voluntarily. New CON count for the facility is 30 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1958

Rehabilitation Institute of Chicago

345 East Superior Street

Chicago, IL 60611-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	165	165	165	0	0	0	165
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	165	165	165	0	0	0	165

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1974

Resurrection Medical Center

7435 West Talcott Avenue

Chicago, IL 60631-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	214	214	257	26	-69	0	214
PEDIATRIC	17	17	17	0	0	0	17
OBSTETRIC-GYNECOLOGY	23	23	17	0	0	0	17
INTENSIVE CARE	41	41	30	0	11	0	41
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	65	65	65	0	0	0	65
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	360	360	386	26	-58	0	354

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4788

Richland Memorial Hospital

800 East Locust

Olney, IL 62450-2598

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	61	61	57	4	0	0	61
PEDIATRIC	5	5	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	11	11	10	0	0	0	10
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	16	16	16	0	0	0	16
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	34	34	34	0	0	0	34
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	135	135	130	4	0	0	134

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5124

Riveredge Hospital

8311 West Roosevelt Road

Forest Park, IL 60130-2500

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	210	210	210	0	0	0	210
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	210	210	210	0	0	0	210

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2014

Riverside Medical Center

350 North Wall Street

Kankakee, IL 60901-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	162	162	175	0	-13	0	162
PEDIATRIC	24	24	24	0	0	0	24
OBSTETRIC-GYNECOLOGY	30	30	25	0	5	0	30
INTENSIVE CARE	40	40	27	0	13	0	40
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	50	50	50	0	0	0	50
REHABILITATION	19	19	19	0	0	0	19
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	325	325	320	0	5	0	325

* Note: On 4/22/09, Board approved project #08-087, according to this, there is a decrease of 13 M/S beds and increase of 8 ICU beds. M/s= 162, ICU=40. Total beds = 325.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4804

RML Health Providers, L.P.

5601 S. County Line Road

, IL 60521-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	115	115	104	11	0	0	115
TOTAL BEDS	115	115	104	11	0	0	115

Note: On 4/22/09, Board approved the reclassification of the beds under LTAC per PART 1100. Total LTAC beds = 115. According to Board action on 4/22/09, Board reduced 59 LTAC beds overall voluntarily. New CON count for the facility is 115 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2022

Rochelle Community Hospital

900 North 2nd Street

Rochelle, IL 61068-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	21	21	21	0	0	0	21
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

* Note: According to Board action on 4/22/09, Board reduced 29 M/S beds overall voluntarily. New CON count for the facility is 25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2048

Rockford Memorial Hospital

2400 North Rockton Avenue

Rockford, IL 61103-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009					Total Beds Reported
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS			
					CON	NON-CON		
MEDICAL-SURGICAL	231	231	176	21	0	34	231	
PEDIATRIC	35	35	32	3	0	0	35	
OBSTETRIC-GYNECOLOGY	35	35	32	3	0	0	35	
INTENSIVE CARE	29	29	29	0	0	0	29	
NEONATAL INTENSIVE CARE	44	46	46	0	0	0	46	
ACUTE/CHRONIC MENTAL ILLNES	20	20	19	1	0	0	20	
REHABILITATION	0	0	0	0	0	0	0	
LONG-TERM CARE	0	0	0	0	0	0	0	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	394	396	334	28	0	34	396	

* Note: On 12/18/09, Board approved Bed Change request to add 2 Neonatal Intensive Care beds to an existing category of service. According to Board action on 4/22/09, Board reduced 2 ICU beds overall voluntarily. New CON count for the facility is 396 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2063

Roseland Community Hospital

45 West 111th Street

Chicago, IL 60628-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	77	77	77	0	0	0	77
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	17	17	17	0	0	0	17
INTENSIVE CARE	10	10	10	0	0	0	10
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	30	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	134	104	104	0	0	0	104

* Note: Project #08-055 approved in Jan 2009 to establish 30 bed AMI category of service has been abandoned in Aug, 2009, hence 30 AMI beds are removed from the inventory. According to Board action on 4/22/09, Board reduced 58 beds (M/S=55, OB=3) overall voluntarily. New CON count for the facility as of 12/31/09 is 104 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1750

Rush Oak Park Hospital

520 South Maple Street

Oak Park, IL 60304-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	160	160	146	14	0	0	160
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	14	14	14	0	0	0	14
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	36	36	36	0	0	0	36
LONG-TERM CARE	36	36	36	0	0	0	36
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	246	246	232	14	0	0	246

* Note: According to Board action on 4/22/09, Board reduced 28 beds (M/S=27, Rehab=1) overall voluntarily. New CON count for the facility is 246 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

1917

Rush University Medical Center

1653 West Congress Parkway

Chicago, IL 60612-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	340	340	340	0	0	0	340
PEDIATRIC	28	28	28	0	0	0	28
OBSTETRIC-GYNECOLOGY	38	38	37	1	0	0	38
INTENSIVE CARE	132	132	95	0	37	0	132
NEONATAL INTENSIVE CARE	72	72	57	0	15	0	72
ACUTE/CHRONIC MENTAL ILLNES	90	90	68	2	0	0	70
REHABILITATION	66	66	54	5	0	0	59
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	766	766	679	8	52	0	739

* Note: According to Board action on 4/22/09, Board reduced 59 beds overall voluntarily. New CON count for the facility is 766 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4671

Rush-Copley Medical Center

2000 Ogden Avenue

Aurora, IL 60504-4206

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	116	116	116	0	0	0	116
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	28	28	28	0	0	0	28
INTENSIVE CARE	22	22	22	0	0	0	22
NEONATAL INTENSIVE CARE	9	9	9	0	0	0	9
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	18	18	18	0	0	0	18
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	193	193	193	0	0	0	193

Note: On 4/14/09, according to a Bed Change 10 beds added to an existing ICU category of service. ICU=22.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4168

Sacred Heart Hospital

3240 West Franklin Blvd

Chicago, IL 60624-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	111	111	111	0	0	0	111
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	119	119	119	0	0	0	119

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2253

Saint Anthony Medical Center

5666 East State Street

Rockford, IL 61108-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	190	190	185	5	0	0	190
PEDIATRIC	13	13	12	1	0	0	13
OBSTETRIC-GYNECOLOGY	13	13	13	0	0	0	13
INTENSIVE CARE	38	38	36	2	0	0	38
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	254	254	246	8	0	0	254

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2287

Saint Anthony's Health Center

Saint Anthony's Way

Alton, IL 62002-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	94	111	93	8	0	0	101
PEDIATRIC	5	20	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	20	20	20	0	0	0	20
INTENSIVE CARE	19	19	17	2	0	0	19
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	138	170	135	10	0	0	145

* Note: Project #07-144 approved in April 2008 for reduction of M/S and Ped beds was abandoned on 11/4/09 and permit was approved. As a result, 17 M/S and 15 Ped beds are added back into the Inventory. Current M/S = 111 and Ped=20, facility total CON as of 12/31/09 = 170 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4218

Saint Clare's Hospital

915 East Fifth Street

Alton, IL 62002-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	24	24	24	0	0	0	24
LONG-TERM CARE	30	30	30	0	0	0	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	54	54	54	0	0	0	54

Note: On 4/22/2009, Board approved the voluntary reduction of 8 LTC beds. LTC count= 30 beds. The total bed count for the facility is 54 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2493

Saint Joseph Hospital

2900 North Lake Shore Drive

Chicago, IL 60657-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	219	219	199	20	0	0	219
PEDIATRIC	11	11	10	1	0	0	11
OBSTETRIC-GYNECOLOGY	23	23	23	0	0	0	23
INTENSIVE CARE	23	23	21	2	0	0	23
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	35	35	34	1	0	0	35
REHABILITATION	23	23	23	0	0	0	23
LONG-TERM CARE	26	26	26	0	0	0	26
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	360	360	336	24	0	0	360

* Note: On 4/22/2009, Board approved the voluntary reduction of 42 beds within M/S, Ped and ICU categories of service. The total bed count for the facility is 360 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2584

Saint Mary Of Nazareth Hospital

2233 West Divison Street

Chicago, IL 60622-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	186	186	186	0	0	0	186
PEDIATRIC	14	14	14	0	0	0	14
OBSTETRIC-GYNECOLOGY	20	20	20	0	0	0	20
INTENSIVE CARE	32	32	32	0	0	0	32
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	120	120	120	0	0	0	120
REHABILITATION	15	15	15	0	0	0	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	387	387	387	0	0	0	387

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2089

Salem Township Hospital

1201 Ricker Drive

Salem, IL 62881-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	22	22	19	3	0	0	22
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	3	3	0	0	0	3
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	22	3	0	0	25

* Note: On 4/22/2009, Board approved the voluntary reduction of 21 beds within M/S category of service. The total bed count for the facility is 25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3392

Sara Bush Lincoln Health Center

1000 Health Center Drive

Mattoon, IL 61938-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	73	73	66	7	0	0	73
PEDIATRIC	8	8	8	0	0	0	8
OBSTETRIC-GYNECOLOGY	19	19	17	2	0	0	19
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	20	20	20	0	0	0	20
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	15	15	13	2	0	0	15
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	143	143	132	11	0	0	143

Note: On 4/22/2009, Board approved the voluntary reduction of 44 beds within M/S, Ped and OB categories of service. The total bed count for the facility is 143 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2105

Sarah Culbertson Memorial Hospital

238 South Congress Street

Rushville, IL 62681-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	22	22	22	0	0	0	22
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	29	29	29	0	0	0	29
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	51	51	51	0	0	0	51

* Note: On 4/22/2009, Board approved the voluntary reduction of 1 LTC bed. LTC CON= 29 beds. The total bed count for the facility is 51 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2147

Schwab Rehabilitation Center

1401 South California Avenue

Chicago, IL 60608-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	81	81	81	0	0	0	81
LONG-TERM CARE	21	21	21	0	0	0	21
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	102	102	102	0	0	0	102

* Note: On 4/22/2009, Board approved the voluntary reduction of 23 beds within LTC and Rehab categories of service. Board discontinued 9 nursing care beds, total LTC= 21. The total bed count for the facility is 102 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2154

Shelby Memorial Hospital

200 South Cedar Street

Shelbyville, IL 62565-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	30	30	30	0	0	0	30
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	30	30	30	0	0	0	30

* Note: According to project #09-041 approved on 12/1/09 permit was issued to discontinue the 19 bed nursing care facility. Total CON= 30 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2162

Sherman Hospital

1425 N. Randall Rd

Elgin, IL 60120-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	189	189	189	0	0	0	189
PEDIATRIC	8	8	8	0	0	0	8
OBSTETRIC-GYNECOLOGY	28	28	28	0	0	0	28
INTENSIVE CARE	30	30	30	0	0	0	30
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	255	255	255	0	0	0	255

* Note: CON Authorized beds reflect the CON beds for the replacement facility (project# 05-054). However, utilization for the facility is based on current operating beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3152

Shriners Hospitals for Children - Chicago

2211 North Oak Park Avenue

Chicago, IL 60707-3392

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	60	60	60	0	0	0	60
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	60	60	60	0	0	0	60

* Note: Per the HFPB rules, this facility is currently classified as a "Specialized Long-Term Medical Care" for Children. Provides medical care to children at no charge to them or their families.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2170

Silver Cross Hospital

1New lenox

Joliet, IL 60432-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	194	194	168	0	26	0	194
PEDIATRIC	8	8	20	1	-13	0	8
OBSTETRIC-GYNECOLOGY	30	30	22	0	8	0	30
INTENSIVE CARE	22	22	16	0	6	0	22
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	16	20	14	0	6	0	20
REHABILITATION	15	15	17	0	-2	0	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	285	289	257	1	31	0	289

* Note: On 10/1/09, 4 AMI beds were added to the CON count as those beds were reduced inadvertently. Project #07-148 approved on 7/1/2008 received permit to discontinue entire existing hospital and to construct a replacement hospital in New Lenox.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2188

Skokie Hospital

9600 Gross Point Road

Skokie, IL 60076-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	173	173	156	1	16	0	173
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	42	42	42	0	0	0	42
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	237	237	220	1	16	0	237

* Note: Project #08-044 approved on 9/17/2008, and completed on 9/17/08- permitted to discontinue its 19-bed Obstetrics category of service. According to Board action on 4/22/09, Board reduced 9 AMI beds overall voluntarily. New CON count for the facility is 237 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3459

South Shore Hospital

8012 South Crandon

Chicago, IL 60617-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	117	117	117	0	0	0	117
PEDIATRIC	6	6	6	0	0	0	6
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	131	131	131	0	0	0	131

* Note: On 4/22/2009, Board approved the voluntary reduction of 35 beds in M/S service . The total bed count for the facility is 131 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2220

Sparta Community Hospital

818 East Broadway Street

Sparta, IL 62286-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	24	24	21	3	0	0	24
PEDIATRIC	2	2	1	1	0	0	2
OBSTETRIC-GYNECOLOGY	4	4	3	1	0	0	4
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	30	30	25	5	0	0	30

* Note: On 4/22/2009, Board approved the voluntary reduction of 9 beds within M/S and OB categories of service. The total bed count for the facility is 30 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2279

St Anthony's Memorial Hospital

503 North Maple Street

Effingham, IL 62401-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	100	100	100	0	0	0	100
PEDIATRIC	6	6	6	0	0	0	6
OBSTETRIC-GYNECOLOGY	17	17	17	0	0	0	17
INTENSIVE CARE	10	10	10	0	0	0	10
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	13	13	13	0	0	0	13
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	146	146	146	0	0	0	146

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2360

St. Elizabeth Hospital

1431 North Claremont Avenue

Chicago, Illinois 60622

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	40	40	40	0	0	0	40
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	40	40	40	0	0	0	40
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	28	28	26	2	0	0	28
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	108	108	106	2	0	0	108

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4994

St. Alexius Medical Center

1555 N. Barrington Road

Hoffman Estates, IL 60194-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	239	239	195	17	27	0	239
PEDIATRIC	35	35	33	2	0	0	35
OBSTETRIC-GYNECOLOGY	28	28	28	0	0	0	28
INTENSIVE CARE	29	29	26	3	0	0	29
NEONATAL INTENSIVE CARE	8	8	8	0	0	0	8
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	339	339	290	22	27	0	339

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4556

St. Anthony Hospital

2875 West 19th Street

Chicago, IL 60623-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	62	62	60	2	0	0	62
PEDIATRIC	12	12	12	0	0	0	12
OBSTETRIC-GYNECOLOGY	20	20	20	0	0	0	20
INTENSIVE CARE	15	15	15	0	0	0	15
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	42	42	30	12	0	0	42
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	151	151	137	14	0	0	151

Note: On 4/22/2009, Board approved the voluntary reduction of 15 beds within M/S category of service. The total bed count for the facility is 151 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2303

St. Bernard Hospital

326 West 64th Street

Chicago, IL 60621-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	110	110	110	0	0	0	110
PEDIATRIC	28	28	28	0	0	0	28
OBSTETRIC-GYNECOLOGY	22	22	22	0	0	0	22
INTENSIVE CARE	10	10	10	0	0	0	10
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	40	40	40	0	0	0	40
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	210	210	210	0	0	0	210

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2345

St. Elizabeth Hospital

211 South 3rd Street

Belleville, IL 62221-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	278	278	184	18	0	0	202
PEDIATRIC	14	14	14	0	0	0	14
OBSTETRIC-GYNECOLOGY	30	30	29	1	0	0	30
INTENSIVE CARE	24	24	24	0	0	0	24
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	47	47	32	3	0	0	35
REHABILITATION	33	33	33	0	0	0	33
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	426	426	316	22	0	0	338

* Note: On 4/22/2009, Board approved the voluntary discontinuation of 80 Medical Surgical beds by the facility. Now M/S = 278 and total beds = 426.

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2386

St. Francis Hospital

1215 Franciscan Drive

Litchfield, IL 62056-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	18	18	18	0	0	0	18
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	3	3	3	0	0	0	3
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	11	11	0	0	0	11	11
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	36	36	25	0	0	11	36

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2402

St. Francis Hospital

355 Ridge Avenue

Evanston, IL 60202-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	206	206	204	2	0	0	206
PEDIATRIC	12	12	12	0	0	0	12
OBSTETRIC-GYNECOLOGY	18	18	16	2	0	0	18
INTENSIVE CARE	35	35	35	0	0	0	35
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	271	271	267	4	0	0	271

* Note: On 4/22/2009, Board approved the voluntary reduction of 104 beds within Medical Surgical, Pediatric, Ob-Gyn and ICU categories of service. The total bed count for the facility is 271 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5074

St. James Hospital & Health Center

20201 South Crawford

Olympia Fields, IL 60461-1010

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	139	139	128	11	0	0	139
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	25	25	25	0	0	0	25
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	164	164	153	11	0	0	164

Note: On 4/22/2009, a voluntary reduction of 1 ICU bed was made by the facility and approved by the Board. Total bed count = 164

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2436

St. James Hospital & Health Center

1423 Chicago Road

Chicago Heights, IL 60411-3483

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	230	230	167	63	0	0	230
PEDIATRIC	10	10	10	0	0	0	10
OBSTETRIC-GYNECOLOGY	22	22	22	0	0	0	22
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	30	30	30	0	0	0	30
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	312	312	249	63	0	0	312

* Note: On 4/22/09, Board approved the voluntary reduction of 85 beds in M/S=83 and OB=2. Total bed count= 312.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2451

St. John's Hospital

800 East Carpenter

Springfield, IL 62769-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	308	308	252	29	0	0	281
PEDIATRIC	32	32	30	2	0	0	32
OBSTETRIC-GYNECOLOGY	38	38	38	0	0	0	38
INTENSIVE CARE	44	44	38	2	0	0	40
NEONATAL INTENSIVE CARE	40	40	40	0	0	0	40
ACUTE/CHRONIC MENTAL ILLNES	40	40	36	4	0	0	40
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	37	37	37	0	0	0	37
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	539	539	471	37	0	0	508

* Note: On 4/22/2009, Board approved the voluntary reduction of 199 beds within Medical Surgical, AMI and LTC categories of service. Officially Board reduced 41 LTC beds and new LTC CON= 37. The total bed count for the facility is 539 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2535

St. Joseph Medical Center

2200 East Washington

Bloomington, IL 61701-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009					Total Beds Reported
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS			
					CON	NON-CON		
MEDICAL-SURGICAL	95	95	88	7	0	0	95	
PEDIATRIC	16	16	16	0	0	0	16	
OBSTETRIC-GYNECOLOGY	18	12	16	2	-6	0	12	
INTENSIVE CARE	14	14	14	0	0	0	14	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0	
REHABILITATION	0	0	0	0	0	0	0	
LONG-TERM CARE	12	12	12	0	0	0	12	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	155	149	146	9	-6	0	149	

Project #09-027 approved on 10/13/2009 resulted in reduction of 6 OB beds for atotal of 12 OB beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4614

St. Joseph Memorial Hospital

2 South Hospital Drive

Murphysboro, IL

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	38	38	25	10	0	0	35
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	40	40	27	10	0	0	37

* Note: On 4/22/2009, Board approved the voluntary reduction of 9 beds within Medical Surgical category of service. The total bed count for the facility is 40 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2543

St. Josephs Hospital

1515 Main Street

Highland, IL 62249-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	21	21	19	2	0	0	21
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	30	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	57	27	25	2	0	0	27

Note: On 9/1/09, project# 09-009 received approval from Board to discontinue 30 bed Skilled Nursing (Long-Term Care) Unit. On 4/22/2009, Board approved the voluntary reduction of 49 beds within Medical Surgical, Pediatric and ICU categories of service. The total bed count for the facility as of 12/31/09 = 27 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2527

St. Josephs Hospital, Breese

9515 Holy Cross Lane

Breese, IL 62230-0099

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	69	69	63	6	0	0	69
PEDIATRIC	6	6	6	0	0	0	6
OBSTETRIC-GYNECOLOGY	6	6	6	0	0	0	6
INTENSIVE CARE	4	4	4	0	0	0	4
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	85	85	79	6	0	0	85

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2576

St. Margaret's Hospital

600 East First Street

Spring Valley, IL 61362-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009					Total Beds Reported
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS			
					CON	NON-CON		
MEDICAL-SURGICAL	47	67	61	6	0	0	67	
PEDIATRIC	0	0	0	0	0	0	0	
OBSTETRIC-GYNECOLOGY	6	10	10	0	0	0	10	
INTENSIVE CARE	6	6	6	0	0	0	6	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0	
REHABILITATION	0	0	0	0	0	0	0	
LONG-TERM CARE	0	29	27	2	0	0	29	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	59	112	104	8	0	0	112	

* Note: On 10/13/09, project# 08-018 was abandoned (which was approved on 8/12/08) to build replacement hospital. Effective 9/8/09, Board authorized facility for 67 M/S, 10 OB and 6 ICU beds. Effective 9/8/09 permit (08-018) to construct a replacement hospital discontinuing their 33 LTC beds is abandoned. On 10/14/09, a Bed Change was approved and 4 LTC beds were reduced. As of 12/31/09 LTC beds = 29. As of 12/31/09 total CON for the facility = 112 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2675

St. Mary Medical Center

3333 North Seminary

Galesburg, IL 61401-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	78	78	77	1	0	0	78
PEDIATRIC	5	5	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	7	7	7	0	0	0	7
INTENSIVE CARE	9	9	9	0	0	0	9
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	99	99	98	1	0	0	99

* Note: On 4/22/2009, Board approved the voluntary reduction of 39 beds within Medical Surgical, Pediatric, OB and ICU categories of service. The total bed count for the facility is 99 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2592

St. Mary's Hospital

1800 East Lake Shore

Decatur, IL

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	202	202	98	10	0	0	108
PEDIATRIC	20	20	12	2	0	0	14
OBSTETRIC-GYNECOLOGY	24	24	16	2	0	0	18
INTENSIVE CARE	19	19	13	1	0	0	14
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	56	56	43	5	8	0	56
REHABILITATION	20	20	20	0	0	0	20
LONG-TERM CARE	14	14	13	1	0	0	14
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	355	355	215	21	8	0	244

* Note: Project #06-078 discontinued 36 LTC beds, bringing the total to 14 nursing care beds. Total CON for the facility= 355.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2642

St. Mary's Hospital

400 North Pleasant Avenue

Centralia, IL 62801-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	122	122	71	0	0	0	71
PEDIATRIC	18	18	10	0	0	0	10
OBSTETRIC-GYNECOLOGY	16	16	10	0	0	0	10
INTENSIVE CARE	12	12	10	0	0	2	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	12	12	12	0	0	0	12
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	180	180	113	0	0	2	115

* Note: On 4/22/2009, Board approved the voluntary reduction of 53 beds within Medical Surgical, Pediatric, AMI and ICU categories of service.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2659

St. Mary's Hospital

111 Spring Street

Streator, IL 61364-3399

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	81	81	72	7	0	0	79
PEDIATRIC	7	7	2	1	0	0	3
OBSTETRIC-GYNECOLOGY	7	7	7	0	0	0	7
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	30	30	30	0	0	0	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	133	133	119	8	0	0	127

* Note: On 4/22/2009, Board approved the voluntary reduction of 118 beds within Medical Surgical, Pediatric, OB and ICU categories of service. The total bed count for the facility is 133 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4762

Streamwood Behavioral Health Systems

1400 E. Irving Park Road

Streamwood, IL 60107 -320

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	162	162	162	0	0	0	162
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	162	162	162	0	0	0	162

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2725

Swedish American Hospital

1401 East State Street

Rockford, IL 61104-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	209	209	192	17	0	0	209
PEDIATRIC	28	28	26	2	0	0	28
OBSTETRIC-GYNECOLOGY	34	34	34	0	0	0	34
INTENSIVE CARE	30	30	30	0	0	0	30
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	32	32	32	0	0	0	32
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	333	333	314	19	0	0	333

* Note: On 4/22/2009, Board approved the voluntary reduction of 34 beds within AMI category of service. The total bed count for the facility is 333 beds. IMRT treatments are a subset of Linear Accelerator.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4820

Swedish American Medical Center - Belvidere

1625 South State Street

Belvidere, IL 61008-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	53	53	41	5	0	0	46
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	55	55	43	5	0	0	48

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2717

Swedish Covenant Hospital

5145 North California Avenue

Chicago, IL 60625-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	182	182	182	0	0	0	182
PEDIATRIC	6	6	6	0	0	0	6
OBSTETRIC-GYNECOLOGY	21	21	21	0	0	0	21
INTENSIVE CARE	18	18	18	0	0	0	18
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	34	34	31	3	0	0	34
REHABILITATION	25	25	25	0	0	0	25
LONG-TERM CARE	37	37	34	3	0	0	37
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	323	323	317	6	0	0	323

* Note: On 4/22/2009, Board approved the voluntary reduction of 11 beds within LTC and AMI categories of service. On 4/22/09 Board discontinued 9 nursing care beds, LTC total now 37. The total bed count for the facility is 323 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2691

Taylorville Memorial Hospital

201 East Pleasant Street

Taylorville, IL 62568-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009					Total Beds Reported
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS			
					CON	NON-CON		
MEDICAL-SURGICAL	21	21	21	0	0	0	21	
PEDIATRIC	1	1	1	0	0	0	1	
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0	
INTENSIVE CARE	3	3	3	0	0	0	3	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0	
REHABILITATION	0	0	0	0	0	0	0	
LONG-TERM CARE	22	22	20	2	0	0	22	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	47	47	45	2	0	0	47	

* Note: On 4/22/2009, Board approved the voluntary reduction of 127 beds within M/S, Pediatric, LTC and ICU categories of service. 28 LTC beds were reduced with new LTC CON= 22 beds. The total bed count = 47. On 4/22/09, the facility name was changed officially from St. Vincent Memorial Hospital to Taylorville Memorial Hospital.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4689

The Pavilion Foundation

809 West Church Street

Champaign, IL 61820-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	47	47	45	2	0	0	47
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	47	47	45	2	0	0	47

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2782

Thomas H. Boyd Memorial Hospital

800 School Street

Carrollton, IL 62016-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	13	13	23	0	0	0	23
PEDIATRIC	2	2	2	0	0	0	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	15	15	25	0	0	0	25

* Note: On July 19, 2010 10 beds were added back to Inventory (23 M/S beds and 2 Ped) to 15 bed hospital (13 - M/S and 2 - Ped). On 4/22/09, Boyd's CON beds were voluntarily reduced and this has been corrected in July 2010 Board meeting (M/S=23, Ped=2).

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

0067

Thorek Memorial Hospital

850 West Irving Park

Chicago, IL 60613-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	130	130	129	1	0	0	130
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	11	11	10	1	0	0	11
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	20	20	20	0	0	0	20
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	161	161	159	2	0	0	161

* Note: On 4/22/2009, Board approved the voluntary reduction of 57 beds within M/S category of service. The total bed count for the facility is 161 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4523

Touchette Regional Hospital

5900 Bond Avenue

Centreville, IL 62207-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	66	66	60	6	0	0	66
PEDIATRIC	8	8	8	0	0	0	8
OBSTETRIC-GYNECOLOGY	33	33	30	3	0	0	33
INTENSIVE CARE	8	8	8	0	0	0	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	115	115	106	9	0	0	115

Note: Touchette merged with Kenneth Hall Regional Hospital on July 1, 2009.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5140

Trinity Medical Center - 7th Street Campus

500 John Deere Road

Moline, IL 61265

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	20	20	18	2	0	0	20
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	18	18	18	0	0	0	18
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	38	38	36	2	0	0	38

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3244

Trinity Medical Center - West

2701 17th Street

Rock Island, IL 61201-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	193	193	177	16	0	0	193
PEDIATRIC	9	9	9	0	0	0	9
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	20	20	20	0	0	0	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	54	54	54	0	0	0	54
REHABILITATION	22	22	22	0	0	0	22
LONG-TERM CARE	29	29	29	0	0	0	29
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	327	327	311	16	0	0	327

Note: On 4/22/2009, Board approved the voluntary reduction of 11 beds within ICU category of service. The total bed count for the facility is 327 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5025

UHS Hartgrove Hospital

5730 W. Roosevelt Road

Chicago, IL 60644

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	136	150	150	0	0	0	150
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	136	150	150	0	0	0	150

Note: According to a Bed Change approved on 9/13/09 facility received permission to add 14 Acute Mental Illness beds to an existing facility; facility now authorized for 150 Acute Mental Illness beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2824

Union County Hospital District

517 North Main Street

Anna, IL 62906-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	22	22	22	0	0	0	22
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	47	47	47	0	0	0	47

Note: On 4/3/09, Name changed from Anna Hospital Corp to Union County Hospital. On 4/22/2009, Board approved the voluntary reduction of 11 beds within M/S category of service. The total bed count for the facility is 47 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

3897

University Of Chicago Medical Center

5841 South Maryland

Chicago, IL 60637-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	300	300	281	28	-9	0	300
PEDIATRIC	61	61	61	0	0	0	61
OBSTETRIC-GYNECOLOGY	46	46	44	2	0	0	46
INTENSIVE CARE	114	114	92	0	22	0	114
NEONATAL INTENSIVE CARE	47	47	47	0	0	0	47
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	568	568	525	30	13	0	568

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2840

University of Illinois Medical Center @ Chicago

1740 West Taylor Street

Chicago, IL 60612-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	240	240	229	7	0	4	240
PEDIATRIC	44	44	42	2	0	0	44
OBSTETRIC-GYNECOLOGY	45	45	44	1	0	0	45
INTENSIVE CARE	65	65	65	0	0	0	65
NEONATAL INTENSIVE CARE	26	26	26	0	0	0	26
ACUTE/CHRONIC MENTAL ILLNES	53	53	49	4	0	0	53
REHABILITATION	18	18	17	1	0	0	18
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	491	491	472	15	0	4	491

Note: On 4/22/2009, Board approved the voluntary reduction of 16 beds within M/S and AMI categories of service. The total bed count for the facility is 491 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4690

Valley West Community Hospital

11 East Pleasant Avenue

Sandwich, IL 60548-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	18	18	16	2	0	0	18
PEDIATRIC	4	4	4	0	0	0	4
OBSTETRIC-GYNECOLOGY	6	6	6	0	0	0	6
INTENSIVE CARE	3	3	3	0	0	0	3
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	31	31	29	2	0	0	31

Note: On 4/22/2009, Board approved the voluntary reduction of 49 beds within M/S and ICU categories of service. The total bed count for the facility is 31 beds.

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

5215

Van Matre Healthsouth Rehabilitation Hospital

950 South Mulford Road

Rockford, IL 61108-0730

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	50	50	50	0	0	0	50
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	50	50	50	0	0	0	50

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2857

Vista Medical Center East

1324 North Sheridan Road

Waukegan, IL 60085-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	256	256	225	31	0	0	256
PEDIATRIC	35	35	33	2	0	0	35
OBSTETRIC-GYNECOLOGY	29	29	29	0	0	0	29
INTENSIVE CARE	16	16	16	0	0	0	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	336	336	303	33	0	0	336

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

4895

Vista Medical Center West

2615 West Washington

Waukegan, IL 60085-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	46	46	42	4	0	0	46
REHABILITATION	25	25	25	0	0	0	25
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	71	71	67	4	0	0	71

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2865

Wabash General Hospital District

1418 College Drive

Mount Carmel, IL 62863-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	25	25	25	0	0	0	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	25	25	25	0	0	0	25

Note: On 4/22/2009, Board approved the voluntary reduction of 31beds within M/S category of service. The total bed count for the facility is 25 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2899

Washington County Hospital

705 South Grand Avenue

Nashville, IL 62263-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	22	22	22	0	0	0	22
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	0	0	0	0	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	33	33	28	0	0	0	28
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	55	55	50	0	0	0	50

Note: Project #08-072 approved on Jan 2009, discontinue 3 bed OB category of service.

.....

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2907

West Suburban Hospital

Erie At Austin

Oak Park, IL 60302-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	135	135	123	12	0	0	135
PEDIATRIC	5	5	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	20	20	20	0	0	0	20
INTENSIVE CARE	24	24	24	0	0	0	24
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	50	50	50	0	0	0	50
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	234	234	222	12	0	0	234

Note: On 4/22/2009, Board approved the voluntary reduction of 53 beds within Peds and LTC category of service. Board discontinued 29 nursing care beds, now LTC= 50 beds. The total bed count for the facility is 234 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2009

2915

Westlake Community Hospital

1225 Lake Street

Melrose Park, IL 60160-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2009				
	Authorized Beds as of 4/22/2009	Authorized Beds as of 12/31/2009	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported
					CON	NON-CON	
MEDICAL-SURGICAL	111	111	101	10	0	0	111
PEDIATRIC	5	5	5	0	0	0	5
OBSTETRIC-GYNECOLOGY	24	24	24	0	0	0	24
INTENSIVE CARE	12	12	12	0	0	0	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	33	33	30	3	0	0	33
REHABILITATION	40	40	40	0	0	0	40
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	225	225	212	13	0	0	225

Note: On 4/22/2009, Board approved the voluntary reduction of 57 beds within M/S, ICU and AMI categories of service. The total bed count for the facility is 225 beds

Note: "Authorized Beds as of 12/31/2009" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2010. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2009). Negative beds in transitional bed columns indicate beds with projects either under construction or those beds eventually be removed once the project has been completed.