

ANNUAL BED REPORT - CY 2010

0018

Abraham Lincoln Memorial Hospital

New Location

Lincoln IL 62656-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	22	11	0	11	0	22	22	
PEDIATRIC	0	2	0	-2	0	0	0	
OBSTETRIC-GYNECOLOGY	3	4	0	-1	0	3	3	
INTENSIVE CARE	0	8	0	-8	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	0	0	0	25	25	

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

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	106	106	0	0	0	106	106
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	20	20	0	0	0	20	20
INTENSIVE CARE	12	12	0	0	0	12	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	0	0	0	138	138

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3814

Adventist Glen Oaks Hospital

701 Winthrop Avenue

Glendale Height, IL 60139-9972

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	60	51	5	0	4	60	60
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	15	15	0	0	0	15	15
INTENSIVE CARE	10	10	0	0	0	10	10
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	61	61	0	0	0	61	61
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	137	5	0	4	146	146

* Note: According to Board action on 10/26/10 Board voluntarily reduced 1 M/S bed. According to a Bed Change approved on 5/20/10, there was a 3 bed AMI addition to existing service, bringing AMI beds to 61.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0976

Adventist Hinsdale Hospital

120 North Oak Street

Hinsdale, IL 60521-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	143	151	2	-10	0	143	143
PEDIATRIC	19	19	0	0	0	19	19
OBSTETRIC-GYNECOLOGY	37	25	1	11	0	37	37
INTENSIVE CARE	44	28	0	16	0	44	44
NEONATAL INTENSIVE CARE	11	11	0	0	0	11	11
ACUTE/CHRONIC MENTAL ILLNES	17	17	0	0	0	17	17
REHABILITATION	15	23	3	-11	0	15	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	286	274	6	6	0	286	286

* Note: According to project #09-047 approved on 1/12/2010, Adventist Hinsdale Hospital, Hinsdale, received permit for project which includes the discontinuation of 54 M/S beds, 11 Rehab beds and addition of 13 ICU beds. Facility M/S count = 143

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5017

Adventist LaGrange Memorial Hospital

5101 S. Willow Springs Road

La Grange, IL 60525-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	165	161	4	0	0	165	165
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	13	12	1	0	0	13	13
INTENSIVE CARE	27	27	0	0	0	27	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	200	5	0	0	205	205

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	113	113	0	0	0	113	113
PEDIATRIC	14	14	0	0	0	14	14
OBSTETRIC-GYNECOLOGY	24	24	0	0	0	24	24
INTENSIVE CARE	18	18	0	0	0	18	18
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	169	169	0	0	0	169	169

* Note: According to project #10-037 approved on 9/21/2010, Advocate Good Shepherd Hospital, Barrington, received permit to discontinue a 14-bed Acute Mental Illness category of service.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3871

Advocate Bethany Hospital

3435 West Van Buren

Chicago, IL 60624 -000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	78	2	0	6	86	86
TOTAL BEDS	86	78	2	0	6	86	86

* Note: RML Specialty Hospital Chicago assumed ownership as of July 1, 2010.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4812

Advocate BroMenn Regional Medical Center

1304 Franklin Avenue

Normal, IL 61761

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	134	134	0	0	0	134	134
PEDIATRIC	11	11	0	0	0	11	11
OBSTETRIC-GYNECOLOGY	30	24	0	6	0	30	30
INTENSIVE CARE	12	11	1	0	0	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	19	17	2	0	0	19	19
REHABILITATION	15	15	0	0	0	15	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	212	3	6	0	221	221

** Note: Change of Ownership approved on 10/13/09 resulted in name change to Advocate BroMenn Medical Center.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	378	376	2	0	0	378	378
PEDIATRIC	45	45	0	0	0	45	45
OBSTETRIC-GYNECOLOGY	39	39	0	0	0	39	39
INTENSIVE CARE	103	103	0	0	0	103	103
NEONATAL INTENSIVE CARE	37	37	0	0	0	37	37
ACUTE/CHRONIC MENTAL ILLNES	51	46	5	0	0	51	51
REHABILITATION	37	37	0	0	0	37	37
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	690	683	7	0	0	690	690

* Note: According to Board action approved on 10/26/10, Board reduced 5 AMI beds voluntarily.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0422

Advocate Condell Medical Center

801 South Milwaukee Avenue

Libertyville, IL 60048-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	214	191	2	21	0	214	214
PEDIATRIC	16	16	0	0	0	16	16
OBSTETRIC-GYNECOLOGY	26	26	0	0	0	26	26
INTENSIVE CARE	25	17	0	0	0	17	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	281	250	2	21	0	273	273

* 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: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	18	7	0	0	25	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	18	7	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	185	185	0	0	0	185	185
PEDIATRIC	16	16	0	0	0	16	16
OBSTETRIC-GYNECOLOGY	36	33	3	0	0	36	36
INTENSIVE CARE	44	44	0	0	0	44	44
NEONATAL INTENSIVE CARE	11	11	0	0	0	11	11
ACUTE/CHRONIC MENTAL ILLNES	41	38	3	0	0	41	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	327	6	0	0	333	333

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	225	202	23	0	0	225	225	
PEDIATRIC	14	14	0	0	0	14	14	
OBSTETRIC-GYNECOLOGY	51	46	5	0	0	51	51	
INTENSIVE CARE	37	34	3	0	0	37	37	
NEONATAL INTENSIVE CARE	20	20	0	0	0	20	20	
ACUTE/CHRONIC MENTAL ILLNES	39	35	0	0	4	39	39	
REHABILITATION	22	22	0	0	0	22	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	373	31	0	4	408	408	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4796

Advocate Lutheran General Hospital

1775 Dempster Street

Park Ridge, IL 60068

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	313	307	6	0	0	313	313
PEDIATRIC	48	48	0	0	0	48	48
OBSTETRIC-GYNECOLOGY	62	58	4	0	0	62	62
INTENSIVE CARE	61	61	0	0	0	61	61
NEONATAL INTENSIVE CARE	54	54	0	0	0	54	54
ACUTE/CHRONIC MENTAL ILLNES	55	50	5	0	0	55	55
REHABILITATION	45	45	0	0	0	45	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	623	15	0	0	638	638

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	207	207	0	0	0	207	207
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	16	16	0	0	0	16	16
INTENSIVE CARE	20	20	0	0	0	20	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	0	0	0	41	41
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	284	284	0	0	0	284	284

* Note: According to project #09-56 approved on 3/2/10 Advocate South Suburban Hospital received permit to discontinue its 41 bed Skilled Care (Long-Term Care) category of service. On 10/21/10, the facility abandoned the project and the LTC beds remain.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4176

Advocate Trinity Hospital

2320 East 93rd Street

Chicago, IL 60617-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	158	158	0	0	0	158	158
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	23	20	3	0	0	23	23
INTENSIVE CARE	12	12	0	0	0	12	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	193	190	3	0	0	193	193

* Note: According to Board action on 10/26/10 Board voluntarily reduced 14 M/S beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5009

Alexian Brothers Behavioral Health Hospital

1650 Moon Lake Boulevard

Hoffman Estates, IL 60194-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	141	141	0	0	0	141	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	141	141	0	0	0	141	141

* Note: According to Bed Change approved on 7/19/10 Alexian Brothers Behavioral Hospital, Hoffman Estates, received permission to add 4 Acute Mental Illness beds to an existing category of service. The facility is now authorized for 141 AMI

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2238

Alexian Brothers Medical Center

800 Biesterfield Road

Elk Grove Villa, IL 60007-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	241	240	1	0	0	241	241
PEDIATRIC	16	16	0	0	0	16	16
OBSTETRIC-GYNECOLOGY	28	28	0	0	0	28	28
INTENSIVE CARE	36	36	0	0	0	36	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	0	0	0	66	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	386	1	0	0	387	387

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0026

Alton Memorial Hospital

One Memorial Drive

Alton, IL 62002-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	117	102	10	0	5	117	117
PEDIATRIC	4	4	0	0	0	4	4
OBSTETRIC-GYNECOLOGY	25	25	0	0	0	25	25
INTENSIVE CARE	12	12	0	0	0	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	20	20	0	0	0	20	20
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	28	28	0	0	0	28	28
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	206	191	10	0	5	206	206

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	98	96	2	0	0	98	98
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	24	24	0	0	0	24	24
INTENSIVE CARE	12	12	0	0	0	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	17	17	0	0	0	17	17
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	151	149	2	0	0	151	151

* Note: According to Bed Change, approved on 3/15/2010, added 5 ICU beds to existing category of service. According to a Bed change approve don 11/15/2010 added 2 Rehab beds to existing category of service.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5207

Aurora Chicago Lakeshore Hospital

4840 North Marine Drive

Chicago, IL 60640-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	132	14	0	0	146	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	132	14	0	0	146	146

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0141

Blessing Hospital @ 11th Street

Broadway @ 11th Street

Quincy, IL 62305-7005

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	200	182	18	0	0	200	200
PEDIATRIC	20	18	2	0	0	20	20
OBSTETRIC-GYNECOLOGY	25	22	3	0	0	25	25
INTENSIVE CARE	25	25	0	0	0	25	25
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	18	18	0	0	0	18	18
LONG-TERM CARE	20	20	0	0	0	20	20
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	308	285	23	0	0	308	308

* Note: According to Board action, on 10/26/10 there were a reduction of 4 M/S beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4515

Blessing Hospital @ 14th Street

Broadway @ 14th Street

Quincy, IL 62305-7005

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	39	39	0	0	0	39	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	0	0	0	56	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	0	0	0	95	95

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	205	205	0	0	0	205	205
PEDIATRIC	20	19	1	0	0	20	20
OBSTETRIC-GYNECOLOGY	28	28	0	0	0	28	28
INTENSIVE CARE	32	32	0	0	0	32	32
NEONATAL INTENSIVE CARE	25	25	0	0	0	25	25
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	15	15	0	0	0	15	15
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	325	324	1	0	0	325	325

Note: According to Bed Change approved on 3/8/10, Carle Foundation Hospital, Urbana, received permission to add 10 M/S beds to an existing category of service. The hospital is now authorized for 205 M/S beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0182

Carlinville Area Hospital

1001 East Morgan Street

Carlinville, IL 62626-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3889

Centegra Hospital - McHenry

4201 Medical Center Drive

McHenry, IL 60050-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	129	127	2	0	0	129	129
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	19	19	0	0	0	19	19
INTENSIVE CARE	18	18	0	0	0	18	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	0	0	0	15	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	179	2	0	0	181	181

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4606

Centegra Hospital - Woodstock

Highway #14 & Doty Road

Woodstock, IL 60098-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	60	60	0	0	0	60	60
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	14	14	0	0	0	14	14
INTENSIVE CARE	12	12	0	0	0	12	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	86	86	0	0	0	86	86

* Note: According to project #08-002, approved on 12/20/2010 Centegra Hospital - Woodstock, Woodstock, abandoned a project for modernization and addition of 14 Medical-Surgical and 6 Obstetrics beds. Facility reverts to 60 authorized M/S and 14 OB beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	36	36	0	0	0	36	36
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	40	37	3	0	0	40	40
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	76	73	3	0	0	76	76

* Note: According to Board action on 10/26/10 there was a voluntary reduction of 8 AMI beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0216

Central DuPage Hospital

25 North Winfield Road

Winfield, IL 60190-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	213	213	0	0	0	213	213
PEDIATRIC	10	10	0	0	0	10	10
OBSTETRIC-GYNECOLOGY	35	35	0	0	0	35	35
INTENSIVE CARE	32	32	0	0	0	32	32
NEONATAL INTENSIVE CARE	8	8	0	0	0	8	8
ACUTE/CHRONIC MENTAL ILLNES	15	15	0	0	0	15	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	0	0	0	313	313

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0364

CGH Medical Center

100 East LeFevre Road

Sterling, IL 61081-1279

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	75	75	0	0	0	75	75
PEDIATRIC	6	6	0	0	0	6	6
OBSTETRIC-GYNECOLOGY	10	10	0	0	0	10	10
INTENSIVE CARE	8	8	0	0	0	8	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	0	0	0	99	99

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3137

Children's Memorial Hospital

Chicago Avenue - Replacement

Chicago, IL 60614-3363

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	156	139	0	17	0	156	156
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	60	48	0	12	0	60	60
NEONATAL INTENSIVE CARE	60	50	3	7	0	60	60
ACUTE/CHRONIC MENTAL ILLNES	12	12	2	-2	0	12	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	249	5	34	0	288	288

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	18	18	0	0	0	18	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	0	0	0	18	18

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0414

Community Memorial Hospital

400 Caldwell Street

Staunton, IL 62088-1499

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	21	21	0	0	0	21	21
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	25	25	0	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	21	21	0	0	0	21	21
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	4	4	0	0	0	4	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	35	3	0	0	38	38
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	63	60	3	0	0	63	63

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3947

Crossroads Community Hospital

8 Doctors Park Road

#8 DOCTORS PARK ROAD

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	50	46	4	0	0	50	50
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	7	7	0	0	0	7	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	57	53	4	0	0	57	57

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	204	204	0	0	0	204	204
PEDIATRIC	18	17	1	0	0	18	18
OBSTETRIC-GYNECOLOGY	26	26	0	0	0	26	26
INTENSIVE CARE	32	32	0	0	0	32	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	55	6	0	0	61	61
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	341	334	7	0	0	341	341

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	121	121	0	0	0	121	121
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	18	18	0	0	0	18	18
INTENSIVE CARE	20	20	0	0	0	20	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	0	0	0	159	159

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	21	19	2	0	0	21	21
PEDIATRIC	3	2	1	0	0	3	3
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	2	2	0	0	0	2	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	23	3	0	0	26	26

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3905

Edward Hospital

801 South Washington Street

Naperville, IL 60540-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	199	199	0	0	0	199	199	
PEDIATRIC	7	6	1	0	0	7	7	
OBSTETRIC-GYNECOLOGY	39	39	0	0	0	39	39	
INTENSIVE CARE	52	40	0	12	0	52	52	
NEONATAL INTENSIVE CARE	12	12	0	0	0	12	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	309	296	1	12	0	309	309	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1511

Elmhurst Memorial Hospital

200 Berteau Avenue

Elmhurst, IL 60126-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	198	185	13	-198	0	0	0
PEDIATRIC	6	7	0	-7	0	0	0
OBSTETRIC-GYNECOLOGY	20	24	0	-24	0	0	0
INTENSIVE CARE	35	22	0	-22	0	0	0
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	18	18	0	0	0	18	18
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	38	38	0	0	0	38	38
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	315	294	13	-251	0	56	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)

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0646

Evanston Hospital

2650 Ridge Avenue

Evanston, IL 60201-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	174	166	8	0	0	174	174
PEDIATRIC	15	15	0	0	0	15	15
OBSTETRIC-GYNECOLOGY	52	52	0	0	0	52	52
INTENSIVE CARE	26	26	0	0	0	26	26
NEONATAL INTENSIVE CARE	44	44	0	0	0	44	44
ACUTE/CHRONIC MENTAL ILLNES	21	21	0	0	0	21	21
REHABILITATION	22	19	3	0	0	22	22
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	354	343	11	0	0	354	354

* Note: Board approved voluntary reduction of 18 M/S beds on 10/26/10 Board action. According to Bed Change approved on 8/4/10, Evanston, added 4 AMI beds to an existing service; facility now has 21 AMI beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0679

Fairfield Memorial Hospital

N.W. 11th Street

Fairfield, IL 62837-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	20	20	0	0	0	20	20
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	30	30	0	0	0	30	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	54	54	0	0	0	54	54

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0695

Fayette County Hospital

650 West Taylor Street

Vandalia, IL 62471-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	23	23	0	0	0	23	23
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	2	2	0	0	0	2	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	85	85	0	0	0	85	85
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	110	110	0	0	0	110	110

* Note: According to Board action on 10/26/10 Board reduced 4 M/S beds voluntarily. According to Bed Change approved on 12/13/10, Fayette County Hospital, Vandalia, added 2 Medical-Surgical beds and discontinued 2 Intensive Care beds

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0703

Ferrell Hospital

1201 Pine Street

Eldorado, IL 62930-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	26	25	1	0	0	26	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	25	1	0	0	26	26

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4630

Foster G. McGaw Hosp - Loyola University Med

2160 South 1st Avenue

Maywood, IL 60153-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	298	287	11	0	0	298	298
PEDIATRIC	34	34	0	0	0	34	34
OBSTETRIC-GYNECOLOGY	30	30	0	0	0	30	30
INTENSIVE CARE	125	125	0	0	0	125	125
NEONATAL INTENSIVE CARE	50	50	0	0	0	50	50
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	32	32	0	0	0	32	32
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	569	558	11	0	0	569	569

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4770

Franklin Hospital

201 Bailey Lane

Benton, IL 62812-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	21	4	0	0	25	25
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	4	0	0	0	4	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	21	4	0	4	29	29

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0778

Freeport Memorial Hospital

1045 West Stephenson

Freeport, IL 61032-4899

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	109	71	11	0	27	109	109	
PEDIATRIC	15	10	5	0	0	15	15	
OBSTETRIC-GYNECOLOGY	14	11	3	0	0	14	14	
INTENSIVE CARE	8	8	0	0	0	8	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	23	3	0	0	26	26	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	172	123	22	0	27	172	172	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	87	81	6	0	0	87	87	
PEDIATRIC	18	18	0	0	0	18	18	
OBSTETRIC-GYNECOLOGY	10	10	0	0	0	10	10	
INTENSIVE CARE	12	12	0	0	0	12	12	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	12	12	0	0	0	12	12	
REHABILITATION	0	0	0	0	0	0	0	
LONG-TERM CARE	34	34	0	0	0	34	34	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	173	167	6	0	0	173	173	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5223

Gateway Regional Medical Center

2100 Madison Avenue

Granite City, IL 62040-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	167	152	15	0	0	167	167
PEDIATRIC	28	28	0	0	0	28	28
OBSTETRIC-GYNECOLOGY	27	25	2	0	0	27	27
INTENSIVE CARE	12	11	1	0	0	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	100	100	0	0	0	100	100
REHABILITATION	14	14	0	0	0	14	14
LONG-TERM CARE	19	19	0	0	0	19	19
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	367	349	18	0	0	367	367

* Note: According to Board action approved on 10/26/10, Board reduced voluntarily 14 M/S and 1 OB bed.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4036

Genesis Medical Center - Illini Campus

801 Illini Drive

Silvis, IL 61282

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	105	96	9	0	0	105	105
PEDIATRIC	16	15	1	0	0	16	16
OBSTETRIC-GYNECOLOGY	21	20	1	0	0	21	21
INTENSIVE CARE	7	7	0	0	0	7	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	138	11	0	0	149	149

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	24	20	4	0	0	24	24	
PEDIATRIC	0	0	0	0	0	0	0	
OBSTETRIC-GYNECOLOGY	8	3	5	0	0	8	8	
INTENSIVE CARE	3	2	1	0	0	3	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	15	1	0	0	16	16	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	51	40	11	0	0	51	51	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3483

Glenbrook Hospital

2100 Pfingsten Road

Glenview, IL 60025-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	152	152	0	0	0	152	152
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	17	17	0	0	0	17	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	169	169	0	0	0	169	169

* Note: According to Bed Change approved on 8/9/2010 Glenbrook Hospital, Glenbrook, added 16 M/S beds to an existing category of service; facility now authorized for 152 M/S beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4705

Good Samaritan Regional Health Center

Replacement

Mount Vernon, IL 62864-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	99	106	0	-7	0	99	99
PEDIATRIC	0	11	0	-11	0	0	0
OBSTETRIC-GYNECOLOGY	9	6	0	3	0	9	9
INTENSIVE CARE	16	12	0	4	0	16	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	10	19	0	-9	0	10	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	154	0	-20	0	134	134

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0851 **Gottlieb Memorial Hospital** 701 West North Avenue Melrose Park, IL 60160-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	154	154	0	0	0	154	154
PEDIATRIC	4	4	0	0	0	4	4
OBSTETRIC-GYNECOLOGY	27	27	0	0	0	27	27
INTENSIVE CARE	24	24	0	0	0	24	24
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	12	12	0	0	0	12	12
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	34	34	0	0	0	34	34
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	255	255	0	0	0	255	255

* Note: On 10/26/10, a Board approved action resulted in reduction of 8 Peds and 3 OB beds. According to Bed Change approved on 12/31/10, Gottlieb Memorial Hospital, Melrose Park, added 2 AMI beds to existing category of service

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0869

Graham Hospital

210 West Walnut

Canton, IL 61520-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	39	38	1	0	0	39	39	
PEDIATRIC	0	0	0	0	0	0	0	
OBSTETRIC-GYNECOLOGY	8	4	1	0	3	8	8	
INTENSIVE CARE	5	5	0	0	0	5	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	50	50	0	0	0	50	50	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	102	97	2	0	3	102	102	

* Note: According to Bed Change approved on 6/7/2010, Graham Hospital, Canton, discontinued 4 Skilled Care (Long-Term Care) beds. Facility now has a total of 50 Skilled Care (Long-Term Care) beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5595

Greater Peoria Speciality Hospital

Richard Pryor & Romeo B. Garrett &

Peoria, IL 61605

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	50	50
TOTAL BEDS	50	50	0	0	0	50	50

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0570

Greenville Regional Hospital, Inc.

200 Healthcare Drive

Greenville, IL 62246-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	26	26	0	0	0	26	26
PEDIATRIC	2	2	0	0	0	2	2
OBSTETRIC-GYNECOLOGY	4	4	0	0	0	4	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	0	0	0	10	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	0	0	0	42	42

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	60	60	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	85	85	0	0	0	85	85	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	16	15	1	0	0	16	16
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	3	3	0	0	0	3	3
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	56	56	0	0	0	56	56
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	79	78	1	0	0	79	79

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0901

Hardin County General Hospital

Ferrell Road

Rosiclare, IL 62982-0000

CATEGORY OF SERVICE	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0521

Harrisburg Medical Center

100 Dr. Warren Tuttle Drive

Harrisburg, IL 62946-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	45	42	0	0	0	42	42
PEDIATRIC	3	3	0	0	0	3	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	0	0	0	27	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	75	72	0	0	0	72	72

* Note: According to Board action approved on 10/26/10, Hospital reduced 3 M/S beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4739

Heartland Regional Medical Center

3333 West Deyoung

Marion, IL 62959-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	68	68	0	0	0	68	68
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	12	12	0	0	0	12	12
INTENSIVE CARE	12	12	0	0	0	12	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	0	0	0	92	92

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0935

Herrin Hospital

201 South 14th Street

Herrin, IL 62948-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	67	67	0	0	0	67	67
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	0	0	0	8	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	0	0	0	29	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	0	0	0	104	104

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	93	93	0	0	0	93	93
PEDIATRIC	6	6	0	0	0	6	6
OBSTETRIC-GYNECOLOGY	25	21	0	4	0	25	25
INTENSIVE CARE	12	12	0	0	0	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	13	12	1	0	0	13	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	149	144	1	4	0	149	149

* Note: According to Board action approved on 10/26/10, facility reduced 4 ICU and 5 M/S beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0968

Hillsboro Area Hospital

1200 East Tremont Street

Hillsboro, IL 62049-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25	

* Note: According to Board action approved on 10/26/10 resulted in reduction of 15 M/S beds

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	204	204	0	0	0	204	204
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	16	16	0	0	0	16	16
INTENSIVE CARE	20	20	0	0	0	20	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	0	0	0	34	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	0	0	0	274	274

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1008

Holy Family Medical Center

100 North River Road

Des Plaines, IL 60016-1278

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	59	43	16	0	0	59	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	0	0	0	129	129	
TOTAL BEDS	188	172	16	0	0	188	188	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4200

Hoopeston Community Memorial Hospital

701 East Orange Street

Hoopeston, IL 60942-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	24	21	3	0	0	24	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	21	3	0	0	24	24	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1024

Hopedale Hospital

Tremont & Second Street

Hopedale, IL 61747-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	20	19	1	0	0	20	20
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	5	5	0	0	0	5	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	24	1	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5132

Illini Community Hospital

640 West Washington

Pittsfield, IL 62363-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	19	17	2	0	0	19	19
PEDIATRIC	2	2	0	0	0	2	2
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	25	23	2	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3418

Illinois Valley Community Hospital

925 West Street

Peru, IL 61354-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	56	46	10	0	0	56	56
PEDIATRIC	2	2	0	0	0	2	2
OBSTETRIC-GYNECOLOGY	6	16	0	-10	0	6	6
INTENSIVE CARE	4	9	0	-5	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	68	73	10	-15	0	68	68

Note: According to project #09-032 approved on 1/12/10, Illinois Valley Community Hospital, Peru, received permit for project which includes the discontinuation of 5 ICU beds and 10 OB beds; facility now authorized for 4 ICU and 6 OB beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	355	321	28	0	0	349	349
PEDIATRIC	49	16	1	0	0	17	17
OBSTETRIC-GYNECOLOGY	32	30	2	0	0	32	32
INTENSIVE CARE	26	25	1	0	0	26	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	68	68	0	0	0	68	68
REHABILITATION	53	48	4	0	0	52	52
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	583	508	36	0	0	544	544

* Note: According to Bed Change approved on 9/3/10, Ingalls Memorial Hospital, Harvey, added 20 Acute Mental Illness beds to an existing category of service effective March 10, 2010. The hospital now has 68 Acute Mental Illness beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1107

Iroquois Memorial Hospital

200 Fairman Street

Watseka, IL 60970-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	56	35	10	0	0	45	45
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	12	12	0	0	0	12	12
INTENSIVE CARE	6	6	0	0	0	6	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	53	10	0	0	63	63

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1115

Jackson Park Hosp. Foundation

7531 Stony Island Avenue

Chicago, IL 60649-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	149	100	10	39	0	149	149
PEDIATRIC	8	0	1	0	0	1	1
OBSTETRIC-GYNECOLOGY	17	15	2	0	0	17	17
INTENSIVE CARE	8	8	0	0	0	8	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	86	86	0	0	0	86	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	268	209	13	39	0	261	261

* Note: According to Board action approved on 10/26/10 Board voluntarily reduced 54 M/s, 3 OB and 4 ICU beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1156

Jersey Community Hospital

400 Maple Summit Road

Jerseyville, IL 62052-0426

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	51	51	0	0	0	51	51
PEDIATRIC	4	4	0	0	0	4	4
OBSTETRIC-GYNECOLOGY	6	6	0	0	0	6	6
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	65	65	0	0	0	65	65

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	16	16	0	0	0	16	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	0	0	0	16	16

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0430

John H. Stroger Hospital of Cook County

1901 West Harrison Street - Suite 56

Chicago, IL 60612-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	240	240	0	0	0	240	240
PEDIATRIC	40	40	0	0	0	40	40
OBSTETRIC-GYNECOLOGY	40	40	0	0	0	40	40
INTENSIVE CARE	86	86	0	0	0	86	86
NEONATAL INTENSIVE CARE	58	58	0	0	0	58	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	0	0	0	464	464

* Note: According to Bed Change approved on 6/30/10 John H. Stroger Jr. Hospital, Chicago, received permission to re-classify 12 beds from Intensive Care to Medical-Surgical category of service. The facility is now authorized for 240 Medical-Surgical beds

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	43	43	0	0	0	43	43	
PEDIATRIC	10	10	0	0	0	10	10	
OBSTETRIC-GYNECOLOGY	7	7	0	0	0	7	7	
INTENSIVE CARE	6	6	0	0	0	6	6	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	14	14	0	0	0	14	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	0	0	0	80	80	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	36	3	0	0	39	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	36	3	0	0	39	39

* Note: During 2009, Kenneth Hall Regional Hospital merged with Touchette Regional Hospital.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	22	22	0	0	0	22	22
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	3	0	0	0	3	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	0	0	0	25	25

* Note: According to Bed change approved on 12/28/10 Kewanee Hospital, Kewanee, added 3 Medical-Surgical beds to an existing category of service. Facility now has a total of 22 Medical-Surgical beds. According to project #10-045 approved on 10/26/10 discontinue a 3 bed Obstetrics category of service. Survey data reflects utilization for the period OB beds were in use at the facility.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	95	95	0	0	0	95	95
TOTAL BEDS	95	95	0	0	0	95	95

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4937

Kindred Hospital Chicago North

2544 West Montrose Avenue

Chicago, IL 60618-1537

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	31	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	0	0	0	133	133
TOTAL BEDS	164	164	0	0	0	164	164

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4952

Kindred Hospital - Chicago Northlake

365 East North Avenue

Northlake, IL 60164-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	94	94
TOTAL BEDS	94	94	0	0	0	94	94

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

7777

Kindred Hospital - Springfield

Springfield, IL

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	50	50
TOTAL BEDS	50	50	0	0	0	50	50

* Note: Facility not licensed until 12/10 and did not admit the first patient until 12/15. The facility is not licensed as LTACH until it finishes the 6 month period as General Hospital.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	69	69
TOTAL BEDS	69	69	0	0	0	69	69

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3400

Kishwaukee Community Hospital

One Kish Hospital Drive

DeKalb, IL 60115-0707

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	70	70	0	0	0	70	70
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	12	12	0	0	0	12	12
INTENSIVE CARE	12	12	0	0	0	12	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	94	94	0	0	0	94	94

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1230

Lake Forest Hospital

660 North Westmoreland

Lake Forest, IL 60045

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	74	74	0	0	0	74	74
PEDIATRIC	10	10	0	0	0	10	10
OBSTETRIC-GYNECOLOGY	23	23	0	0	0	23	23
INTENSIVE CARE	10	10	0	0	0	10	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	0	0	0	88	88
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	205	205	0	0	0	205	205

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	0	0	0	0	0	0	0
PEDIATRIC	49	49	0	0	0	49	49
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	0	0	0	49	49

* Note: According to Board action approved on 10/26/10 LaRabida Hospital, Chicago. Board re-classified 49 beds as Pediatrics category of service.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1255

Lawrence County Memorial Hospital

2200 West State Street

Lawrenceville, IL 62439-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25	

* Note: According to project #10-040, approved on 12/14/10, Lawrence County Memorial Hospital, Lawrenceville, received a permit to discontinue its 10 bed AMI category of service.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

8167

Lincoln Prairie Behavioral Health Center

5230 S. Sixth Street

Springfield, IL 62703

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				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	0	0	0	80	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	0	0	0	80	80	

* Note: According to project#10-051, facility received permit for change of ownership on 10/26/10.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5058

Linden Oaks Hospital

801 South Washington Street

Naperville, IL 60540-6400

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	96	5	0	0	101	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	96	5	0	0	101	101

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1271

Little Company of Mary Hosp & Healthcare Ctr

2800 West 95th Street

Evergreen Park, IL 60805

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	208	182	0	26	0	208	208
PEDIATRIC	20	20	0	0	0	20	20
OBSTETRIC-GYNECOLOGY	17	29	0	-12	0	17	17
INTENSIVE CARE	29	29	2	-2	0	29	29
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	24	24	0	0	0	24	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	284	2	12	0	298	298

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1289

Loretto Hospital

645 South Central Avenue

Chicago, IL 60644-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	89	81	8	0	0	89	89
PEDIATRIC	10	10	0	0	0	10	10
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	12	12	0	0	0	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	76	76	0	0	0	76	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	179	8	0	0	187	187

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5249

Louis A. Weiss Memorial Hospital

4646 North Marine Drive

Chicago, IL 60640-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	184	168	16	0	0	184	184
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	16	16	0	0	0	16	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	10	10	0	0	0	10	10
REHABILITATION	26	26	0	0	0	26	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	220	16	0	0	236	236

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	262	246	4	0	0	250	250
PEDIATRIC	10	10	0	0	0	10	10
OBSTETRIC-GYNECOLOGY	25	25	0	0	0	25	25
INTENSIVE CARE	26	26	0	0	0	26	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	62	57	5	0	0	62	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	385	364	9	0	0	373	373

* Note: According to Board action approved on 10/26/10, facility reduced 10 M/S and 2 AMI beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3228

Marianjoy Rehabilitation Center

26 West 171 Roosevelt Road

Wheaton, IL 60187-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	100	100
LONG-TERM CARE	20	20	0	0	0	20	20
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	120	120	0	0	0	120	120

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1388

Marshall Browning Hospital

900 North Washington

DuQuoin, IL 62832-0192

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				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	113	12	0	0	125	125	
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	113	12	0	0	125	125	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	20	5	0	0	25	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	20	5	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1420

Massac Memorial Hospital

28 Chick Street

Metropolis, IL 62960-0850

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25

Note: According to Board action, approved on 10/26/10 facility was approved for 5 bed increase in M/S category of service. Total beds at facility = 25 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1438

McDonough District Hospital

525 East Grant Street

Macomb, IL 61455-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	72	50	5	0	0	55	55
PEDIATRIC	6	5	1	0	0	6	6
OBSTETRIC-GYNECOLOGY	10	10	0	0	0	10	10
INTENSIVE CARE	7	7	0	0	0	7	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	0	0	0	16	16
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	111	88	6	0	0	94	94

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	15	15	0	0	0	15	15	
PEDIATRIC	0	0	0	0	0	0	0	
OBSTETRIC-GYNECOLOGY	2	2	0	0	0	2	2	
INTENSIVE CARE	1	1	0	0	0	1	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	0	0	0	18	18	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1495

Memorial Hospital

1900 State Street

Chester, IL 62233-1116

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	23	23	0	0	0	23	23
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	2	2	0	0	0	2	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	0	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1461

Memorial Hospital

4500 Memorial Drive

Belleville, IL 62223-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	253	230	23	0	0	253	253
PEDIATRIC	14	13	1	0	0	14	14
OBSTETRIC-GYNECOLOGY	29	27	2	0	0	29	29
INTENSIVE CARE	20	20	0	0	0	20	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	290	26	0	0	316	316

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0513

Memorial Hospital Of Carbondale

405 West Jackson Street

Carbondale, IL 62901-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	85	85	0	0	0	85	85
PEDIATRIC	14	14	0	0	0	14	14
OBSTETRIC-GYNECOLOGY	28	28	0	0	0	28	28
INTENSIVE CARE	13	13	0	0	0	13	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	0	0	0	140	140

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1487

Memorial Medical Center

701 N 1st

Springfield, IL 62781-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	349	329	20	0	0	349	349
PEDIATRIC	7	7	0	0	0	7	7
OBSTETRIC-GYNECOLOGY	21	21	0	0	0	21	21
INTENSIVE CARE	49	49	0	0	0	49	49
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	44	37	7	0	0	44	44
REHABILITATION	30	30	0	0	0	30	30
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	500	473	27	0	0	500	500

* Note: According to Board action on 10/26/10, Board reduced 1 M/S bed. According to Bed Change approved on 11/15/2010, Memorial Medical Center, Springfield, received permission to discontinue 10 M/S beds and to increase ICU beds by 5 and OB beds by 5.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	21	21	0	0	0	21	21
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	25	25	0	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3772

Mercer County Hospital

409 N.W 9th Avenue

Aledo, IL 61231-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	22	20	2	0	0	22	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	20	2	0	0	22	22	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4911

Mercy Harvard Memorial Hospital

901 South Grant Street

Harvard, IL 60033-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	17	17	0	0	0	17	17
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	3	0	0	0	3	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	0	0	0	45	45
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	65	65	0	0	0	65	65

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	289	280	8	0	1	289	289
PEDIATRIC	37	28	9	0	0	37	37
OBSTETRIC-GYNECOLOGY	30	30	0	0	0	30	30
INTENSIVE CARE	30	30	0	0	0	30	30
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	39	39	0	0	0	39	39
REHABILITATION	24	24	0	0	0	24	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	431	17	0	1	449	449

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	154	67	7	0	0	74	74
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	9	9	0	0	0	9	9
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	62	61	1	0	0	62	62
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	23	22	1	0	0	23	23
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	248	159	9	0	0	168	168

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1594

Methodist Medical Center

221 Northeast Glen Oak

Peoria, IL 61636-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	168	160	8	0	0	168	168
PEDIATRIC	12	12	0	0	0	12	12
OBSTETRIC-GYNECOLOGY	16	13	3	0	0	16	16
INTENSIVE CARE	26	24	2	0	0	26	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	68	66	2	0	0	68	68
REHABILITATION	39	39	0	0	0	39	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	314	15	0	0	329	329

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5116

Metro South Medical Center

12935 South Gregory Street

Blue Island, IL 60406-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	272	245	27	0	0	272	272
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	30	28	2	0	0	30	30
INTENSIVE CARE	28	28	0	0	0	28	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	330	301	29	0	0	330	330

* Note: According to project# 09-064 approved on 3/2/10, MetroSouth Medical Center, Blue Island, received permit to discontinue its 6 bed Pediatrics category of service. According to Board action on 10/26/10, as part of Bed reduction, 47 M/S beds were reduced.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0786

Midwest Medical Center

One Medical Center Dr

Galena, IL 61036-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2956

Midwestern Reg Medical Center

2520 Elisha Avenue

Zion, IL 60099-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	69	69	0	0	0	69	69
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	73	73	0	0	0	73	73

* Note: According to Board action approved on 10/26/10, 4 M/S beds were reduced voluntarily.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1628

Morris Hospital & Healthcare Centers

150 West High Street

Morris, IL 60450

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	65	65	0	0	0	65	65
PEDIATRIC	5	5	0	0	0	5	5
OBSTETRIC-GYNECOLOGY	8	8	0	0	0	8	8
INTENSIVE CARE	8	8	0	0	0	8	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	0	0	0	86	86

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	20	5	0	0	25	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	20	5	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	165	159	6	0	0	165	165
PEDIATRIC	31	29	2	0	0	31	31
OBSTETRIC-GYNECOLOGY	30	30	0	0	0	30	30
INTENSIVE CARE	30	29	1	0	0	30	30
NEONATAL INTENSIVE CARE	35	33	2	0	0	35	35
ACUTE/CHRONIC MENTAL ILLNES	28	28	0	0	0	28	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	308	11	0	0	319	319

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1701

Northwest Community Hospital

800 West Central Road

Arlington Heights, IL 60005-000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	336	275	61	0	0	336	336
PEDIATRIC	16	16	0	0	0	16	16
OBSTETRIC-GYNECOLOGY	44	44	0	0	0	44	44
INTENSIVE CARE	60	60	0	0	0	60	60
NEONATAL INTENSIVE CARE	8	8	0	0	0	8	8
ACUTE/CHRONIC MENTAL ILLNES	32	32	0	0	0	32	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	435	61	0	0	496	496

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	530	506	0	24	0	530	530
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	134	134	0	0	0	134	134
INTENSIVE CARE	115	91	0	24	0	115	115
NEONATAL INTENSIVE CARE	86	86	0	0	0	86	86
ACUTE/CHRONIC MENTAL ILLNES	29	36	0	29	0	65	65
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	894	853	0	77	0	930	930

* Note: According to project #09-039 approved on 1/12/2010, Northwestern Memorial Hospital, Chicago, received permit for modernization, including the addition of 24 M/S beds and 23 ICU beds to existing service and discontinuation of 7 AMI beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1727

Norwegian American Hospital

1044 North Francisco Avenue

Chicago, IL 60622

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	98	83	7	0	8	98	98
PEDIATRIC	5	5	0	0	0	5	5
OBSTETRIC-GYNECOLOGY	48	29	0	0	19	48	48
INTENSIVE CARE	12	12	0	0	0	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	37	36	1	0	0	37	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	165	8	0	27	200	200

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1743

Oak Forest Hospital

159th & Cicero Avenue

Oak Forest, IL 60452-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	137	88	9	0	40	137	137
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	0	0	0	8	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	58	43	5	0	10	58	58
LONG-TERM CARE	10	5	0	0	5	10	10
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	213	144	14	0	55	213	213

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4929

OSF Holy Family Medical Center

1000 West Harlem Ave

Monmouth, IL 61462-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	23	23	0	0	0	23	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	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	23	23	0	0	0	23	23

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2394

OSF Saint Francis Medical Center

530 N E Glen Oak Avenue

Peoria, IL 61637-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	306	297	9	0	0	306	306
PEDIATRIC	32	32	0	0	0	32	32
OBSTETRIC-GYNECOLOGY	54	48	4	0	0	52	52
INTENSIVE CARE	157	146	6	0	0	152	152
NEONATAL INTENSIVE CARE	40	40	0	0	0	40	40
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	27	27	0	0	0	27	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	590	19	0	0	609	609

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2444

OSF Saint James_ John W. Albrecht Med Ctr

2500 W. Reynolds

Pontiac, IL 61764-9774

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	33	33	0	0	0	33	33
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	4	4	0	0	0	4	4
INTENSIVE CARE	5	5	0	0	0	5	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	0	0	0	42	42

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2071

Ottawa Reg Hospital and Healthcare Ctr

1100 East Norris Drive

Ottawa, IL 61350-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	54	49	5	0	0	54	54	
PEDIATRIC	0	0	0	0	0	0	0	
OBSTETRIC-GYNECOLOGY	14	13	1	0	0	14	14	
INTENSIVE CARE	5	5	0	0	0	5	5	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	26	24	2	0	0	26	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	99	91	8	0	0	99	99	

* Note: According to Board action on 10/26/10, Ottawa Regional reduced M/S beds by 8 and AMI by 2 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	213	193	20	0	0	213	213
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	20	20	0	0	0	20	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	0	0	0	66	66
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	299	279	20	0	0	299	299

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3210

Palos Community Hospital

12251 South 80th Avenue

Palos Heights, IL 60463-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	306	294	21	-9	0	306	306	
PEDIATRIC	15	15	0	0	0	15	15	
OBSTETRIC-GYNECOLOGY	28	27	1	0	0	28	28	
INTENSIVE CARE	36	24	0	12	0	36	36	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	43	39	4	0	0	43	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	428	399	26	3	0	428	428	

* Note: According to Board action approved on 10/26/2010, the facility reduced 5 AMI beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	22	22	0	0	0	22	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	0	0	0	22	22	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1784

Paris Community Hospital

721 East Court Street

Paris, IL 61944-2420

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	28	25	3	0	0	28	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	25	3	0	0	28	28

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1792

Passavant Area Hospital

1600 West Walnut Street

Jacksonville, IL 62650-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	101	79	8	0	14	101	101
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	11	11	0	0	0	11	11
INTENSIVE CARE	9	9	0	0	0	9	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	99	8	0	14	121	121

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	68	68	0	0	0	68	68
PEDIATRIC	10	10	0	0	0	10	10
OBSTETRIC-GYNECOLOGY	12	12	0	0	0	12	12
INTENSIVE CARE	8	8	0	0	0	8	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	0	0	0	27	27
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	125	125	0	0	0	125	125

* Note: According to Board action approved on 10/26/10, Pekin Memorial Hospital, Pekin. Board issued declaratory ruling adding 2 Medical Surgical and 1 Pediatric bed to existing categories of service. Facility now has 68 M/S and 10 Ped beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	18	18	0	0	0	18	18	
PEDIATRIC	0	0	0	0	0	0	0	
OBSTETRIC-GYNECOLOGY	4	4	0	0	0	4	4	
INTENSIVE CARE	3	3	0	0	0	3	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	0	0	0	25	25	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1891

Pinckneyville Community Hospital

101 North Walnut Street

Pinckneyville, IL 62274-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25

* Note: On 3/2/10, as a result of Declaratory ruling the facility had its 3 M/S beds restored those that were voluntarily reduced in Inventory by Review Board. The hospital is now authorized for 25 M/S beds. According to project #09-068 approved on received permit to discontinue an existing hospital at 101 North Walnut Street, Pinckneyville, and to establish a new critical access hospital at 5383 State Route 154, Pinckneyville. There will be no change in beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	151	137	14	0	0	151	151
PEDIATRIC	8	8	0	0	0	8	8
OBSTETRIC-GYNECOLOGY	15	15	0	0	0	15	15
INTENSIVE CARE	16	16	0	0	0	16	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	28	2	0	0	30	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	220	204	16	0	0	220	220

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4861

Provena Covenant Medical Center

1400 West Park Avenue

Urbana, IL 61801-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	110	104	6	0	0	110	110
PEDIATRIC	6	6	0	0	0	6	6
OBSTETRIC-GYNECOLOGY	24	0	0	0	24	24	24
INTENSIVE CARE	15	13	2	0	0	15	15
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	30	27	3	0	0	30	30
REHABILITATION	25	25	0	0	0	25	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	175	11	0	24	210	210

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4903

Provena Mercy Medical Center

1325 North Highland Avenue

Aurora, IL 60506-1458

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	156	136	14	0	0	150	150
PEDIATRIC	16	14	2	0	0	16	16
OBSTETRIC-GYNECOLOGY	16	16	0	0	0	16	16
INTENSIVE CARE	16	16	0	0	0	16	16
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	95	90	5	0	0	95	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	272	21	0	0	293	293

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4887

Provena Saint Joseph Hospital

77 North Airlite Street

Elgin, IL 60123-4912

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	99	99	0	0	0	99	99
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	15	13	0	2	0	15	15
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	30	30	0	0	0	30	30
REHABILITATION	34	34	0	0	0	34	34
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	178	176	0	2	0	178	178

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	319	277	0	0	42	319	319
PEDIATRIC	13	13	0	0	0	13	13
OBSTETRIC-GYNECOLOGY	33	33	0	0	0	33	33
INTENSIVE CARE	52	52	0	0	0	52	52
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	31	31	0	0	0	31	31
REHABILITATION	32	31	1	0	0	32	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	437	1	0	42	480	480

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4879

Provena St. Mary's Hospital

500 West Court Street

Kankakee, IL 60901-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	105	105	0	0	0	105	105
PEDIATRIC	14	14	0	0	0	14	14
OBSTETRIC-GYNECOLOGY	12	12	0	0	0	12	12
INTENSIVE CARE	26	25	1	0	0	26	26
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	25	22	3	0	0	25	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	178	4	0	0	182	182

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4853

Provena United Samaritans Medical Center

812 North Logan Street

Danville, IL 61832-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	134	123	11	0	0	134	134
PEDIATRIC	9	9	0	0	0	9	9
OBSTETRIC-GYNECOLOGY	17	15	2	0	0	17	17
INTENSIVE CARE	14	12	2	0	0	14	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	159	15	0	0	174	174

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4549

Provident Hospital of Cook County

500 East 51st Street

Chicago, IL 60615-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	79	75	4	0	0	79	79
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	23	23	0	0	0	23	23
INTENSIVE CARE	11	11	0	0	0	11	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	113	109	4	0	0	113	113

* Note: According to Board action, approved on 10/26/10 Board voluntarily reduced 2 M/S beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5199

Red Bud Regional Hospital

325 Spring Street

Red Bud, IL 62278-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	25	0	0	0	25	25
PEDIATRIC	2	0	2	0	0	2	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	0	3	0	0	3	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	25	5	0	0	30	30

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	165	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	0	0	0	165	165

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	214	254	0	-40	0	214	214
PEDIATRIC	17	17	0	0	0	17	17
OBSTETRIC-GYNECOLOGY	17	17	0	0	0	17	17
INTENSIVE CARE	41	41	0	0	0	41	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	0	0	0	65	65
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	354	394	0	-40	0	354	354

* Note: According to Board action approved on 10/26/10, there was a voluntarily reduction of 6 OB beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	61	57	4	0	0	61	61
PEDIATRIC	5	5	0	0	0	5	5
OBSTETRIC-GYNECOLOGY	10	10	0	0	0	10	10
INTENSIVE CARE	8	8	0	0	0	8	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	16	16	0	0	0	16	16
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	34	34	0	0	0	34	34
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	134	130	4	0	0	134	134

* Note: According to Board action, approved on 10/26/10 Richland Memorial Hospital, Olney - reduced Obstetrics by 1 bed.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	210	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	0	0	0	210	210

* Note: According to project #10-052 approved on 10/26/10, Riveredge Hospital, Forest Park, received permit for change of ownership.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2014

Riverside Medical Center

350 North Wall Street

Kankakee, IL 60901-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	162	175	0	-13	0	162	162
PEDIATRIC	24	24	0	0	0	24	24
OBSTETRIC-GYNECOLOGY	30	25	0	5	0	30	30
INTENSIVE CARE	40	27	0	13	0	40	40
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	50	50	0	0	0	50	50
REHABILITATION	19	19	0	0	0	19	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	320	0	5	0	325	325

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4804

RML Health Providers, L.P.

5601 S. County Line Road

Hinsdale, IL 60521-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	104	11	0	0	115	115
TOTAL BEDS	115	104	11	0	0	115	115

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2022

Rochelle Community Hospital

900 North 2nd Street

Rochelle, IL 61068-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	21	12	0	0	9	21	21
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	25	16	0	0	9	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2048

Rockford Memorial Hospital

2400 North Rockton Avenue

Rockford, IL 61103-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	231	187	20	0	24	231	231
PEDIATRIC	35	32	3	0	0	35	35
OBSTETRIC-GYNECOLOGY	35	32	3	0	0	35	35
INTENSIVE CARE	29	29	0	0	0	29	29
NEONATAL INTENSIVE CARE	46	46	0	0	0	46	46
ACUTE/CHRONIC MENTAL ILLNES	20	19	1	0	0	20	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	396	345	27	0	24	396	396

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2063

Roseland Community Hospital

45 West 111th Street

Chicago, IL 60628-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	77	74	3	0	0	77	77
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	17	17	0	0	0	17	17
INTENSIVE CARE	10	10	0	0	0	10	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	101	3	0	0	104	104

* Note: According to project #09-063, approved on 4/20/10 Roseland Community Hospital, Chicago, received permit to establish a 30-bed Acute Mental Illness category of service.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

1750

Rush Oak Park Hospital

520 South Maple Street

Oak Park, IL 60304-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	160	138	13	0	0	151	151
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	14	14	0	0	0	14	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	0	0	0	36	36
LONG-TERM CARE	36	36	0	0	0	36	36
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	246	224	13	0	0	237	237

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	340	340	0	0	0	340	340
PEDIATRIC	28	28	0	0	0	28	28
OBSTETRIC-GYNECOLOGY	38	38	0	0	0	38	38
INTENSIVE CARE	132	95	0	37	0	132	132
NEONATAL INTENSIVE CARE	72	57	0	15	0	72	72
ACUTE/CHRONIC MENTAL ILLNES	70	68	2	0	0	70	70
REHABILITATION	59	54	5	0	0	59	59
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	739	680	7	52	0	739	739

* Note: According to Board action approved on 10/26/10, by voluntary Board reduction 20 AMI and 7 rehab beds were reduced.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	116	116	0	0	0	116	116
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	28	28	0	0	0	28	28
INTENSIVE CARE	22	22	0	0	0	22	22
NEONATAL INTENSIVE CARE	9	9	0	0	0	9	9
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0
REHABILITATION	18	18	0	0	0	18	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	0	0	0	193	193

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4168

Sacred Heart Hospital

3240 West Franklin Blvd

Chicago, IL 60624-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	111	111	0	0	0	111	111
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	0	0	0	8	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	0	0	0	119	119

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	190	178	12	0	0	190	190
PEDIATRIC	13	12	1	0	0	13	13
OBSTETRIC-GYNECOLOGY	13	13	0	0	0	13	13
INTENSIVE CARE	38	38	0	0	0	38	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	241	13	0	0	254	254

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	101	100	1	0	0	101	101
PEDIATRIC	5	5	0	0	0	5	5
OBSTETRIC-GYNECOLOGY	20	20	0	0	0	20	20
INTENSIVE CARE	19	17	2	0	0	19	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	145	142	3	0	0	145	145

* Note: According to Board action approved on 10/26/10, following beds were reduced voluntarily - 10 M/S, and 15 Ped beds

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	24	24
LONG-TERM CARE	30	30	0	0	0	30	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	54	54	0	0	0	54	54

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	219	200	18	0	0	218	218
PEDIATRIC	11	11	0	0	0	11	11
OBSTETRIC-GYNECOLOGY	23	23	0	0	0	23	23
INTENSIVE CARE	23	19	2	0	0	21	21
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	35	34	0	0	0	34	34
REHABILITATION	23	23	0	0	0	23	23
LONG-TERM CARE	26	26	0	0	0	26	26
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	360	336	20	0	0	356	356

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2584

Saint Mary Of Nazareth Hospital

2233 West Divison Street

Chicago, IL 60622-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	186	186	0	0	0	186	186
PEDIATRIC	14	14	0	0	0	14	14
OBSTETRIC-GYNECOLOGY	20	20	0	0	0	20	20
INTENSIVE CARE	32	32	0	0	0	32	32
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	120	120	0	0	0	120	120
REHABILITATION	15	15	0	0	0	15	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	0	0	0	387	387

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2089

Salem Township Hospital

1201 Ricker Drive

Salem, IL 62881-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	22	19	3	0	0	22	22
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	3	0	0	0	3	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	22	3	0	0	25	25

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	73	66	7	0	0	73	73
PEDIATRIC	8	8	0	0	0	8	8
OBSTETRIC-GYNECOLOGY	19	17	2	0	0	19	19
INTENSIVE CARE	8	8	0	0	0	8	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	20	18	2	0	0	20	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	128	117	11	0	0	128	128

* Note: According to project #09-076 approved on 6/8/10 Sarah Bush Lincoln Hospital, Mattoon, received a permit for major modernization of the facility, Included in the project is the discontinuation of its 15-bed Skilled Care (Long-Term Care)

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2105

Sarah Culbertson Memorial Hospital

238 South Congress Street

Rushville, IL 62681-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	22	20	2	0	0	22	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	26	3	0	0	29	29
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	51	46	5	0	0	51	51

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2147

Schwab Rehabilitation Center

1401 South California Avenue

Chicago, IL 60608-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	81	81
LONG-TERM CARE	21	21	0	0	0	21	21
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	102	102	0	0	0	102	102

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2154

Shelby Memorial Hospital

200 South Cedar Street

Shelbyville, IL 62565-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	30	30	0	0	0	30	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	0	0	0	30	30

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2162

Sherman Hospital

1425 N. Randall Rd

Elgin, IL 60120-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	189	189	0	0	0	189	189
PEDIATRIC	8	8	0	0	0	8	8
OBSTETRIC-GYNECOLOGY	28	28	0	0	0	28	28
INTENSIVE CARE	30	30	0	0	0	30	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	0	0	0	255	255

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3152

Shriners Hospitals for Children - Chicago

2211 North Oak Park Avenue

Chicago, IL 60707-3392

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	0	0	0	0	0	0	0	
PEDIATRIC	48	48	0	0	0	48	48	
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0	
INTENSIVE CARE	6	6	0	0	0	6	6	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	0	0	0	0	0	0	0	
REHABILITATION	6	6	0	0	0	6	6	
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	0	0	0	60	60	

* Note: According to Board action approved on 12/14/2010, Shriners Hospital for Children, Chicago, beds re-classified by Board declaratory ruling. Hospital beds classified as follows: 48 Ped beds, 6 ICU beds and 6 Rehabilitation beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2170

Silver Cross Hospital

1New lenox

Joliet, IL 60432-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	194	168	0	26	0	194	194	
PEDIATRIC	8	20	1	-13	0	8	8	
OBSTETRIC-GYNECOLOGY	30	22	0	8	0	30	30	
INTENSIVE CARE	22	16	0	6	0	22	22	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	20	14	0	6	0	20	20	
REHABILITATION	15	17	0	-2	0	15	15	
LONG-TERM CARE	0	0	0	0	0	0	0	
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0	
TOTAL BEDS	289	257	1	31	0	289	289	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	173	173	0	0	0	173	173
PEDIATRIC	2	2	0	0	0	2	2
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	20	20	0	0	0	20	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	195	195	0	0	0	195	195

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3459

South Shore Hospital

8012 South Crandon

Chicago, IL 60617-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	117	117	0	0	0	117	117
PEDIATRIC	6	0	0	0	6	6	6
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	8	8	0	0	0	8	8
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	15	0	0	15	0	15	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	146	125	0	15	6	146	146

* Note: According to project #10-021 approved on 7/27/10, South Shore Hospital, Chicago, received permit to establish an Acute Mental Illness category of Service with 15 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2220

Sparta Community Hospital

818 East Broadway Street

Sparta, IL 62286-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	24	24	0	0	0	24	24
PEDIATRIC	2	1	1	0	0	2	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	26	25	1	0	0	26	26

According to project #09-071 approved on 3/2/10, Sparta received permit to discontinue its 4 bed Obstetrics category of service.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	100	100	0	0	0	100	100
PEDIATRIC	6	6	0	0	0	6	6
OBSTETRIC-GYNECOLOGY	17	17	0	0	0	17	17
INTENSIVE CARE	10	10	0	0	0	10	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	0	0	0	13	13
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	146	146	0	0	0	146	146

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2360

St. Elizabeth Hospital

1431 North Claremont Avenue

Chicago, Illinois 60622

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	40	40	0	0	0	40	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	0	0	0	40	40
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	28	26	2	0	0	28	28
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	108	106	2	0	0	108	108

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4994

St. Alexius Medical Center

1555 N. Barrington Road

Hoffman Estates, IL 60194-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	212	222	17	-27	0	212	212
PEDIATRIC	17	33	2	-18	0	17	17
OBSTETRIC-GYNECOLOGY	38	28	0	10	0	38	38
INTENSIVE CARE	35	26	3	6	0	35	35
NEONATAL INTENSIVE CARE	8	8	0	0	0	8	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	310	317	22	-29	0	310	310

* Note: According to project #09-054, approved on 3/2/2010, St. Alexius Medical Center, Hoffman Estates, received permit for a major modernization. It includes discontinuation of 27 M/S, 18 Pediatrics beds, and addition of 10 OB and 6 ICU beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4556

St. Anthony Hospital

2875 West 19th Street

Chicago, IL 60623-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	62	62	0	0	0	62	62
PEDIATRIC	12	12	0	0	0	12	12
OBSTETRIC-GYNECOLOGY	20	20	0	0	0	20	20
INTENSIVE CARE	15	15	0	0	0	15	15
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	42	31	4	0	7	42	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	140	4	0	7	151	151

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	126	126	0	0	0	126	126	
PEDIATRIC	12	12	0	0	0	12	12	
OBSTETRIC-GYNECOLOGY	22	22	0	0	0	22	22	
INTENSIVE CARE	10	10	0	0	0	10	10	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	40	40	0	0	0	40	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	0	0	0	210	210	

* Note: Bed change approved on 9/30/2010, St. Bernard Hospital, Chicago, converted 16 beds from Pediatrics to Medical-Surgical category of service. The facility now has 126 Medical-Surgical and 12 Pediatrics beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2345

St. Elizabeth Hospital

211 South 3rd Street

Belleville, IL 62221-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	202	202	0	0	0	202	202
PEDIATRIC	14	14	0	0	0	14	14
OBSTETRIC-GYNECOLOGY	30	29	1	0	0	30	30
INTENSIVE CARE	24	24	0	0	0	24	24
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	35	35	0	0	0	35	35
REHABILITATION	33	33	0	0	0	33	33
LONG-TERM CARE	0	0	0	0	0	0	0
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	338	337	1	0	0	338	338

* Note: According to a Board action approved on 10/26/10, Board reduced St. Elizabeth, Belleville 76 Med-Surg beds and 12 AMI beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2386

St. Francis Hospital

1215 Franciscan Drive

Litchfield, IL 62056-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	18	18	0	0	0	18	18
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	3	3	0	0	0	3	3
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	11	0	0	0	11	11	11
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	36	25	0	0	11	36	36

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2402

St. Francis Hospital

355 Ridge Avenue

Evanston, IL 60202-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	206	201	5	0	0	206	206
PEDIATRIC	12	12	0	0	0	12	12
OBSTETRIC-GYNECOLOGY	18	16	2	0	0	18	18
INTENSIVE CARE	35	35	0	0	0	35	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	264	7	0	0	271	271

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	139	128	11	0	0	139	139
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	25	25	0	0	0	25	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	153	11	0	0	164	164

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2436

St. James Hospital & Health Center

1423 Chicago Road

Chicago Heights, IL 60411-3483

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	230	220	10	0	0	230	230
PEDIATRIC	10	10	0	0	0	10	10
OBSTETRIC-GYNECOLOGY	22	22	0	0	0	22	22
INTENSIVE CARE	20	20	0	0	0	20	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	0	0	0	30	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	302	10	0	0	312	312

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2451

St. John's Hospital

800 East Carpenter

Springfield, IL 62769-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	204	204	0	0	0	204	204
PEDIATRIC	32	30	2	0	0	32	32
OBSTETRIC-GYNECOLOGY	38	38	0	0	0	38	38
INTENSIVE CARE	40	38	2	0	0	40	40
NEONATAL INTENSIVE CARE	40	40	0	0	0	40	40
ACUTE/CHRONIC MENTAL ILLNES	40	37	3	0	0	40	40
REHABILITATION	0	0	0	0	0	0	0
LONG-TERM CARE	37	37	0	0	0	37	37
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	431	424	7	0	0	431	431

Note: According to project #10-042, approved on 9/21/10, St. John's Hospital, Springfield, received permit for modernization project. As part of the project, the hospital will reduce authorized M/S beds by 77, resulting in 231 beds authorized for M/S.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2535

St. Joseph Medical Center

2200 East Washington

Bloomington, IL 61701-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	95	95	0	0	0	95	95
PEDIATRIC	16	16	0	0	0	16	16
OBSTETRIC-GYNECOLOGY	12	18	0	-6	0	12	12
INTENSIVE CARE	14	14	0	0	0	14	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	0	0	0	12	12
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	149	155	0	-6	0	149	149

* Note: Until the completion of CON #09-027, OSF St. Joseph - Bloomington will continue to operate 18 OB beds (12 physically available as 6 Reserve OB beds) .

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4614

St. Joseph Memorial Hospital

2 South Hospital Drive

Murphysboro, IL

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	35	25	10	0	0	35	35
PEDIATRIC	2	0	0	0	2	2	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	37	25	10	0	2	37	37

* Note: According to Board ruling on 10/26/10, St. Joseph Memorial Hospital, Murphysboro - reduced Medical-Surgical by 3 beds

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2543

St. Josephs Hospital

1515 Main Street

Highland, IL 62249-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	21	19	2	0	0	21	21
PEDIATRIC	2	2	0	0	0	2	2
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	27	25	2	0	0	27	27

* Note: Due to Board action on 10/26/2010, the facility reduced the M/S beds by 3 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2527

St. Josephs Hospital, Breese

9515 Holy Cross Lane

Breese, IL 62230-0099

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	69	63	6	0	0	69	69
PEDIATRIC	6	6	0	0	0	6	6
OBSTETRIC-GYNECOLOGY	6	6	0	0	0	6	6
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	85	79	6	0	0	85	85

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2576

St. Margaret's Hospital

600 East First Street

Spring Valley, IL 61362-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	67	61	6	0	0	67	67
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	10	10	0	0	0	10	10
INTENSIVE CARE	6	6	0	0	0	6	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	83	77	6	0	0	83	83

* Note: According to project# 10-002 approved on 4/20/10, St. Margaret's Hospital, Spring Valley received permit to discontinue its 29-bed Skilled Care (LTC service). On 10/14/09, a Bed Change was approved and 4 LTC beds were reduced.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2675

St. Mary Medical Center

3333 North Seminary

Galesburg, IL 61401-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	78	69	0	0	0	69	69
PEDIATRIC	5	5	0	0	0	5	5
OBSTETRIC-GYNECOLOGY	7	7	0	0	0	7	7
INTENSIVE CARE	9	9	0	0	0	9	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	90	0	0	0	90	90

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2592

St. Mary's Hospital

1800 East Lake Shore

Decatur, IL

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	108	101	7	0	0	108	108
PEDIATRIC	14	14	0	0	0	14	14
OBSTETRIC-GYNECOLOGY	18	16	2	0	0	18	18
INTENSIVE CARE	14	14	0	0	0	14	14
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	56	33	0	0	23	56	56
REHABILITATION	20	20	0	0	0	20	20
LONG-TERM CARE	14	14	0	0	0	14	14
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	244	212	9	0	23	244	244

* Note: According to Board action on 10/26/10, there was a voluntary reduction of 94 M/S, 6 Peds, 5 ICU and 6 OB beds, with a total CON of 244 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	71	88	0	-18	0	70	70
PEDIATRIC	10	10	0	0	0	10	10
OBSTETRIC-GYNECOLOGY	10	10	0	-1	0	9	9
INTENSIVE CARE	12	10	0	0	2	12	12
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	12	12	0	0	0	12	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	115	130	0	-19	2	113	113

* Note: According to Board Action on 10/26/2010, the facility voluntarily reduced Med-surg beds by 51, Peds by 8 and OB by 6 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2659

St. Mary's Hospital

111 Spring Street

Streator, IL 61364-3399

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	79	72	7	0	0	79	79
PEDIATRIC	3	2	1	0	0	3	3
OBSTETRIC-GYNECOLOGY	7	7	0	0	0	7	7
INTENSIVE CARE	8	8	0	0	0	8	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	0	0	0	30	30
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	127	119	8	0	0	127	127

* Note: According to Board action on 10/26/10, facility voluntarily reduced 2 M/S and 4 Ped beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	162	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	0	0	0	162	162

* Note: According to project #10-053 approved on 10/26/10 Streamwood Behavioral Health Hospital, Streamwood, received permit for change of ownership.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2725

Swedish American Hospital

1401 East State Street

Rockford, IL 61104-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	209	193	16	0	0	209	209
PEDIATRIC	28	26	2	0	0	28	28
OBSTETRIC-GYNECOLOGY	34	34	0	0	0	34	34
INTENSIVE CARE	30	30	0	0	0	30	30
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	32	31	1	0	0	32	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	314	19	0	0	333	333

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4820

Swedish American Medical Center - Belvidere

1625 South State Street

Belvidere, IL 61008-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	46	41	4	0	0	45	45
PEDIATRIC	2	2	0	0	0	2	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	48	43	4	0	0	47	47

* Note: According to Board action approved on 10/26/10, Swedish American Medical Center - Belvidere, Belvidere - reduced Medical-Surgical by 7 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2717

Swedish Covenant Hospital

5145 North California Avenue

Chicago, IL 60625-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	182	172	0	0	0	172	172
PEDIATRIC	6	6	0	0	0	6	6
OBSTETRIC-GYNECOLOGY	21	21	0	0	0	21	21
INTENSIVE CARE	18	18	0	0	0	18	18
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	34	31	3	0	0	34	34
REHABILITATION	25	25	0	0	0	25	25
LONG-TERM CARE	37	34	3	0	0	37	37
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	323	307	6	0	0	313	313

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2691

Taylorville Memorial Hospital

201 East Pleasant Street

Taylorville, IL 62568-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	21	21	0	0	0	21	21
PEDIATRIC	1	1	0	0	0	1	1
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	3	3	0	0	0	3	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	20	0	0	0	20	20
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	47	45	0	0	0	45	45

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				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	0	0	0	47	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	0	0	0	47	47	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2782

Thomas H. Boyd Memorial Hospital

800 School Street

Carrollton, IL 62016-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	23	23	0	0	0	23	23
PEDIATRIC	2	2	0	0	0	2	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	25	25	0	0	0	25	25

* Note: According to Bed Change approved on 7/27/10, Thomas H. Boyd Memorial Hospital, Carrollton, was issued a declaratory ruling by the Board to add 10 Medical-Surgical beds to an existing category of service. The facility is now authorized for 23 M/S

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

0067

Thorek Memorial Hospital

850 West Irving Park

Chicago, IL 60613-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	130	111	9	0	4	124	124
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	11	10	0	0	0	10	10
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	20	20	0	0	0	20	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	141	9	0	4	154	154

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	66	60	6	0	0	66	66
PEDIATRIC	8	8	0	0	0	8	8
OBSTETRIC-GYNECOLOGY	33	30	3	0	0	33	33
INTENSIVE CARE	8	8	0	0	0	8	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	106	9	0	0	115	115

* Note: During 2009, Kenneth Hall Regional Hospital merged with Touchette Regional Hospital.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5140

Trinity Medical Center - 7th Street Campus

500 John Deere Road

Moline, IL 61265

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	20	18	2	0	0	20	20
PEDIATRIC	0	0	0	0	0	0	0
OBSTETRIC-GYNECOLOGY	18	18	0	0	0	18	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	36	2	0	0	38	38

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3244

Trinity Medical Center - West

2701 17th Street

Rock Island, IL 61201-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	193	177	16	0	0	193	193
PEDIATRIC	9	9	0	0	0	9	9
OBSTETRIC-GYNECOLOGY	0	0	0	0	0	0	0
INTENSIVE CARE	20	20	0	0	0	20	20
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0
ACUTE/CHRONIC MENTAL ILLNES	54	54	0	0	0	54	54
REHABILITATION	22	22	0	0	0	22	22
LONG-TERM CARE	29	29	0	0	0	29	29
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	327	311	16	0	0	327	327

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5025

UHS Hartgrove Hospital

5730 W. Roosevelt Road

Chicago, IL 60644

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	150	150	0	0	0	150	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	150	150	0	0	0	150	150

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	22	22
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	47	47	0	0	0	47	47

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

3897

University Of Chicago Medical Center

5841 South Maryland

Chicago, IL 60637-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	300	282	28	-10	0	300	300
PEDIATRIC	61	61	0	0	0	61	61
OBSTETRIC-GYNECOLOGY	46	42	4	0	0	46	46
INTENSIVE CARE	114	92	0	22	0	114	114
NEONATAL INTENSIVE CARE	47	47	0	0	0	47	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	524	32	12	0	568	568

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	240	234	6	0	0	240	240
PEDIATRIC	44	42	2	0	0	44	44
OBSTETRIC-GYNECOLOGY	45	45	0	0	0	45	45
INTENSIVE CARE	65	65	0	0	0	65	65
NEONATAL INTENSIVE CARE	26	30	0	0	0	30	30
ACUTE/CHRONIC MENTAL ILLNES	53	49	4	0	0	53	53
REHABILITATION	18	18	0	0	0	18	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	483	12	0	0	495	495

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

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_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	18	15	2	0	0	17	17
PEDIATRIC	4	1	0	0	0	1	1
OBSTETRIC-GYNECOLOGY	6	6	0	0	0	6	6
INTENSIVE CARE	3	3	0	0	0	3	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	25	2	0	0	27	27

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5215

Van Matre Healthsouth Rehabilitation Hospital

950 South Mulford Road

Rockford, IL 61108-0730

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	0	0	0	50	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	0	0	0	50	50

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5694

VHS West Suburban Hospital

Erie At Austin

Oak Park, IL 60302-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	135	123	12	0	0	135	135
PEDIATRIC	5	5	0	0	0	5	5
OBSTETRIC-GYNECOLOGY	20	20	0	0	0	20	20
INTENSIVE CARE	24	24	0	0	0	24	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	0	0	0	50	50
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	234	222	12	0	0	234	234

* Note: According to project #10-014 approved on 6/8/10, West Suburban Hospital, Oak Park, received permit for change of ownership. There are no changes to the number of authorized beds in the facility.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

5702

VHS Westlake Community Hospital

1225 Lake Street

Melrose Park, IL 60160-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	111	101	10	0	0	111	111	
PEDIATRIC	5	5	0	0	0	5	5	
OBSTETRIC-GYNECOLOGY	24	24	0	0	0	24	24	
INTENSIVE CARE	12	12	0	0	0	12	12	
NEONATAL INTENSIVE CARE	0	0	0	0	0	0	0	
ACUTE/CHRONIC MENTAL ILLNES	33	30	3	0	0	33	33	
REHABILITATION	40	37	3	0	0	40	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	209	16	0	0	225	225	

* Note: According to project #10-013 approved on 6/8/10, Westlake Community Hospital, Melrose Park, received permit for change of ownership. There are no changes to the number of authorized beds in the facility.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2857

Vista Medical Center East

1324 North Sheridan Road

Waukegan, IL 60085-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	256	199	27	0	30	256	256
PEDIATRIC	35	33	2	0	0	35	35
OBSTETRIC-GYNECOLOGY	29	28	1	0	0	29	29
INTENSIVE CARE	16	16	0	0	0	16	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	276	30	0	30	336	336

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

4895

Vista Medical Center West

2615 West Washington

Waukegan, IL 60085-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				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	42	4	0	0	46	46
REHABILITATION	25	25	0	0	0	25	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	67	4	0	0	71	71

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2865

Wabash General Hospital District

1418 College Drive

Mount Carmel, IL 62863-0000

<u>CATEGORY OF SERVICE</u>	Board Authorized CON Beds		Detailed Bed Report of ABR_12/31/2010				Board Authorized CON Beds	
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction	
				CON	NON-CON			
MEDICAL-SURGICAL	25	25	0	0	0	25	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	0	0	0	25	25	

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.

ANNUAL BED REPORT - CY 2010

2899

Washington County Hospital

705 South Grand Avenue

Nashville, IL 62263-0000

CATEGORY OF SERVICE	Board Authorized CON Beds	Detailed Bed Report of ABR_12/31/2010					Board Authorized CON Beds
	Beds as of 12/31/2010	Physically Available	Reserve	TRANSITIONAL BEDS		Total Beds Reported	Beds as of 12/31/2010 upon Board Reduction
				CON	NON-CON		
MEDICAL-SURGICAL	22	22	0	0	0	22	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	28	28	0	0	0	28	28
LONG-TERM ACUTE CARE	0	0	0	0	0	0	0
TOTAL BEDS	50	50	0	0	0	50	50

* Note: According to Board action approved on 10/26/10, Washington County Hospital, Nashville - reduced Long-Term Care by 5 beds.

Note: "Board Authorized CON Beds as of 12/31/2010" and "Board Authorized CON Beds as of 12/31/2010 upon Board reduction" do not constitute changes to beds (Example: Bed changes, project approvals etc) that occurred in Calendar year 2011. These bed numbers reflect changes (reductions) to their bed count made by the hospitals to their beds through Annual Bed Report (ABR 2010). Negative beds in transitional bed columns indicate beds with projects under construction and will eventually be removed once the project has been completed.