



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

|   |   |                                  |
|---|---|----------------------------------|
| <b>DOCKET ITEM:</b><br>A-01   | <b>BOARD MEETING:</b><br>March 21, 2015 | <b>PROJECT NUMBER:</b><br>10-042 |
| <b>PERMIT HOLDERS(S):</b><br>St. John’s Hospital of the Hospital Sisters of the Third Order of St. Francis<br>Hospital Sisters Services, Inc.<br>Hospital Sisters Health System |   |                                  |
| <b>FACILITY NAME and LOCATION:</b><br>St. John’s Hospital, Springfield  |   |                                  |

**STATE BOARD STAFF REPORT**  
**PERMIT RENEWAL REQUEST**

**I. Background**

On September 21, 2010, the State Board approved Project #10-042. The permit authorized the modernization and new construction of various clinical and non-clinical service components of the Medical/Surgical bed units at the acute care hospital in Springfield. The State Agency notes the project is obligated, and the current project completion date was October 30, 2014. Project cost: \$51,188,314.

Board Staff notes the permit holders submitted this **second** permit renewal request on January 29, 2015, after learning the independent audit included in the final cost report (submitted on January 15, 2015), did not meet State Board standards. This submittal was **not** in accordance with 77 IAC 1130.740(d), which states that renewal requests must be received by the State Agency at least 45 days prior to the permit expiration date. A \$500.00 permit renewal fee, and a \$500.00 late filing fee, accompanied the renewal request.

**II. Findings**

The State Agency notes this is the second renewal request for this project and it appears the permit holders have submitted all of the information required in Section 1130.740 for a permit renewal.

### III. The Permit Renewal Request

- A. Requested Completion Date: The permit holders request a project completion date of May 31, 2015. This would extend the project's completion date by approximately seven months, from October 30, 2014 to May 31, 2015.
- B. Status of the Project and Components Yet to be Finished: The permit holders state the project is complete, and the facility is currently occupied, per the January 15, 2015 final cost report. It was discovered that the independent audit (included in the final cost report), did not meet State Board criteria, requiring the re-submittal of the independent audit/final cost report.
- C. Reason(s) Why the Project Has Not Been Completed: The permit holders' state the following events occurred, which delayed completion of the project:
- The permit holders state an insufficient independent audit in the final cost report has made it necessary for the permit holders to request additional time to produce an acceptable version, for resubmission with the final cost report.
- D. Evidence of Financial Commitment to Fund the Project: The permit holders indicate \$47,721,199 (approximately 93.2% of the project funds) were expended for this project, resulting in a positive variance of \$3,467,115 at the time of project completion.
- E. Anticipated Final Cost of the Project: The permit holders note the final project cost was \$47,721,199. This was \$3,467,115 less than the approved permit amount of \$51,188,314.

### IV. Project Description & Other Background Information

The permit authorized the modernization of various clinical and non-clinical areas in its Medical/Surgical bed units on the campus of St, John's Hospital. Total project cost: \$51,188,314.

Permit Issuance Date: September 21, 2010

Original Project Completion Date: June 30, 2014

Project Obligation Date: February 8, 2011

Proposed Project Completion Date: October 3, 2014  
(1<sup>st</sup> Renewal Request 3-months)

Proposed Project Completion Date: May 31, 2015  
(2<sup>nd</sup> Renewal Request 7 Months)

**V. Applicable Rules for Permit Renewal Requests**

77 IAC 1130.740 specifies that a permit holder may request a change in the approved project completion date by applying for a permit renewal.

77 IAC 1130.740(b) states that failure to complete a project or to renew a permit within the prescribed timeframes will subject the permit holders to the sanctions and penalties provided in the Act and this Subpart.

77 IAC 1130.740(c) states that a permit renewal will commence on the expiration date of the original or renewed completion period.

77 IAC 1130.740(d) states that the State Board must be in receipt of a permit renewal request at least 45 days prior to the expiration date of the completion period, and include the following: 1) the requested completion date; 2) a status report on the project detailing what percent has been completed and a summary of project components yet to be finished and the amount of funds expended on the project to date; 3) a statement as to the reasons why the project has not been completed; and 4) confirmatory evidence by the permit holders' authorized representative that the project's costs and scope are in compliance with what the State Board approved and that sufficient financial resources are available to complete the project.

77 IAC 1130.740(e) states IDPH will review the request and prepare a report of its findings. If the findings are that the request is in conformance with all HFPB criteria, and if this is the first request for this project, then the request, IDPH's findings, and all related documentation shall be sent to the Chairman. The Chairman, acting on behalf of HFPB, will approve, deny or refer the request to the HFPB for action. If IDPH finds that all criteria are not positive or, if this is not the first request for this project, or if the Chairman refers this to HFPB for action, then HFPB will evaluate the information submitted to determine if the project has proceeded with due diligence (as defined in 77 IAC 1130.140). Denial of a permit renewal request constitutes HFPB's Notice of Intent to revoke a permit and the permit holders will be afforded an opportunity for an administrative hearing.

**VI. Other Information**

Appended to this report are the following: the permit holders' documents for a permit renewal.

| <u>Ownership, Management and General Information</u> |                                | <u>Patients by Race</u> |             | <u>Patients by Ethnicity</u> |                  |
|--|--------------------------------|-------------------------|-------------|------------------------------|------------------|
| ADMINISTRATOR NAME:                                  | E.J. Kuiper                    | White                   | 87.5%       | Hispanic or Latino:          | 0.4%             |
| ADMINSTRATOR PHONE                                   | 1-217-544-6464                 | Black                   | 9.8%        | Not Hispanic or Latino:      | 97.7%            |
| OWNERSHIP:   | Hospital Sisters Health System | American Indian         | 0.0%        | Unknown:                     | 1.9%             |
| OPERATOR:  | Hospital Sisters Health System | Asian                   | 0.4%        |                              |                  |
| MANAGEMENT:  | Church-Related                 | Hawaiian/ Pacific       | 0.0%        | IDPH Number:                 | 2451             |
| CERTIFICATION:                                       |                                | Unknown                 | 2.2%        | HPA                          | E-01             |
| FACILITY DESIGNATION:                                | General Hospital               |                         |             | HSA                          | 3                |
| ADDRESS  | 800 East Carpenter             | CITY:                   | Springfield | COUNTY:                      | Sangamonm County |

| <u>Facility Utilization Data by Category of Service</u> |                                       |                                    |                    |                   |                       |                         |                               |                             |                             |                                     |
|---|---------------------------------------|------------------------------------|--------------------|-------------------|-----------------------|-------------------------|-------------------------------|-----------------------------|-----------------------------|-------------------------------------|
| <u>Clinical Service</u>                                 | <u>Authorized CON Beds 12/31/2013</u> | <u>Peak Beds Setup and Staffed</u> | <u>Peak Census</u> | <u>Admissions</u> | <u>Inpatient Days</u> | <u>Observation Days</u> | <u>Average Length of Stay</u> | <u>Average Daily Census</u> | <u>CON Occupancy Rate %</u> | <u>Staffed Bed Occupancy Rate %</u> |
| <b>Medical/Surgical</b>                                 | 204                                   | 203                                | 196                | 12,150            | 52,987                | 1,194                   | 4.5                           | 148.4                       | 72.8                        | 73.1                                |
| 0-14 Years  |                                       |                                    |                    | 70                | 218                   |                         |                               |                             |                             |                                     |
| 15-44 Years   |                                       |                                    |                    | 1,836             | 6,709                 |                         |                               |                             |                             |                                     |
| 45-64 Years   |                                       |                                    |                    | 3,892             | 16,608                |                         |                               |                             |                             |                                     |
| 65-74 Years   |                                       |                                    |                    | 2,744             | 12,100                |                         |                               |                             |                             |                                     |
| 75 Years +  |                                       |                                    |                    | 3,608             | 17,352                |                         |                               |                             |                             |                                     |
| <b>Pediatric</b>  | 32                                    | 30                                 | 23                 | 1,494             | 4,452                 | 591                     | 3.4                           | 13.8                        | 43.2                        | 46.1                                |
| <b>Intensive Care</b>                                   | 48                                    | 46                                 | 40                 | 2,504             | 12,321                | 253                     | 5.0                           | 34.4                        | 71.8                        | 74.9                                |
| Direct Admission  |                                       |                                    |                    | 2,201             | 9,489                 |                         |                               |                             |                             |                                     |
| Transfers   |                                       |                                    |                    | 303               | 2,832                 |                         |                               |                             |                             |                                     |
| <b>Obstetric/Gynecology</b>                             | 38                                    | 38                                 | 29                 | 2,208             | 6,067                 | 161                     | 2.8                           | 17.1                        | 44.9                        | 44.9                                |
| Maternity   |                                       |                                    |                    | 1,784             | 5,052                 |                         |                               |                             |                             |                                     |
| Clean Gynecology  |                                       |                                    |                    | 424               | 1,015                 |                         |                               |                             |                             |                                     |
| <b>Neonatal</b>   | 40                                    | 40                                 | 39                 | 460               | 11,908                | 0                       | 25.9                          | 32.6                        | 81.6                        | 81.6                                |
| <b>Long Term Care</b>                                   | 37                                    | 37                                 | 32                 | 1,018             | 11,203                | 0                       | 11.0                          | 30.7                        | 83.0                        | 83.0                                |
| <b>Swing Beds</b>                                       |                                       |                                    | 0                  | 0                 | 0                     |                         | 0.0                           | 0.0                         |                             |                                     |
| <b>Acute Mental Illness</b>                             | 40                                    | 36                                 | 32                 | 893               | 8,021                 | 0                       | 9.0                           | 22.0                        | 54.9                        | 61.0                                |
| <b>Rehabilitation</b>                                   | 0                                     | 0                                  | 0                  | 0                 | 0                     | 0                       | 0.0                           | 0.0                         | 0.0                         | 0.0                                 |
| <b>Long-Term Acute Care</b>                             | 0                                     | 0                                  | 0                  | 0                 | 0                     | 0                       | 0.0                           | 0.0                         | 0.0                         | 0.0                                 |
| Dedicated Observation                                   | 0                                     |                                    |                    |                   |                       | 0                       |                               |                             |                             |                                     |
| <b>Facility Utilization</b>                             | <b>439</b>                            |                                    |                    | <b>20,424</b>     | <b>106,959</b>        | <b>2,199</b>            | <b>5.3</b>                    | <b>299.1</b>                | <b>68.1</b>                 |                                     |

(Includes ICU Direct Admissions Only)

| <u>Inpatients and Outpatients Served by Payor Source</u> |                 |                 |                     |                          |                    |                     |               |
|--|-----------------|-----------------|---------------------|--------------------------|--------------------|---------------------|---------------|
|  | <u>Medicare</u> | <u>Medicaid</u> | <u>Other Public</u> | <u>Private Insurance</u> | <u>Private Pay</u> | <u>Charity Care</u> | <u>Totals</u> |
| <b>Inpatients</b>  | 45.1%           | 21.0%           | 1.6%                | 25.4%                    | 4.5%               | 2.4%                |               |
|  | 9208            | 4298            | 334                 | 5180                     | 916                | 488                 | 20,424        |
| <b>Outpatients</b>                                       | 32.6%           | 24.5%           | 1.0%                | 33.1%                    | 6.0%               | 2.7%                |               |
|  | 78533           | 59060           | 2421                | 79689                    | 14501              | 6554                | 240,758       |

| <u>Financial Year Reported:</u>  | 7/1/2012 to     | 6/30/2013       | <u>Inpatient and Outpatient Net Revenue by Payor Source</u> |                          |                    |               |                             | <u>Charity Care Expense</u> | <u>Total Charity Care Expense</u> |
|----------------------------------|-----------------|-----------------|---|--------------------------|--------------------|---------------|-----------------------------|-----------------------------|-----------------------------------|
|                                  | <u>Medicare</u> | <u>Medicaid</u> | <u>Other Public</u>   | <u>Private Insurance</u> | <u>Private Pay</u> | <u>Totals</u> | <u>Charity Care Expense</u> |                             |                                   |
| <b>Inpatient Revenue ( \$ )</b>  | 47.5%           | 19.9%           | 2.5%  | 29.6%                    | 0.5%               | 100.0%        |                             | 9,002,200                   |                                   |
|                                  | 115,398,366     | 48,257,133      | 5,979,109   | 71,900,698               | 1,292,100          | 242,827,406   | 5,906,081                   |                             |                                   |
| <b>Outpatient Revenue ( \$ )</b> | 24.6%           | 13.1%           | 2.3%  | 57.7%                    | 2.3%               | 100.0%        |                             |                             |                                   |
|                                  | 39,259,043      | 20,986,443      | 3,702,818   | 92,257,309               | 3,647,756          | 159,853,369   | 3,096,119                   | 2.2%                        |                                   |

| <u>Birthing Data</u>                      |       |  | <u>Newborn Nursery Utilization</u> |          |           | <u>Organ Transplantation</u> |  |   |
|---|-------|--|------------------------------------|----------|-----------|------------------------------|--|---|
| Number of Total Births:                   | 1,888 |  | Level I                            | Level II | Level II+ | Kidney:                      |  | 0 |
| Number of Live Births:                    | 1,872 |  | Beds                               | 0        | 0         | Heart:                       |  | 0 |
| Birthing Rooms:                           | 0     |  | Patient Days                       | 2,855    | 0         | Lung:                        |  | 0 |
| Labor Rooms:                              | 0     |  | Total Newborn Patient Days         |          | 2,855     | Heart/Lung:                  |  | 0 |
| Delivery Rooms:                           | 0     |  |                                    |          |           | Pancreas:                    |  | 0 |
| Labor-Delivery-Recovery Rooms:            | 12    |  |                                    |          |           | Liver:                       |  | 0 |
| Labor-Delivery-Recovery-Postpartum Rooms: | 0     |  | <u>Laboratory Studies</u>          |          |           | Total:                       |  | 0 |
| C-Section Rooms:                          | 2     |  | Inpatient Studies                  |          | 685,378   |                              |  |   |
| CSections Performed:                      | 566   |  | Outpatient Studies                 |          | 373,400   |                              |  |   |
|   |       |  | Studies Performed Under Contract   |          | 73,096    |                              |  |   |

**Surgery and Operating Room Utilization**

| Surgical Specialty                | Operating Rooms |            |                           |           | Surgical Cases |             | Surgical Hours |              |                           | Hours per Case |            |    |  |
|-----------------------------------|-----------------|------------|---------------------------|-----------|----------------|-------------|----------------|--------------|---------------------------|----------------|------------|----|--|
|                                   | Inpatient       | Outpatient | Combined                  | Total     | Inpatient      | Outpatient  | Inpatient      | Outpatient   | Total Hours               | Inpatient      | Outpatient |    |  |
| Cardiovascular                    | 0               | 0          | 8                         | 8         | 1089           | 161         | 4429           | 285          | 4714                      | 4.1            | 1.8        |    |  |
| Dermatology                       | 0               | 0          | 0                         | 0         | 0              | 0           | 0              | 0            | 0                         | 0.0            | 0.0        |    |  |
| General                           | 0               | 0          | 10                        | 10        | 969            | 935         | 2347           | 1333         | 3680                      | 2.4            | 1.4        |    |  |
| Gastroenterology                  | 0               | 0          | 0                         | 0         | 8              | 0           | 11             | 0            | 11                        | 1.4            | 0.0        |    |  |
| Neurology                         | 0               | 0          | 0                         | 0         | 254            | 89          | 971            | 195          | 1166                      | 3.8            | 2.2        |    |  |
| OB/Gynecology                     | 0               | 0          | 0                         | 0         | 192            | 593         | 690            | 1206         | 1896                      | 3.6            | 2.0        |    |  |
| Oral/Maxillofacial                | 0               | 0          | 0                         | 0         | 18             | 255         | 50             | 434          | 484                       | 2.8            | 1.7        |    |  |
| Ophthalmology                     | 0               | 0          | 5                         | 5         | 12             | 1093        | 30             | 1227         | 1257                      | 2.5            | 1.1        |    |  |
| Orthopedic                        | 0               | 0          | 3                         | 3         | 1838           | 1849        | 4492           | 3410         | 7902                      | 2.4            | 1.8        |    |  |
| Otolaryngology                    | 0               | 0          | 0                         | 0         | 259            | 1271        | 1057           | 1691         | 2748                      | 4.1            | 1.3        |    |  |
| Plastic Surgery                   | 0               | 0          | 0                         | 0         | 237            | 535         | 676            | 902          | 1578                      | 2.9            | 1.7        |    |  |
| Podiatry                          | 0               | 0          | 0                         | 0         | 32             | 418         | 52             | 632          | 684                       | 1.6            | 1.5        |    |  |
| Thoracic                          | 0               | 0          | 0                         | 0         | 0              | 0           | 0              | 0            | 0                         | 0.0            | 0.0        |    |  |
| Urology                           | 0               | 0          | 2                         | 2         | 440            | 747         | 1138           | 1054         | 2192                      | 2.6            | 1.4        |    |  |
| <b>Totals</b>                     | <b>0</b>        | <b>0</b>   | <b>28</b>                 | <b>28</b> | <b>5348</b>    | <b>7946</b> | <b>15943</b>   | <b>12369</b> | <b>28312</b>              | <b>3.0</b>     | <b>1.6</b> |    |  |
| <b>SURGICAL RECOVERY STATIONS</b> |                 |            | Stage 1 Recovery Stations |           |                | 28          |                |              | Stage 2 Recovery Stations |                |            | 28 |  |

**Dedicated and Non-Dedicated Procedure Room Utilization**

| Procedure Type                          | Procedure Rooms |            |          |       | Surgical Cases |            | Surgical Hours |            |             | Hours per Case |            |
|---|-----------------|------------|----------|-------|----------------|------------|----------------|------------|-------------|----------------|------------|
|   | Inpatient       | Outpatient | Combined | Total | Inpatient      | Outpatient | Inpatient      | Outpatient | Total Hours | Inpatient      | Outpatient |
| Gastrointestinal                        | 0               | 0          | 4        | 4     | 1122           | 4768       | 1307           | 4768       | 6075        | 1.2            | 1.0        |
| Laser Eye Procedures                    | 0               | 0          | 0        | 0     | 0              | 0          | 0              | 0          | 0           | 0.0            | 0.0        |
| Pain Management                         | 0               | 0          | 2        | 2     | 0              | 1179       | 0              | 1179       | 1179        | 0.0            | 1.0        |
| Cystoscopy                              | 0               | 0          | 0        | 0     | 0              | 0          | 0              | 0          | 0           | 0.0            | 0.0        |
| <b>Multipurpose Non-Dedicated Rooms</b> |                 |            |          |       |                |            |                |            |             |                |            |
|   | 0               | 0          | 0        | 0     | 0              | 0          | 0              | 0          | 0           | 0.0            | 0.0        |
|   | 0               | 0          | 0        | 0     | 0              | 0          | 0              | 0          | 0           | 0.0            | 0.0        |
|   | 0               | 0          | 0        | 0     | 0              | 0          | 0              | 0          | 0           | 0.0            | 0.0        |

**Emergency/Trauma Care**

|   |                |
|---|----------------|
| Certified Trauma Center                   | Yes            |
| Level of Trauma Service                   | <b>Level 1</b> |
|   | Pediatric      |
| Operating Rooms Dedicated for Trauma Care | Adult          |
| Number of Trauma Visits:                  | 1,041          |
| Patients Admitted from Trauma             | 605            |
| Emergency Service Type:                   | Comprehensive  |
| Number of Emergency Room Stations         | 33             |
| Persons Treated by Emergency Services:    | 52,992         |
| Patients Admitted from Emergency:         | 6,614          |
| Total ED Visits (Emergency+Trauma):       | <b>54,033</b>  |

**Free-Standing Emergency Center**

|   |   |
|---|---|
| Beds in Free-Standing Centers                 | 0 |
| Patient Visits in Free-Standing Centers       | 0 |
| Hospital Admissions from Free-Standing Center | 0 |

**Outpatient Service Data**

|  |                |
|--|----------------|
| Total Outpatient Visits                    | <b>240,758</b> |
| Outpatient Visits at the Hospital/ Campus: | 179,637        |
| Outpatient Visits Offsite/off campus       | 61,121         |

**Cardiac Catheterization Labs**

|  |          |
|--|----------|
| Total Cath Labs (Dedicated+Nondedicated labs): | <b>8</b> |
| Cath Labs used for Angiography procedures      | 0        |
| Dedicated Diagnostic Catheterization Lab       | 0        |
| Dedicated Interventional Catheterization Labs  | 0        |
| Dedicated EP Catheterization Labs              | 2        |

**Cardiac Catheterization Utilization**

|   |               |
|---|---------------|
| Total Cardiac Cath Procedures:          | <b>11,430</b> |
| Diagnostic Catheterizations (0-14)      | 0             |
| Diagnostic Catheterizations (15+)       | 4,919         |
| Interventional Catheterizations (0-14): | 0             |
| Interventional Catheterization (15+)    | 4,791         |
| EP Catheterizations (15+)               | 1,720         |

**Cardiac Surgery Data**

|  |            |
|--|------------|
| Total Cardiac Surgery Cases:   | <b>449</b> |
| Pediatric (0 - 14 Years):  | 0          |
| Adult (15 Years and Older):  | 449        |
| Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases : | 308        |

**Diagnostic/Interventional Equipment**

|                                     | Examinations |          |           |        |          | Therapeutic Equipment        |          |   |       | Therapies/<br>Treatments |
|-------------------------------------|--------------|----------|-----------|--------|----------|------------------------------|----------|---|-------|--------------------------|
|                                     | Owned        | Contract | Inpatient | Outpt  | Contract | Owned                        | Contract |   |       |                          |
| General Radiography/Fluoroscopy     | 28           | 0        | 35,110    | 36,353 | 0        | Lithotripsy                  | 0        | 0 | 0     |                          |
| Nuclear Medicine                    | 5            | 0        | 1,427     | 1,970  | 0        | Linear Accelerator           | 2        | 0 | 4,133 |                          |
| Mammography                         | 4            | 0        | 0         | 10,417 | 0        | Image Guided Rad Therapy     |          |   | 1,178 |                          |
| Ultrasound                          | 10           | 0        | 4,855     | 11,327 | 0        | Intensity Modulated Rad Thrp |          |   | 1,172 |                          |
| Angiography                         | 2            | 0        |           |        |          | High Dose Brachytherapy      | 1        | 0 | 6     |                          |
| Diagnostic Angiography              |              |          | 0         | 0      | 0        | Proton Beam Therapy          | 0        | 0 | 0     |                          |
| Interventional Angiography          |              |          | 4,620     | 1,540  | 0        | Gamma Knife                  | 0        | 0 | 0     |                          |
| Positron Emission Tomography (PET)  | 1            | 0        | 22        | 360    | 0        | Cyber knife                  | 0        | 0 | 0     |                          |
| Computerized Axial Tomography (CAT) | 5            | 0        | 10,427    | 22,158 | 0        |                              |          |   |       |                          |
| Magnetic Resonance Imaging          | 3            | 0        | 2,408     | 3,610  | 0        |                              |          |   |       |                          |



**HSHS  
St. John's  
Hospital**

January 29, 2015

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Permit Renewal Request (Section 1130.740)  
St. John's Hospital  
Permit 10-042 – Patient Tower Modification

**RECEIVED**

**JAN 29 2015**

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

Dear Ms. Avery,

On April 8, 2014 the Illinois Health Facilities and Services Review Board Chair approved our March 25, 2014 request to renew the above referenced project permit. Subsequently, we submitted the Project Completion and Final Realized Cost Report for Permit #10-042, dated January 13, 2015, which was within the approved permit renewal period.

In a certified letter dated January 21, 2015, we were advised by the IHFSRB that the independent project audit included in our completion documentation which was prepared by CHAN Healthcare, a subsidiary of Crowe Horwath, LLP, did not meet the Review Boards' criteria. Due to this recent circumstance, we were also advised a Permit Renewal is required to allow time to meet Review Board requirements. Hence, we are requesting a four (4) month completion period extension to fully meet project completion requirements with supplemental information.

1. Project Completion Date

St. John's requests the IHFSRB grant an approximate four (4) month permit renewal period until May 29, 2015 for Permit # 10-042 in order to develop and submit audit related information complying with Review Board criteria.

2. Project Status

The project is complete and the facility is occupied (see January 15<sup>th</sup> Project Completion documentation submitted to the IHFSRB).

3. Project Completion Statement

See Number 2, above.

4. Confirming Evidence of Project Completion

See January 15<sup>th</sup> Project Completion Documentation, as submitted and attested to in our submittal.

If you need additional information or have any questions, I can be contacted at 217-757-6256.

Sincerely,



Dave Olejniczak, FACHE  
Chief Operating Officer

Subscribed and sworn to before me

this 29<sup>th</sup> day of January  
Tammy Caspar

Signature of Notary

Seal



CC: Tim Ferguson, Director, Facilities Management  
Mike Constantino, Supervisor, Project Review Section  
Ed Parkhurst, PRISM Healthcare Consulting

**St. John's Hospital**  
 800 East Carpenter Street  
 Springfield, Illinois 62769

**DATE**  
 01/26/15

**CHECK NO.**  
 973537

SJST 753675

| DATE   | INVOICE/CREDIT MEMO                | TYPE | DESCRIPTION  | GROSS        | DISCOUNT | NET   |
|--|------------------------------------|------|--------------|--------------|----------|-------|
| 012315   | PROJ#10-042LT<br>***INSIDE MAIL TO |      | TIM FERGUSON | 50000        |          | 50000 |
|  |                                    |      | E&C***       |              |          |       |
| THE ATTACHED CHECK IS IN PAYMENT FOR THE ITEMS DESCRIBED ABOVE |                                    |      |              | <b>TOTAL</b> | 50000    | 50000 |

THIS DOCUMENT HAS A PRISMATIC PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK. 



**St. John's** 10-042  
 HOSPITAL  
 SPRINGFIELD, ILLINOIS

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

**GENERAL FUND**

Harris Central N.A.  
 Roselle, IL

70-1558  
 719

**CHECK NUMBER**  
 973537

**DATE**  
 01/26/15

**AMOUNT**  
 \*\*\*\*\*500.00

**PAY FIVE HUNDRED DOLLARS AND NO CENTS**

TO THE ORDER OF  
 ILLINOIS DEPARTMENT OF PUBLIC  
 HEALTH-DIV OF FINANCIAL SVCS  
 525 WEST JEFFERSON ST, 4TH FL  
 SPRINGFIELD IL 62761-0001

VOID AFTER 90 DAYS

*Tony P. Altmeyer*

Authorized Signature

⑈000973537⑈ ⑆071915580⑆ 04⑈399⑈751⑈7⑈

**St. John's Hospital**  
 800 East Carpenter Street  
 Springfield, Illinois 62769

**DATE**  
 01/26/15

**CHECK NO.**  
 973538

SJST 753675

| DATE   | INVOICE/CREDIT MEMO                                | TYPE | DESCRIPTION | GROSS        | DISCOUNT | NET   |
|--|--|------|-------------|--------------|----------|-------|
| 012315   | PROJ#10-042REAPP<br>***INSIDE MAIL TO TIM FERGUSON |      | E&C***      | 50000        |          | 50000 |
| THE ATTACHED CHECK IS IN PAYMENT FOR THE ITEMS DESCRIBED ABOVE |  |      |             | <b>TOTAL</b> | 50000    | 50000 |

THIS DOCUMENT HAS A PRISMATIC PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK. 



**St. John's** 10-042  
 HOSPITAL  
 SPRINGFIELD, ILLINOIS

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

**GENERAL FUND**

Harris Central N.A.  
 Roselle, IL

70-1558  
 719

**CHECK NUMBER**  
 973538

**DATE**  
 01/26/15

**AMOUNT**  
 \*\*\*\*\*500.00

**PAY FIVE HUNDRED DOLLARS AND NO CENTS**

TO THE ORDER OF  
 ILLINOIS DEPARTMENT OF PUBLIC  
 HEALTH-DIV OF FINANCIAL SVCS  
 525 WEST JEFFERSON ST, 4TH FL  
 SPRINGFIELD IL 62761-0001

VOID AFTER 90 DAYS

*Kary Palomares*

Authorized Signature

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