

10-000
020

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- July 2009 Edition

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAR 30 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>Silver Cross Renal Center</i>
Street Address: <i>1890 Silver Cross Boulevard</i>
City and Zip Code: <i>New Lenox, Illinois 60451</i>
County: <i>Will</i> Health Service Area <i>009</i> Health Planning Area: <i>009</i>

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Silver Cross Hospital & Medical Centers</i>
Address: <i>1200 Maple Road, Joliet, IL 60432</i>
Name of Registered Agent: <i>Paul Pawlak</i>
Name of Chief Executive Officer: <i>Paul Pawlak</i>
CEO Address: <i>1200 Maple Road, Joliet, IL 60432</i>
Telephone Number: <i>815-740-7000</i>

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Type of Ownership

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: <i>Edward J. Green, Esq.</i>
Title: <i>Attorney</i>
Company Name: <i>Foley & Lardner, LLP</i>
Address: <i>321 North Clark Street, Suite 2800, Chicago, Illinois 60654</i>
Telephone Number: <i>312-832-4375</i>
E-mail Address: <i>egreen@foley.com</i>
Fax Number: <i>312-832-4700</i>

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: <i>Ruth Colby</i>
Title: <i>Senior Vice President, Chief Strategy Officer</i>
Company Name: <i>Silver Cross Hospital</i>
Address: <i>1200 Maple Road, Joliet, IL 60432</i>
Telephone Number: <i>815-740-7002</i>
E-mail Address: <i>rcolby@silvercross.org</i>
Fax Number: <i>815-740-7047</i>

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: <i>Sara Jackson</i>
Title: <i>Director, Business Intelligence</i>
Company Name: <i>Silver Cross Hospital</i>
Address: <i>1200 Maple Road, Joliet, IL 60432</i>
Telephone Number: <i>815-740-1234 x7544</i>
E-mail Address: <i>sjackson@silvercross.org</i>
Fax Number: <i>815-740-4882</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Silver Cross Hospital & Medical Centers</i>
Address of Site Owner: <i>1200 Maple Road, Joliet, IL 60432</i>
Street Address or Legal Description of Site: <i>1890 Silver Cross Boulevard, New Lenox, IL 60452</i>

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: <i>Silver Cross Hospital & Medical Centers</i>
Address: <i>1200 Maple Road, Joliet, IL 60432</i>
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org . This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (http://www.idph.state.il.us/about/hfpb.htm).

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT-5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

<p>Part 1110 Classification:</p> <p><input type="checkbox"/> Substantive</p> <p><input checked="" type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
---	--

2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis	X	X		14	19 Stations
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Silver Cross Hospital & Medical Centers and Silver Cross Health System (collectively, "Silver Cross") are seeking authority from the Illinois Health Facilities & Services Review Board (the "Board") to establish a Dialysis service in the Silver Cross Medical Services Building (the "MSB") (project # 09-066) that was approved by the Illinois Health Facilities and Services Review Board on March 2, 2010. The MSB will be located on the campus of the replacement hospital being built at the intersection of Route 6 and Silver Cross Boulevard in New Lenox, Illinois by Silver Cross.

The Dialysis services will be located on the first floor of the MSB. This space will be used to house 19 stations - 14 that will be moved from the existing Silver Cross Renal Center-East facility that is currently located at the hospital's Joliet campus and 5 that will be added to meet patient demand. The existing Silver Cross Renal Center-East is currently operating above 102% occupancy.

Lease costs associated with the 8,685 rentable square feet in the MSB, a portion of the build out costs associated with the dialysis space and the tenant improvement allowance associated with the dialysis space has already been accounted for and included in Silver Cross' MSB application (project #09-066). This CON application covers equipment costs for this project.

Pursuant to Section 1110.40(b) of the Illinois Administrative Code, the Project is considered "Non-Substantive" because it involves the construction and expansion of a facility for the In-Center Hemodialysis Category of Service. The project is subject to review under Section 1110 and Section 1120 of the Illinois Administrative Code.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	\$0		\$0
Site Survey and Soil Investigation	\$0		\$0
Site Preparation	\$0		\$0
Off Site Work	\$0		\$0
New Construction Contracts	\$0		\$0
Modernization Contracts	\$0		\$0
Contingencies	\$0		\$0
Architectural/Engineering Fees	\$0		\$0
Consulting and Other Fees	\$2,500		\$2,500
Movable or Other Equipment (not in construction contracts)	\$447,621		\$447,621
Bond Issuance Expense (project related)	\$0		\$0
Net Interest Expense During Construction (project related)	\$0		\$0
Fair Market Value of Leased Space or Equipment	\$0		\$0
Other Costs To Be Capitalized	\$0		\$0
Acquisition of Building or Other Property (excluding land)	\$449,621		\$449,621
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$449,621		\$449,621
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$449,621		\$449,621
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$ _____		
Fair Market Value: \$ _____		

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ 0*

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): 10/31/2012

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
 Project obligation will occur after permit issuance.

State Agency Submittals

Are the following submittals up to date as applicable: *Yes, all reports have been submitted.*

Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

* Technically, this project involves the relocation of an existing service from the Hospital's Joliet campus to the New Lenox campus. As a result, there are no start-up costs associated with this project. (The costs for the construction of the proposed dialysis facility (tenant improvements) and rent for that space have already been accounted for in the MSB CON application (#09-066) which was approved by the IHF&SRB on 03/02/10.)

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
	\$449,621		8,685	8,685			
Total Clinical	\$449,621		8,685	8,685			
NON CLINICAL							
Total Non-clinical							
TOTAL	\$449,621		8,685	8,685			

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: <i>Silver Cross Hospital**</i>		CITY: <i>1200 Maple Road, Joliet, Illinois</i>			
REPORTING PERIOD DATES: From: <i>March 2009</i> to: <i>February 2010</i>					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	184	12124	50921	0	184
Obstetrics	26	1799	4859	0	26
Pediatrics	39	562	1673	0	39
Intensive Care	18	1071	4448	0	18
Comprehensive Physical Rehabilitation	17	338	3816	0	17
Acute/Chronic Mental Illness	20	837	3992	0	20
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	304	16731	69709	0	304

Patient days include observation

****** *The authorized beds set forth in the chart above reflect the number of authorized beds at the Hospital's existing campus in Joliet, Illinois. On July 1, 2008, the Hospital received a permit to construct a replacement hospital in New Lenox, Illinois (CON #07-148). The chart above does not reflect the number of authorized beds at the Replacement Hospital. The Replacement Hospital will have a total of 289 total beds which are allocated as follows: 194 Medical/Surgical beds, 30 Obstetrics beds, 8 Pediatric beds, 22 Intensive Care beds, 15 Comprehensive Rehabilitation beds, and 20 Acute Mental Illness beds. Those beds are expected to become operational in 2012.*

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Silver Cross Hospital & Medical Centers * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

William Brownlow

 SIGNATURE
 William Brownlow

 PRINTED NAME
 CEO

 PRINTED TITLE

Paul Pawlak

 SIGNATURE
 PAUL PAWLAK

 PRINTED NAME
 CEO

 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of March, 2010

Notarization:
Subscribed and sworn to before me
this 23rd day of March, 2010

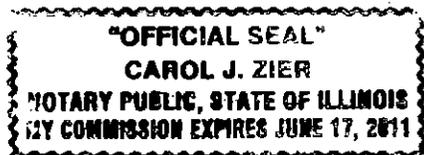
Carol J. Zier

 Signature of Notary

Carol J. Zier

 Signature of Notary

Seal



Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Silver Cross Health System *
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

William Brownlow
 SIGNATURE
William Brownlow
 PRINTED NAME
CEO
 PRINTED TITLE

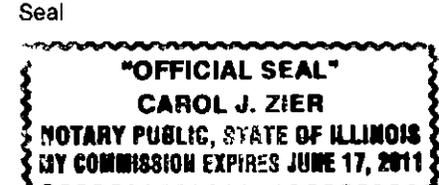
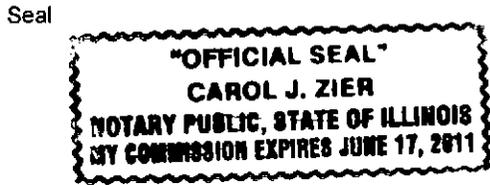
Paul Paulak
 SIGNATURE
PAUL PAWLAK
 PRINTED NAME
President/CEO
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 23rd day of March, 2010

Notarization:
 Subscribed and sworn to before me
 this 23rd day of March, 2010

Carol J. Zier
 Signature of Notary

Carol J. Zier
 Signature of Notary



*Insert EXACT legal name of the applicant

Section I
Attachment 1
Application Identification

The Certificate of Good Standing for Silver Cross Hospital & Medical Centers (the "Hospital") and Silver Cross Health System (the "System," collectively with the Hospital, the "Applicants") are attached at ATTACHMENT-1.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SILVER CROSS HOSPITAL AND MEDICAL CENTERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 16, 1891, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



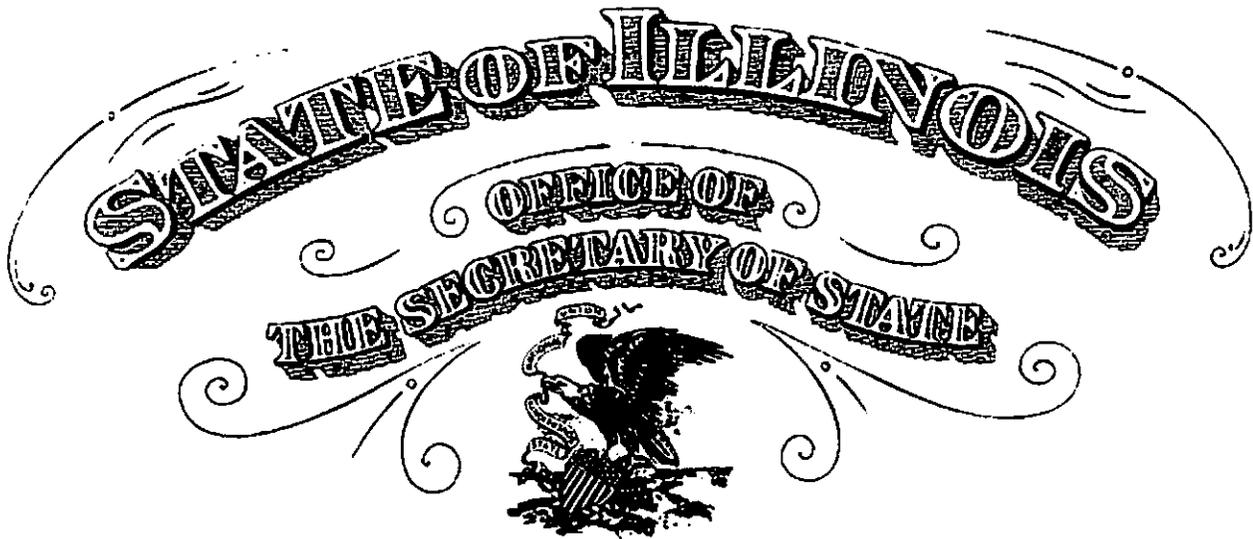
Authentication #: 0914002022

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of MAY A.D. 2009 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SILVER CROSS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 19, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0914100806

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of MAY A.D. 2009 .

Jesse White

SECRETARY OF STATE

Section I
Attachment 2
Site Ownership

The Hospital currently owns the site parcel covered by this Project. Upon approval of this Project by the Board, the Hospital will enter into a Ground Lease with SCH MSB LLC (the "Owner") for the site parcel covered by this Project. The Ground Lease has been negotiated by the Hospital and the Owner and the material terms of the Ground Lease are attached at ATTACHMENT-2.

The legal description of the site parcel covered by this Project is as follows:

PIN# 15-08-04-300-008-0000

THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 4, TOWNSHIP 35 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPTING THEREFROM THE FOLLOWING THREE TRACTS OF LAND: (1) THE SOUTH 250 FEET OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 4 WHICH WAS CONVEYED TO JOHN GULLICK BY DEED RECORDED JULY 31, 1930 IN BOOK 729, PAGE 613, AS DOCUMENT 443214. (2) THAT PART DEDICATED TO THE PEOPLE OF THE STATE OF ILLINOIS BY DEDICATION RECORDED APRIL 21, 1931 BOOK 776, PAGE 4 AS DOCUMENT 449749. (3) THE EAST 560.03 FEET OF THE NORTH 466.69 FEET OF THE FOLLOWING DESCRIBED TRACT OF LAND: THAT PART OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 4, TOWNSHIP 35 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE PROPERTY CONVEYED TO JOHN GULLICK BY WARRANTY DEED RECORDED JULY 31, 1930 IN BOOK 729 PAGE 613 DOCUMENT 443214 AND SOUTH OF THE PROPERTY DEDICATED TO THE PEOPLE OF THE STATE OF ILLINOIS FOR HIGHWAY PURPOSES BY DOCUMENT 449749, IN WILL COUNTY, ILLINOIS.

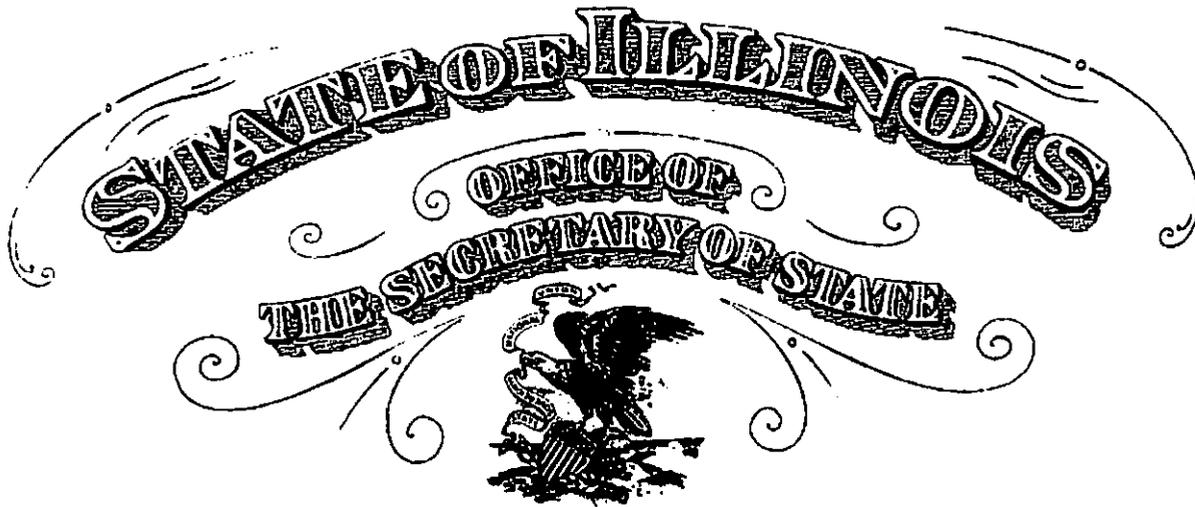
Section I
Attachment 3
Operating Entity/Licenses

There are no licenses associated with this Project.

The Certificate of Good Standing is attached at ATTACHMENT-3.

Organizational Relationships

The organizational charts for the Hospital and the System are attached at ATTACHMENT-3.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SILVER CROSS HOSPITAL AND MEDICAL CENTERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 16, 1891, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE. AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



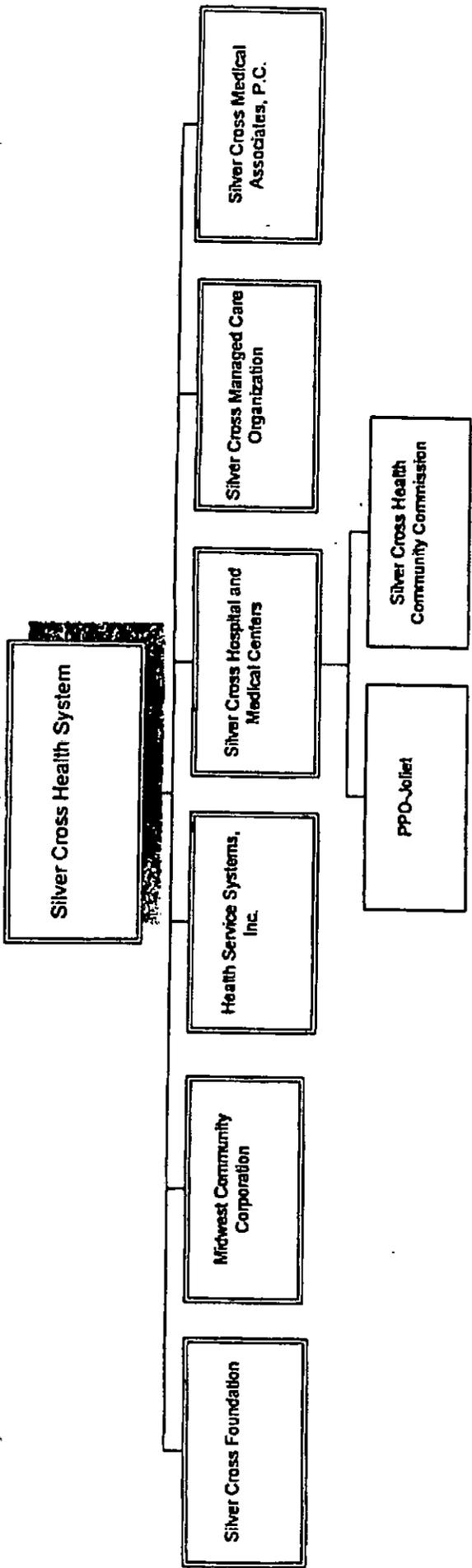
Authentication #: 0914002022

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of MAY A.D. 2009 .

Jesse White

SECRETARY OF STATE



Section I
Attachment 4
Flood Plain Requirements

Attached at ATTACHMENT-4 is documentation from the Illinois Department of Natural Resources, Illinois State Water Survey, with respect to compliance with the Flood Plain requirements under Executive Order #5 (2006) (which superseded and replaced Executive Order #4 (1979)).



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
http://dnr.state.il.us

Pat Quinn, Governor

Marc Miller, Acting Director

Special Flood Hazard Area Determination

Pursuant to Governor's Executive Order 5 (2006)

(Supersedes Governor's Executive Order 4 (1979))

In brief, Executive Order 5 (2006) requires that State agencies which plan, promote, regulate, or permit activities, as well as those which administer grants or loans in the State's floodplain areas, must ensure that all projects meet the standards of the State floodplain regulations or the National Flood Insurance Program (NFIP), whichever is more stringent. These standards require that new or substantially improved buildings as well as other development activities be protected from damage by the 100-year flood. Critical facilities, as described in the Executive Order, must be protected to the 500-year flood elevation. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties.

Requester: Sara Jackson , Director Business Intelligence, Silver Cross Hospital

Address: 1200 Maple Road

City, state, zip code: Joliet, Illinois, 60432

Project Description: Replacement hospital campus, Lenox, Illinois

Site address or location: Southeast corner of Route 6 and Clinton Street

City, state, zip code: New Lenox, Illinois

County: Will **Flood Map Panel:** 190 **Map Date:** 09/06/1995

Floodplain Determination

- The property described above is NOT located within a 100-year or 500-year floodplain.
- The property described above is located within a 100-year floodplain. Further plan review required.
- Critical facility site located within 500-year floodplain. Further plan review required.

Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or flood damage. Questions concerning this determination may be directed to the Illinois DNR Office of Water Resources at (217) 782-3863.

Reviewed by:

Date

5/25/2009

Section I
Attachment 5
Historic Resources Preservation Act Requirements

Attached at ATTACHMENT-5 is documentation from the Illinois Historical Preservation Agency regarding compliance with the requirements of the Illinois Historic Resources Preservation Act.



Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Will County
Joliet

CON - New Construction, Freestanding Health Care Facility
1200 Maple Road
IHPA Log #009060309

June 15, 2009

Sara Jackson
Silver Cross Hospital
1200 Maple Rd.
Joliet, IL 60432

Dear Ms. Jackson:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

Section I
Attachment 7
Project Costs

The total cost of the Project will be \$449,621.00. The clinical components of the Project will cost \$449,621.00. There are no non-clinical costs associated with this Project.

Section I
Attachment 8
Cost/Space Requirements

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
In-Center Hemodialysis	\$449,621.00	-	8,685	8,685	-	-	-
Total Clinical	\$449,621.00	-	8,685	8,685	-	-	-
NON-CLINICAL							
Total Non-Clinical	-	-	-	-	-	-	-
TOTAL	\$449,621.00	-	8,685	8,685	-	-	-

Section II
Attachment 9
Discontinuation

Information Requirements:

- 1) The 14-station dialysis facility (Silver Cross Renal Center-East) that is currently located at Silver Cross Hospital's campus at 1200 Maple Road, Joliet, IL will be discontinued and relocated to and expanded at Silver Cross Hospital's new campus at 1890 Silver Cross Boulevard, New Lenox, IL.
- 2) No other clinical services associated with this project will be discontinued.
- 3) The anticipated date of discontinuation for dialysis services at the current site is Oct. 31, 2012. By then, all of the dialysis patients using the discontinued facility are expected to be transferred to the new facility in New Lenox.
- 4) As mentioned in the hospital's Replacement Hospital application (#07-148), Silver Cross along with the Silver Cross Healthy Community Commission started evaluating potential uses for the vacated facilities once that application was approved. On March 4, 2010, Aunt Martha's Youth Services received a grant from the Federal Government to build a 20,000 square foot Federally Qualified Health Center (FQHC) on the current campus. An outpatient Veteran's Administration facility is currently under consideration for the vacated building(s). Silver Cross has also hired the firm of Cushman & Wakefield to do a feasibility study of the Joliet campus.
- 5) All medical records for dialysis patients at the proposed discontinued facility will be transferred to and maintained by Silver Cross Hospital at the hospital's new location.
- 6) Not applicable.

Reason for Discontinuation:

The dialysis facility (Silver Cross Renal Center-East) will be discontinued at its current location and relocated to the hospital's new campus in New Lenox. Silver Cross will be better able to meet the needs of dialysis patients through improved access and expanded services at the new site. In addition, physicians treating these patients will be available at the new campus. And, finally, relocating the current 14-station dialysis facility to the new campus will allow the hospital to realize operational efficiencies.

Impact on Access:

- 1) The current 14-station facility will simply be relocated from the hospital's current Joliet campus to the New Lenox campus – just 3.5 miles east of the current site and only 6 minutes estimated normal travel time away. It is anticipated that most of the hospital's existing dialysis patients will continue to be served at the proposed site and the remainder will transfer to the hospital's other dialysis facility (Silver Cross Renal Center-West) located on the Westside of Joliet – eliminating any adverse impact on access to care. As the new site will also be expanded by 5 stations – additional capacity will be available for other patients in the area that require dialysis services.

- 2) The new site is better situated in terms of access to both interstates (I-355 and I-80) and major local thoroughfares (Rt. 6 and Rt. 7). And, as mentioned in the Replacement Hospital application (#07-148) and through its quarterly reports to the Illinois Health Facilities & Services Review Board, plans for public transportation to the new site are well underway and Pace has already established bus routes to the new campus.

Furthermore, the majority of current patients (roughly 60%) use a personal automobile to get back and forth to Silver Cross Renal Center-East now. The breakdown of transportation modes used by current patients now is:

- Private automobile (self or family) - 60%
- Medicar/service car (vans equipped to handle wheelchairs) - 15%
- Taxi or other private pay transportation - 15% (the majority are public aid funded)
- Ambulance - 5%
- Public transportation (Pace city, senior, or paratransit bus / local township bus) - 5%

It is anticipated that future patient transportation modes will follow this same pattern and will not impact patient access to care. And for those utilizing public transportation, Pace has already established routes to the new campus.

- 3) Attached are copies of letters (ATTACHMENT-9) along with certified letter receipts that were sent to all existing and approved dialysis providers located within 45 minutes normal travel time of the hospital's current facility. The following facilities were sent letters:

FACILITY NAME	CITY	ZIP	MILEAGE (MapQuest)	TRAVEL TIME (MapQuest)	ADJUSTED TRAVEL TIME (X 1.15)	NOTES
FMC - LOCKPORT	LOCKPORT	60441	5.03	9	10.4	Permit approved 12/1/2009
SUN HEALTH INC	JOLIET	60435	6.52	14	16.1	
SILVER CROSS RENAL CENTER WEST	JOLIET	60431	6.46	18	20.7	
FMC - MOKENA DIALYSIS	MOKENA	60448	12.94	19	21.9	
RCG - ORLAND PARK	ORLAND PARK	60462	13.60	20	23.0	
FMC - BOLINGBROOK DIALYSIS	BOLINGBROOK	60440	12.88	23	26.5	
PALOS PARK DIALYSIS	ORLAND PARK	60462	16.49	25	28.8	Permit approved 01/12/2010
FMC - PLAINFIELD	PLAINFIELD	60586	16.21	26	29.9	
FMC - NEOMEDICA - HAZELCREST	HAZEL CREST	60429	21.33	28	32.2	
RCG - MARKHAM	MARKHAM	60426	21.52	28	32.2	
DAVITA - OLYMPIA FIELDS DIALYSIS CENTER	MATTESON	60443	22.34	29	33.4	
FMC - WILLOWBROOK	WILLOWBROOK	60527	21.48	30	34.5	
RCG - HAZELCREST	HAZEL CREST	60429	22.39	30	34.5	
COMMUNITY DIALYSIS OF HARVEY	HARVEY	60426	24.29	31	35.7	
DIRECT DIALYSIS	CRESTWOOD	60445	23.16	32	36.8	
FMC - DOWNERS GROVE DIALYSIS CENTER	DOWNERS GROVE	60515	25.38	34	39.1	
RCG - SOUTH SUBURBAN	OLYMPIA FIELDS	60461	24.81	34	39.1	
SILVER CROSS RENAL CENTER MORRIS	MORRIS	60450	25.99	34	39.1	
DAVITA - CHICAGO HEIGHTS DIALYSIS	SOUTH CHICAGO HGTS	60411	25.20	35	40.3	
RCG - MORRIS	MORRIS	60450	26.18	35	40.3	
FMC - ALSIP DIALYSIS CENTER	ALSIP	60803	28.60	36	41.4	
FMC - LOMBARD	LOMBARD	60148	25.33	36	41.4	Permit approved 12/1/2009
FMC - NAPERVILLE DIALYSIS CENTER	NAPERVILLE	60566	23.71	36	41.4	
FOX VALLEY DIALYSIS	AURORA	60504	23.41	36	41.4	
RCG - CRESTWOOD	CRESTWOOD	60445	24.63	36	41.4	
FMC - BLUE ISLAND DIALYSIS CENTER	BLUE ISLAND	60406	27.45	37	42.6	
RCG - SOUTH HOLLAND	SOUTH HOLLAND	60473	26.26	37	42.6	

ATTACHMENT 9

FACILITY NAME	CITY	ZIP	MILEAGE (MapQuest)	TRAVEL TIME (MapQuest)	ADJUSTED TRAVEL TIME (X 1.15)	NOTES
FMC - NEOMEDICA - SOUTH HOLLAND	SOUTH HOLLAND	60473	28.54	38	43.7	
RCG - MERRIONETTE PARK	MERRIONETTE PARK	60803	26.99	39	44.9	
<i>Distance/travel time from www. MapQuest.com, 02/12/10.</i>						

- 4) Attached are copies of impact statements (ATTACHMENT-9) received from other dialysis providers as a result of the proposed discontinuation/relocation of Silver Cross' current facility. Of the 29 facilities located within 45 minutes normal travel time, impact letters were received on behalf of 21 facilities in response to the hospital's request. All respondents indicated that there does not appear to be a negative impact from the discontinuation of the existing Silver Cross facility on the Joliet campus.

Silver Cross Hospital owns and operates two other dialysis facilities (Silver Cross Renal Center-West and Silver Cross Renal Center-Morris) located within 45 minutes normal travel time of the existing facility that will be discontinued, relocated and expanded in New Lenox. As such, these two facilities will not be negatively impacted by the proposed project. In fact, access to services is expected to improve as a result of this project.

One of the impact letters was from Fresenius Medical Care. Seventeen of the twenty-nine facilities located within 45 minutes normal travel time are owned and operated by Fresenius Medical Care. Fresenius Medical Care submitted a blanket response for their facilities in the area (and attached as ATTACHMENT-9) and indicated that they "do not feel the discontinuation of the 14-station facility in Joliet along with the establishment of a 19-station facility in New Lenox will have any adverse impact on access to care in the area or to any of the Fresenius Medical Care facilities within 45- minutes."

Another facility located within 45 minutes normal travel time is Fox Valley Dialysis in Aurora. Representatives for that facility indicated that they "do not perceive any business impact" from the proposed discontinuation, relocation and expansion of the Silver Cross dialysis facility.

The other facility to provide a response was DaVita on behalf of their Palos Park Dialysis facility which was just approved in January 2010. They indicated that the discontinuation "would not have an impact on access to care."



MAPQUEST.

Trip to 1050 Thornton St
Lockport, IL 60441-3231
5.03 miles - about 9 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
to FMC-Lockport (1050 Thornton Ave, Lockport, IL)
(02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439



1. Start out going **NORTHEAST** on **MAPLE RD / US-6** toward **PORTER AVE / PORTER ST.** go 0.5 mi



2. Turn **LEFT** onto **FERNWOOD AVE / N BRIGGS ST / CR-62.** Continue to follow **N BRIGGS ST / CR-62.** go 2.9 mi



3. Turn **LEFT** onto **E DIVISION ST.** go 0.2 mi



4. Turn **RIGHT** onto **GARFIELD AVE.** go 0.3 mi



5. Turn **RIGHT** onto **E 9TH ST / IL-7.** go 1.0 mi



6. Turn **LEFT** onto **THORNTON ST / CR-68.** go 0.1 mi



7. **1050 THORNTON ST** is on the **RIGHT.** go 0.0 mi



1050 Thornton St, Lockport, IL 60441-3231

Total Travel Estimate : 5.03 miles - about 9 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 8910 W 192nd St
 Mokena, IL 60448-8110
 12.94 miles - about 19 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Mokena (8910 W. 192nd Street, Mokena, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. | go 3.9 mi |
|  | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
|  | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. | go 6.0 mi |
|  | 4. Take the US-45 S exit, EXIT 145. | go 0.5 mi |
|  | 5. Merge onto US-45 S / LA GRANGE RD. | go 0.5 mi |
|  | 6. Turn LEFT onto 191ST ST / CR-84. | go 0.6 mi |
|  | 7. Turn RIGHT onto DARVIN DR. | go 0.2 mi |
|  | 8. DARVIN DR becomes W 192ND ST. | go 0.1 mi |
|  | 9. 8910 W 192ND ST is on the LEFT. | go 0.0 mi |

 **8910 W 192nd St, Mokena, IL 60448-8110**
 Total Travel Estimate : 12.94 miles - about 19 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 9160 W 159th St
Orland Park, IL 60462-5648
13.60 miles - about 20 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to RCG-Orland Park (9160 W 159th, Orland Park, IL)
(02/12/10)

1200 Maple Rd, Joliet, IL 60432-1439



1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST**. Continue to follow **US-6 E**. go 9.1 mi



2. Turn **LEFT** onto **WOLF RD / US-6**. go 1.9 mi



3. Turn **RIGHT** onto **W 159TH ST / US-6**. go 2.6 mi



4. **9160 W 159TH ST** is on the **LEFT**. go 0.0 mi

9160 W 159th St, Orland Park, IL 60462-5648

Total Travel Estimate : 13.60 miles - about 20 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 2121 Oneida St
 Joliet, IL 60435-6544
 6.52 miles - about 14 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to Sun Health, Inc. (2121 Oneida St, Joliet, IL)
 (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- 
1. Start out going WEST on MAPLE RD / US-6 toward DRAPER AVE. Continue to follow US-6.
go 1.2 mi
- 
2. Turn LEFT onto N COLLINS ST / US-6. Continue to follow N COLLINS ST.
go 0.6 mi
- 
3. Turn LEFT onto S RICHARDS ST.
go 0.8 mi
- 

4. Merge onto I-80 W toward MOLINE / ROCK ISLAND.
go 2.4 mi
- 

5. Merge onto S LARKIN AVE / IL-7 N via EXIT 130B.
go 1.0 mi
- 

6. Turn LEFT onto US-52 / W JEFFERSON ST.
go 0.3 mi
- 
7. Turn RIGHT onto N HAMMES AVE.
go 0.2 mi
- 
8. Turn LEFT onto W ONEIDA ST.
go 0.0 mi
- 
9. 2121 ONEIDA ST is on the RIGHT.
go 0.0 mi

 **2121 Oneida St, Joliet, IL 60436-6544**
 Total Travel Estimate : 6.52 miles - about 14 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 13155 S la Grange Rd
Orland Park, IL 60462-1162
16.49 miles - about 25 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
to Palos Park Dialysis (13155 S LaGrange, Orland
Park, IL)
(02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439



1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. Continue to follow US-6 E.

go 9.1 mi



2. Turn LEFT onto WOLF RD / US-6.

go 1.9 mi



3. Turn RIGHT onto W 159TH ST / US-6.

go 2.0 mi



4. Turn LEFT onto S LA GRANGE RD / US-45 / 96TH AVE.

go 3.5 mi



5. 13155 S LA GRANGE RD.

go 0.0 mi



13155 S la Grange Rd, Orland Park, IL 60462-1162

Total Travel Estimate : 16.49 miles - about 25 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 1051 Essington Rd
Joliet, IL 60435-2801
6.46 miles - about 18 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) 
to Silver Cross Renal Center West (1051
Essington Rd., Joliet, IL)
(02/12/10)

1200 Maple Rd, Joliet, IL 60432-1439

-  1. Start out going WEST on MAPLE RD / US-6 toward DRAPER AVE. Continue to follow US-6. go 1.2 mi
-  2. Stay STRAIGHT to go onto E JACKSON ST. go 0.4 mi
-   3. Turn RIGHT onto N SCOTT ST / IL-53 N. go 0.3 mi
-   4. Turn LEFT onto E COLUMBIA ST / IL-53 N. Continue to follow IL-53 N. go 0.3 mi
-  5. Stay STRAIGHT to go onto W RUBY ST. go 0.8 mi
-  6. W RUBY ST becomes W BLACK RD. go 3.1 mi
-  7. Turn RIGHT onto ESSINGTON RD. go 0.3 mi
-  8. 1051 ESSINGTON RD is on the LEFT. go 0.0 mi

1051 Essington Rd, Joliet, IL 60435-2801

Total Travel Estimate : 6.46 miles - about 18 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 329 Remington Blvd
 Bolingbrook, IL 60440-5827
 12.88 miles - about 23 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to FMC-Bolingbrook (329 Remington, Bolingbrook,
 IL)
 (02/12/10)

1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|--|--|-----------|
| | 1. Start out going NORTHEAST on MAPLE RD / US-6 toward PORTER AVE / PORTER ST. | go 0.5 mi |
| | 2. Turn LEFT onto FERNWOOD AVE / N BRIGGS ST / CR-62 . Continue to follow N BRIGGS ST / CR-62 . | go 2.9 mi |
| | 3. Turn LEFT onto E DIVISION ST. | go 0.2 mi |
| | 4. Turn RIGHT onto GARFIELD AVE. | go 0.3 mi |
| | 5. Turn LEFT onto E 9TH ST / IL-7. | go 1.5 mi |
| | 6. Turn RIGHT onto BROADWAY ST / IL-53 . Continue to follow IL-53 . | go 5.4 mi |
| | 7. Turn LEFT onto IL-53 N / BOLINGBROOK DR. | go 1.4 mi |
| | 8. Turn LEFT onto REMINGTON BLVD. | go 0.6 mi |
| | 9. Make a U-TURN onto REMINGTON BLVD. | go 0.0 mi |
| | 10. 329 REMINGTON BLVD is on the RIGHT . | go 0.0 mi |

329 Remington Blvd, Bolingbrook, IL 60440-5827
 Total Travel Estimate : 12.88 miles - about 23 minutes



MAPQUEST.

Trip to 17524 E Carriageway Dr
 Hazel Crest, IL 60429-2187
 21.33 miles - about 28 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to FMC-Neomedica-Hazel Crest (17524 Carriage
 Way, Hazel Crest, IL)
 (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|---|---|------------|
|  | 1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. | go 3.9 mi |
|  | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
|  | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. | go 15.0 mi |
|  | 4. Take the KEDZIE AVE exit, EXIT 154. | go 0.2 mi |
|  | 5. Turn RIGHT onto KEDZIE AVE. | go 0.7 mi |
|  | 6. Turn LEFT onto 175TH ST. | go 0.2 mi |
|  | 7. Turn RIGHT onto E CARRIAGE WAY. | go 0.0 mi |
|  | 8. 17524 E CARRIAGEWAY DR. | go 0.0 mi |

★ 17524 E Carriageway Dr, Hazel Crest, IL 60429-2187

Total Travel Estimate : 21.33 miles - about 28 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 3053 W 159th St
 Markham, IL 60428-4003
 21.52 miles - about 28 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to RCG-Markham (3053 West 159th, Markham, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- | | | |
|---|---|------------|
|  | 1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. | go 3.9 mi |
|  | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
|  | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. | go 12.2 mi |
|  | 4. Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | go 3.0 mi |
|  | 5. Merge onto W 159TH ST / US-6 E via EXIT 348. | go 1.3 mi |
|  | 6. 3053 W 159TH ST is on the RIGHT. | go 0.0 mi |

 **3053 W 159th St, Markham, IL 60428-4003**
 Total Travel Estimate : 21.52 miles - about 28 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 4557 Lincoln Hwy Ste B
Matteson, IL 60443-2385
22.34 miles - about 29 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
to Davita-Olympia Fields Dialysis Center (4557
West Lincoln Hwy, Matteson, IL)
(02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- 
1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. go 3.9 mi
- 

2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). go 1.2 mi
- 

3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. go 11.9 mi
- 

4. Merge onto I-57 S via EXIT 151A toward MEMPHIS. go 4.3 mi
- 

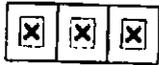
5. Merge onto US-30 E / LINCOLN HWY / 211TH ST via EXIT 340A. go 1.1 mi
- 
6. 4557 LINCOLN HWY STE B is on the RIGHT. go 0.0 mi

★ 4557 Lincoln Hwy Ste B, Matteson, IL 60443-2385

Total Travel Estimate : 22.34 miles - about 29 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 3470 W 183rd St
Hazel Crest, IL 60429-2428
22.39 miles - about 30 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
to RCG-HazelCrest (3470 W 183rd St., Hazel
Crest, IL)
(02/12/10)

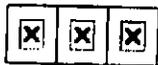
A 1200 Maple Rd, Joliet, IL 60432-1439

-  1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
-   2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
-   3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 15.0 mi
-  4. Take the **KEDZIE AVE** exit, **EXIT 154.** go 0.2 mi
-  5. Turn **RIGHT** onto **KEDZIE AVE.** go 1.7 mi
-  6. Turn **RIGHT** onto **183RD ST.** go 0.3 mi
-  7. **3470 W 183RD ST** is on the **RIGHT.** go 0.0 mi

B 3470 W 183rd St, Hazel Crest, IL 60429-2428
Total Travel Estimate : 22.39 miles - about 30 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expedientness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 14255 Cicero Ave
 Crestwood, IL 60445-2154
 23.16 miles - about 32 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to Direct Dialysis (14255 S. Cicero, Crestwood, IL) (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
- 


2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
- 


3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 12.2 mi
- 


4. Merge onto **I-57 N** via **EXIT 151B** on the **LEFT** toward **CHICAGO.** go 1.5 mi
- 

5. Take the **WEST 167TH ST** exit, **EXIT 346**, toward **IL-50 / CICERO AVE.** go 0.7 mi
- 

6. Merge onto **167TH ST.** go 0.5 mi
- 

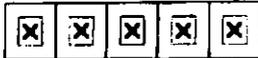

7. Turn **RIGHT** onto **CICERO AVE / IL-50.** go 3.1 mi
- 

8. **14255 CICERO AVE** is on the **RIGHT.** go 0.0 mi

★ 14255 Cicero Ave, Crestwood, IL 60445-2154
 Total Travel Estimate : 23.16 miles - about 32 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 6300 Kingery Hwy
 Willowbrook, IL 60527-2248
 21.48 miles - about 30 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Willowbrook (6300 S. Kingery Hwy, Willowbrook, IL) (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going **NORTHEAST** on **MAPLE RD / US-6** toward **PORTER AVE / PORTER ST.** go 2.6 mi
- 

2. Turn **LEFT** onto **N GOUGAR RD.** go 3.5 mi
- 


3. Turn **LEFT** onto **W 159TH ST / IL-7 W.** go 0.1 mi
- 


4. Merge onto **I-355 N** toward **WEST SUBURBS** (Portions toll). go 7.3 mi
- 


5. Merge onto **I-55 N / JOLIET RD N** toward **CHICAGO.** go 5.0 mi
- 


6. Merge onto **IL-83 N / KINGERY HWY** via **EXIT 274.** go 2.9 mi
- 

7. Turn **LEFT** onto **63RD ST.** go 0.0 mi
- 

8. **6300 KINGERY HWY.** go 0.0 mi

★ 6300 Kingery Hwy, Willowbrook, IL 60527-2248

Total Travel Estimate : 21.48 miles - about 30 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 16641 Halsted St

Harvey, IL 60426-6100
24.29 miles - about 31 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to Community Dialysis of Harvey (16641 S. Halsted St., Harvey, IL) (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. go 3.9 mi
- 

2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). go 1.2 mi
- 

3. Merge onto I-80 E via the exit on the LEFT toward INDIANA (Portions toll). go 17.7 mi
- 

4. Take the IL-1 / HALSTED ST exit. go 0.3 mi
- 

5. Take the ramp toward IL-1 N / HALSTED ST. go 0.3 mi
- 

6. Merge onto IL-1 N / HALSTED ST. go 0.9 mi
- 

7. 16641 HALSTED ST is on the RIGHT. go 0.0 mi



16641 Halsted St, Harvey, IL 60426-6100

Total Travel Estimate : 24.29 miles - about 31 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 4861 Cal Sag Rd
 Crestwood, IL 60445-4415
 24.63 miles - about 36 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to RCG-Crestwood (4861 West Cal Sag Road,
 Crestwood, IL)
 (02/12/10)

1200 Maple Rd, Joliet, IL 60432-1439

1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 12.2 mi
4. Merge onto **I-57 N** via **EXIT 161B** on the **LEFT** toward **CHICAGO.** go 1.5 mi
5. Take the **WEST 167TH ST** exit, **EXIT 346**, toward **IL-50 / CICERO AVE.** go 0.7 mi
6. Merge onto **167TH ST.** go 0.5 mi
7. Turn **RIGHT** onto **CICERO AVE / IL-50.** go 4.5 mi
8. Turn **LEFT** onto **CAL SAG RD.** go 0.1 mi
9. **4861 CAL SAG RD** is on the **LEFT.** go 0.0 mi

4861 Cal Sag Rd, Crestwood, IL 60445-4415
 Total Travel Estimate : 24.63 miles - about 36 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 2609 Lincoln Hwy
Olympia Fields, IL 60461-1801
24.81 miles - about 34 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to RCG-South Suburban (2609 W Lincoln Hwy, Olympia Fields, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

-  1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. go 3.9 mi
-   2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). go 1.2 mi
-   3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. go 11.9 mi
-   4. Merge onto I-57 S via EXIT 151A toward MEMPHIS. go 4.3 mi
-   5. Merge onto US-30 E / LINCOLN HWY via EXIT 340A. go 3.6 mi
-  6. 2609 LINCOLN HWY. go 0.0 mi

 **2609 Lincoln Hwy, Olympia Fields, IL 60461-1801**

Total Travel Estimate : 24.81 miles - about 34 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 177 W Joe Orr Rd
 South Chicago Heights, IL 60411-1733
 25.20 miles - about 35 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to Davita-Chicago Heights Dialysis (177 West Joe
 Orr Road, S Chicago Heights, IL)
 (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. go 3.9 mi
- 


2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). go 1.2 mi
- 


3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. go 11.9 mi
- 


4. Merge onto I-57 S via EXIT 151A toward MEMPHIS. go 2.8 mi
- 

5. Take the EAST VOLLMER RD exit, EXIT 342A. go 0.3 mi
- 

6. Merge onto VOLLMER RD. go 4.5 mi
- 

7. Turn SLIGHT RIGHT onto DIXIE HWY. go 0.6 mi
- 

8. Turn LEFT onto W JOE ORR RD. go 0.0 mi
- 

9. 177 W JOE ORR RD is on the LEFT. go 0.0 mi

★ 177 W Joe Orr Rd, South Chicago Heights, IL 60411-1733
 Total Travel Estimate : 25.20 miles - about 35 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 2300 Michas Dr
 Plainfield, IL 60586-5045
 16.21 miles - about 26 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Plainfield (2300 Michas Drive, Plainfield, IL)
 (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|---|--|-----------|
|  | 1. Start out going WEST on MAPLE RD / US-6 toward DRAPER AVE. Continue to follow US-6. | go 1.2 mi |
|  | 2. Turn LEFT onto N COLLINS ST / US-6. Continue to follow N COLLINS ST. | go 0.6 mi |
|  | 3. Turn LEFT onto S RICHARDS ST. | go 0.8 mi |
|  | 4. Merge onto I-80 W toward MOLINE / ROCK ISLAND. | go 6.6 mi |
|   | 5. Merge onto I-55 N via EXIT 126B toward CHICAGO. | go 1.6 mi |
|  | 6. Take the IL-59 exit, EXIT 251, toward SHOREWOOD / PLAINFIELD. | go 0.7 mi |
|   | 7. Turn SLIGHT RIGHT onto COTTAGE ST / IL-59. Continue to follow IL-59. | go 3.5 mi |
|  | 8. Turn LEFT onto W CATON FARM RD / CR-5. | go 1.1 mi |
|  | 9. Turn LEFT onto MICHAS DR. | go 0.0 mi |
|  | 10. 2300 MICHAS DR is on the LEFT. | go 0.0 mi |

★ 2300 Michas Dr, Plainfield, IL 60586-5045

Total Travel Estimate : 16.21 miles - about 26 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 16136 S Park Ave
 South Holland, IL 60473-1511
 26.26 miles - about 37 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to RCG-South Holland (16136 South Park Ave., South Holland, IL) (02/12/10)

A 1200 Maple Rd, Joliet, IL 60432-1439

- 
1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. go 3.9 mi
- 
2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). go 1.2 mi
- 
3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. go 15.7 mi
- 
4. Merge onto I-294 N via EXIT 155 on the LEFT toward WISCONSIN (Portions toll). go 1.4 mi
- 
5. Merge onto US-6 E. go 4.0 mi
- 
6. Turn LEFT onto S PARK AVE. go 0.0 mi
- 
7. 16136 S PARK AVE is on the LEFT. go 0.0 mi

B 16136 S Park Ave, South Holland, IL 60473-1511
 Total Travel Estimate : 26.26 miles - about 37 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 12200 Western Ave
Blue Island, IL 60406-1398
27.45 miles - about 37 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Blue Island Dialysis Center (12200 South Western Ave., Blue Island, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

-  1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
-  2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
-  3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 12.2 mi
-  4. Merge onto **I-57 N** via **EXIT 151B** on the **LEFT** toward **CHICAGO.** go 8.4 mi
-  5. Take **EXIT 353** toward **127TH ST / BURR OAK AVE.** go 0.2 mi
-  6. Turn **SLIGHT LEFT** onto **S MARSHFIELD AVE.** go 0.0 mi
-  7. Turn **LEFT** onto **W 127TH ST / W BURR OAK AVE.** go 0.9 mi
-  8. Turn **RIGHT** onto **WESTERN AVE.** go 0.6 mi
-  9. **12200 WESTERN AVE** is on the **LEFT.** go 0.0 mi

 **12200 Western Ave, Blue Island, IL 60406-1398**
Total Travel Estimate : 27.45 miles - about 37 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

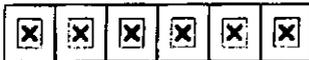
Trip to 17225 Paxton Ave
 South Holland, IL 60473-3757
 28.64 miles - about 38 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Neomedica-South Holland (17225 S. Paxton, South Holland, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- | | | |
|---|--|------------|
|  | 1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. | go 3.9 mi |
|   | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
|   | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA (Portions toll). | go 21.2 mi |
|  | 4. Take EXIT 161 toward US-6 W / IL-83 / TORRENCE AVE. | go 0.9 mi |
|  | 5. Take the US-6 W / IL-83 / TORRENCE AVE exit, EXIT 161 , on the LEFT . | go 0.2 mi |
|  | 6. Keep LEFT at the fork in the ramp. | go 0.0 mi |
|   | 7. Merge onto TORRENCE AVE / US-6 / IL-83. | go 0.2 mi |
|  | 8. Turn LEFT onto 173RD ST. | go 0.0 mi |
|  | 9. Turn LEFT onto BERNICE RD. | go 0.6 mi |
|  | 10. Turn RIGHT onto PAXTON AVE. | go 0.3 mi |
|  | 11. 17226 PAXTON AVE is on the RIGHT. | go 0.0 mi |



MAPQUEST.

Trip to 12250 S Cicero Ave
 Alsip, IL 60803-2946
 28.60 miles - about 36 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Alsip Dialysis Center (12250 S. Cicero, Alsip, IL) (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- 
1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. go 3.9 mi
- 

2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). go 1.2 mi
- 

3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. go 15.7 mi
- 

4. Merge onto I-294 N via EXIT 155 on the LEFT toward WISCONSIN (Portions toll). go 7.2 mi
- 

5. Merge onto IL-50 N / S CICERO AVE. go 0.6 mi
- 
6. 12250 S CICERO AVE is on the LEFT. go 0.0 mi

★ 12250 S Cicero Ave, Alsip, IL 60803-2946

Total Travel Estimate : 28.60 miles - about 36 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 9115 S Cicero Ave
 Oak Lawn, IL 60453-1895
 32.54 miles - about 45 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to Stony Creek Dialysis (9115 S Cicero, Oak
 Lawn, IL)
 (02/12/10)

1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
- 


2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
- 


3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 15.7 mi
- 


4. Merge onto **I-294 N** via **EXIT 155** on the **LEFT** toward **WISCONSIN** (Portions toll). go 7.2 mi
- 


5. Merge onto **IL-50 N / S CICERO AVE.** go 4.6 mi
- 

6. **9115 S CICERO AVE** is on the **RIGHT.** go 0.0 mi

9115 S Cicero Ave, Oak Lawn, IL 60453-1895
 Total Travel Estimate : 32.54 miles - about 45 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 1551 Creek Dr
 Morris, IL 60450-6857
 25.99 miles - about 34 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to Silver Cross Renal Center Morris (1551 Creek Drive., Morris, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- 

1. Start out going **WEST** on **MAPLE RD / US-6** toward **DRAPER AVE.** Continue to follow **US-6.** go 1.2 mi
- 

2. Turn **LEFT** onto **N COLLINS ST / US-6.** Continue to follow **N COLLINS ST.** go 0.6 mi
- 

3. Turn **LEFT** onto **S RICHARDS ST.** go 0.8 mi
- 


4. Merge onto **I-80 W** toward **MOLINE / ROCK ISLAND.** go 21.0 mi
- 

5. Take the **IL-47** exit, **EXIT 112,** toward **MORRIS / YORKVILLE** go 0.3 mi
- 


6. Turn **LEFT** onto **IL-47 S / DIVISION ST.** go 1.2 mi
- 


7. Turn **RIGHT** onto **BEDFORD RD / US-6.** Continue to follow **US-6.** go 0.9 mi
- 

8. Turn **RIGHT** onto **CREEK DR.** go 0.0 mi
- 

9. **1551 CREEK DR** is on the **RIGHT.** go 0.0 mi

 **1551 Creek Dr, Morris, IL 60450-6857**
 Total Travel Estimate : 25.99 miles - about 34 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 1401 Lakewood Dr
 Morris, IL 60450-3352
 26.18 miles - about 35 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to RCG-Morris (1401 Lakewood Dr., Morris, IL)
 (02/12/10)

1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|--|--|------------|
| | 1. Start out going WEST on MAPLE RD / US-6 toward DRAPER AVE. Continue to follow US-6. | go 1.2 mi |
| | 2. Turn LEFT onto N COLLINS ST / US-6. Continue to follow N COLLINS ST. | go 0.6 mi |
| | 3. Turn LEFT onto S RICHARDS ST. | go 0.8 mi |
| | 4. Merge onto I-80 W toward MOLINE / ROCK ISLAND. | go 21.0 mi |
| | 5. Take the IL-47 exit, EXIT 112, toward MORRIS / YORKVILLE | go 0.3 mi |
| | 6. Turn LEFT onto IL-47 S / DIVISION ST. | go 1.2 mi |
| | 7. Turn RIGHT onto BEDFORD RD / US-6. Continue to follow US-6. | go 1.1 mi |
| | 8. Turn LEFT onto LAKE WOOD DR. | go 0.1 mi |
| | 9. 1401 LAKEWOOD DR. | go 0.0 mi |

1401 Lakewood Dr, Morris, IL 60450-3352
 Total Travel Estimate : 26.18 miles - about 35 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 1940 Springer Dr

Lombard, IL 60148-6419

25.33 miles - about 36 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
to FMC-Lombard (1940 Springer Dr., Lombard, IL)
(02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439



1. Start out going **NORTHEAST** on **MAPLE RD / US-8**
toward **PORTER AVE / PORTER ST.**

go 2.6 mi



2. Turn **LEFT** onto **N GOUGAR RD.**

go 3.5 mi



3. Turn **LEFT** onto **W 159TH ST / IL-7 W.**

go 0.1 mi



4. Merge onto **I-355 N** toward **WEST SUBURBS** (Portions toll).

go 9.1 mi



5. Keep **LEFT** at the fork to go on **I-355 N / VETERANS**
MEMORIAL TOLLWAY (Portions toll).

go 8.2 mi



6. Take the **BUTTERFIELD RD / IL-56** exit.

go 0.6 mi



7. Merge onto **IL-56 E / BUTTERFIELD RD** toward **OAK**
BROOK.

go 0.2 mi



8. Turn **LEFT** onto **FINLEY RD / CR-2**. Continue to follow
FINLEY RD.

go 0.9 mi



9. Turn **LEFT** onto **FOXWORTH BLVD.**

go 0.1 mi



10. Turn **RIGHT** onto **SPRINGER DR.**

go 0.1 mi



11. **1940 SPRINGER DR** is on the **LEFT.**

go 0.0 mi



MAPQUEST.

Trip to [2451-2499] Wolf Rd
 Westchester, IL 60154
 28.12 miles - about 40 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to FMC-LaGrange Dialysis Center (2400 Wolf
 Road, Westchester, IL)
 (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|------|--|-----------|
| | 1. Start out going NORTHEAST on MAPLE RD / US-6
toward PORTER AVE / PORTER ST. | go 2.6 mi |
| | 2. Turn LEFT onto N GOUGAR RD. | go 3.5 mi |
|
 | 3. Turn LEFT onto W 159TH ST / IL-7 W. | go 0.1 mi |
|
 | 4. Merge onto I-355 N toward WEST SUBURBS (Portions toll). | go 7.3 mi |
|
 | 5. Merge onto I-55 N toward CHICAGO. | go 7.7 mi |
|
 | 6. Merge onto I-294 N via EXIT 277A toward TRI-STATE / WISCONSIN (Portions toll). | go 4.4 mi |
|
 | 7. Merge onto US-34 E / OGDEN AVE. | go 1.0 mi |
| | 8. Turn LEFT onto WOLF RD. | go 1.7 mi |
| | 9. [2451-2499] WOLF RD. | go 0.0 mi |



[2451-2499] Wolf Rd, Westchester, IL 60154
 Total Travel Estimate : 28.12 miles - about 40 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 3825 Highland Ave
 Downers Grove, IL 60515-1552
 25.38 miles - about 34 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Downers Grove Dialysis Center (3825 Highland, Downers Grove, IL) (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going **NORTHEAST** on **MAPLE RD / US-8** toward **PORTER AVE / PORTER ST.** go 2.6 mi
- 

2. Turn **LEFT** onto **N GOUGAR RD.** go 3.5 mi
- 


3. Turn **LEFT** onto **W 169TH ST / IL-7 W.** go 0.1 mi
- 


4. Merge onto **I-356 N** toward **WEST SUBURBS** (Portions toll). go 9.1 mi
- 


5. Keep **LEFT** at the fork to go on **I-356 N / VETERANS MEMORIAL TOLLWAY** (Portions toll). go 5.3 mi
- 


6. Merge onto **I-88 E / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll). go 3.6 mi
- 

7. Take the **HIGHLAND AVE** exit. go 0.3 mi
- 

8. Merge onto **HIGHLAND AVE / CR-9 S** toward **GOOD SAMARITAN HOSPITAL / MIDWESTERN COLLEGE / KELLER COLLEGE.** go 1.0 mi
- 

9. **3825 HIGHLAND AVE.** go 0.0 mi

★ 3825 Highland Ave, Downers Grove, IL 60515-1552
 Total Travel Estimate : 25.38 miles - about 34 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 516 W 5th Ave
 Naperville, IL 60563-2901
 25.08 miles - about 40 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to FMC-Naperville North Dialysis Center (516 W
 5th Ave., Naperville, IL)
 (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439



1. Start out going **NORTHEAST** on **MAPLE RD / US-6**
 toward **PORTER AVE / PORTER ST.** go 2.6 mi



2. Turn **LEFT** onto **N GOUGAR RD.** go 3.5 mi



3. Turn **LEFT** onto **W 159TH ST / IL-7 W.** go 0.1 mi



4. Merge onto **I-355 N** toward **WEST SUBURBS** (Portions toll). go 9.1 mi



5. Keep **LEFT** at the fork to go on **I-355 N / VETERANS**
MEMORIAL TOLLWAY (Portions toll). go 1.4 mi



6. Take the **75TH ST** exit. go 0.3 mi



7. Turn **LEFT** onto **75TH ST / CR-33 W.** go 4.9 mi



8. Turn **RIGHT** onto **S WASHINGTON ST.** go 2.6 mi



9. Turn **LEFT** onto **W SPRING AVE.** go 0.3 mi



10. Turn **RIGHT** onto **N MILL ST.** go 0.2 mi



11. Turn **LEFT** onto **W 5TH AVE.** go 0.0 mi



12. 516 W 5TH AVE is on the LEFT.

go 0.0 mi



516 W 5th Ave, Naperville, IL 60563-2901

Total Travel Estimate : 25.08 miles - about 40 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 100 Spalding Dr
 Naperville, IL 60540-6550
 23.71 miles - about 36 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to FMC-Naperville Dialysis Center (100 Spalding
 Drive, Naperville, IL)
 (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|---|--|-----------|
|  | 1. Start out going NORTHEAST on MAPLE RD / US-6 toward PORTER AVE / PORTER ST. | go 2.6 mi |
|  | 2. Turn LEFT onto N GOUGAR RD. | go 3.5 mi |
|   | 3. Turn LEFT onto W 159TH ST / IL-7 W. | go 0.1 mi |
|   | 4. Merge onto I-355 N toward WEST SUBURBS (Portions toll). | go 9.1 mi |
|   | 5. Keep LEFT at the fork to go on I-355 N / VETERANS MEMORIAL TOLLWAY (Portions toll). | go 1.4 mi |
|  | 6. Take the 75TH ST exit. | go 0.3 mi |
|  | 7. Turn LEFT onto 75TH ST / CR-33 W. | go 4.9 mi |
|  | 8. Turn RIGHT onto S WASHINGTON ST. | go 1.3 mi |
|  | 9. Turn LEFT onto OSLER DR. | go 0.3 mi |
|  | 10. Turn RIGHT onto BROM DR. | go 0.1 mi |
|  | 11. Turn RIGHT onto SPALDING DR. | go 0.0 mi |



12. 100 SPALDING DR is on the LEFT.

go 0.0 mi



100 Spalding Dr, Naperville, IL 60540-6550

Total Travel Estimate : 23.71 miles - about 36 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 1300 Waterford Dr
 Aurora, IL 60504-5502
 23.41 miles - about 36 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) 
 to Fox Valley Dialysis (1300 Waterford Dr., Aurora, IL)
 (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- 

1. Start out going **NORTHEAST** on **MAPLE RD / US-6** toward **PORTER AVE / PORTER ST.** go 0.5 mi
- 

2. Turn **LEFT** onto **FERNWOOD AVE / N BRIGGS ST / CR-62.** Continue to follow **N BRIGGS ST / CR-62.** go 2.9 mi
- 

3. Turn **LEFT** onto **E DIVISION ST.** go 0.2 mi
- 

4. Turn **RIGHT** onto **GARFIELD AVE.** go 0.3 mi
-  

5. Turn **LEFT** onto **E 9TH ST / IL-7.** go 1.5 mi
- 

6. **E 9TH ST / IL-7** becomes **RENWICK RD.** go 0.5 mi
- 

7. Stay **STRAIGHT** to go onto **RENWICK RD / CR-36.** Continue to follow **CR-36.** go 5.3 mi
-  

8. Turn **SLIGHT RIGHT** onto **S JOLIET RD / US-30 / W LINCOLN HWY.** Continue to follow **US-30.** go 1.3 mi
- 

9. Turn **LEFT** onto **W LOCKPORT ST.** go 1.0 mi
- 

10. Turn **RIGHT** onto **W LINCOLN HWY.** go 1.0 mi
-  

11. **W LINCOLN HWY** becomes **US-30.** go 7.5 mi



12. Turn **RIGHT** onto **US-34 E / OGDEN AVE.**

go 1.2 mi



13. Turn **LEFT** onto **RIDGE AVE.**

go 0.0 mi



14. **RIDGE AVE** becomes **WATERFORD DR.**

go 0.1 mi



15. **1300 WATERFORD DR** is on the **RIGHT.**

go 0.0 mi



1300 Waterford Dr, Aurora, IL 60504-5502

Total Travel Estimate : 23.41 miles - about 36 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 1051 Station Dr
 Oswego, IL 60543-5008
 26.11 miles - about 41 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Oswego (1051 Station Dr., Oswego, IL) (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|--|--|-----------|
| | 1. Start out going NORTHEAST on MAPLE RD / US-6 toward PORTER AVE / PORTER ST. | go 0.5 mi |
| | 2. Turn LEFT onto FERNWOOD AVE / N BRIGGS ST / CR-62. Continue to follow N BRIGGS ST / CR-62. | go 2.9 mi |
| | 3. Turn LEFT onto E DIVISION ST. | go 0.2 mi |
| | 4. Turn RIGHT onto GARFIELD AVE. | go 0.3 mi |
| | 5. Turn LEFT onto E 9TH ST / IL-7. | go 1.5 mi |
| | 6. E 9TH ST / IL-7 becomes RENWICK RD. | go 0.5 mi |
| | 7. Stay STRAIGHT to go onto RENWICK RD / CR-36. Continue to follow CR-36. | go 5.3 mi |
| | 8. Turn SLIGHT RIGHT onto S JOLIET RD / US-30 / W LINCOLN HWY. Continue to follow US-30. | go 1.3 mi |
| | 9. Turn LEFT onto W LOCKPORT ST. | go 1.1 mi |
| | 10. W LOCKPORT ST becomes IL-126. | go 2.3 mi |
| | 11. Turn RIGHT onto PLAINFIELD RD / CR-22. | go 7.0 mi |



12. Turn LEFT onto IL-71.

go 1.6 mi



13. Turn RIGHT onto CR-9A / ORCHARD RD.

go 1.5 mi



14. Turn LEFT onto MILL RD.

go 0.0 mi



15. Turn RIGHT onto STATION DR.

go 0.1 mi



16. 1051 STATION DR is on the RIGHT.

go 0.0 mi



1051 Station Dr, Oswego, IL 60543-5008

Total Travel Estimate : 26.11 miles - about 41 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 6201 W 63rd St
 Chicago, IL 60638-5009
 30.60 miles - about 45 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) 
 to FMC-Midway (6201 W 63rd St., Chicago, IL)
 (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- | | | |
|---|---|------------|
|  | 1. Start out going NORTHEAST on MAPLE RD / US-6 toward PORTER AVE / PORTER ST. | go 2.6 mi |
|  | 2. Turn LEFT onto N GOUGAR RD. | go 3.5 mi |
|   | 3. Turn LEFT onto W 159TH ST / IL-7 W. | go 0.1 mi |
|   | 4. Merge onto I-355 N toward WEST SUBURBS (Portions toll). | go 7.3 mi |
|   | 5. Merge onto I-55 N toward CHICAGO. | go 14.0 mi |
|  | 6. Take the IL-43 / HARLEM AVE exit, EXIT 283. | go 0.3 mi |
|   | 7. Turn RIGHT onto IL-43 S / S HARLEM AVE. | go 1.3 mi |
|  | 8. Turn SLIGHT RIGHT onto W 63RD ST. | go 0.2 mi |
|  | 9. Turn LEFT to stay on W 63RD ST. | go 1.4 mi |
|  | 10. 6201 W 63RD ST is on the RIGHT. | go 0.0 mi |

 **6201 W 63rd St, Chicago, IL 60638-5009**
 Total Travel Estimate : 30.60 miles - about 45 minutes



MAPQUEST.

Trip to E 34th St & Loverock Ave
 Steger, IL 60475
 35.72 miles - about 45 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Steger (Loverock & Steger Roads, Steger, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- 

1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
- 


2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
- 


3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA** (Portions toll). go 20.6 mi
- 


4. Merge onto **IL-394 S / BISHOP FORD FWY** toward **DANVILLE.** go 6.7 mi
- 

5. Turn **RIGHT** onto **E SAUK TRL.** go 2.0 mi
- 

6. Turn **LEFT** onto **STATE ST.** go 0.9 mi
- 

7. Turn **RIGHT** onto **E 34TH ST / E STEGER RD.** go 0.4 mi
- 

8. **E 34TH ST & LOVEROCK AVE.** go 0.0 mi

 **E 34th St & Loverock Ave, Steger, IL 60475**
 Total Travel Estimate : 35.72 miles - about 45 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 3401 W 111th St
 Chicago, IL 60655-3329
 27.95 miles - about 42 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to Davita Dialysis Mt. Greenwood (3401 West
 111th Street, Chicago, IL)
 (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
- 


2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
- 


3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 12.2 mi
- 


4. Merge onto **I-57 N** via **EXIT 151B** on the **LEFT** toward **CHICAGO.** go 3.0 mi
- 


5. Merge onto **W 159TH ST / US-6 E** via **EXIT 348.** go 1.1 mi
- 

6. Turn **LEFT** onto **KEDZIE AVE.** go 6.3 mi
- 

7. Turn **LEFT** onto **W 111TH ST.** go 0.3 mi
- 

8. **3401 W 111TH ST** is on the **LEFT.** go 0.0 mi



3401 W 111th St, Chicago, IL 60655-3329

Total Travel Estimate : 27.95 miles - about 42 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 11630 S Kedzie Ave
 Merrionette Park, IL 60803-6302
 26.99 miles - about 39 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) 
 to RCG-Merrionette Park (11630 S. Kedzie,
 Merrionette Park, IL)
 (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439



1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi



2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi



3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 12.2 mi



4. Merge onto **I-57 N** via **EXIT 151B** on the **LEFT** toward **CHICAGO.** go 3.0 mi



5. Merge onto **W 159TH ST / US-6 E** via **EXIT 348.** go 1.1 mi



6. Turn **LEFT** onto **KEDZIE AVE.** go 5.6 mi



7. **11630 S KEDZIE AVE** is on the **LEFT.** go 0.0 mi



11630 S Kedzie Ave, Merrionette Park, IL 60803-6302

Total Travel Estimate : 26.99 miles - about 39 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 4811 W 77th St
 Burbank, IL 60459-1586
 27.01 miles - about 47 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to FMC-Dialysis Services of Burbank (4811 W
 77th St, Burbank, IL)
 (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|---|--|-----------|
|  | 1. Start out going NORTHEAST on MAPLE RD / US-6
toward PORTER AVE / PORTER ST. | go 2.6 mi |
|  | 2. Turn LEFT onto N GOUGAR RD. | go 3.5 mi |
|   | 3. Turn LEFT onto W 159TH ST / IL-7 W. | go 0.1 mi |
|   | 4. Merge onto I-355 N / VETERANS MEMORIAL
TOLLWAY toward WEST SUBURBS (Portions toll). | go 1.7 mi |
|  | 5. Take the 143RD STREET exit toward IL-171 / ARCHER
AVE. | go 0.3 mi |
|   | 6. Merge onto ARCHER AVE / IL-171 N toward
LOCKPORT. | go 7.0 mi |
|   | 7. Turn RIGHT to stay on IL-171 N / ARCHER AVE. | go 6.1 mi |
|  | 8. Turn SLIGHT RIGHT onto W 79TH ST. | go 5.2 mi |
|   | 9. Turn LEFT onto S CICERO AVE / IL-50. | go 0.4 mi |
|  | 10. Turn LEFT onto W 76TH ST / W 77TH ST. | go 0.1 mi |
|  | 11. Turn LEFT. | go 0.0 mi |



12. Turn **RIGHT** onto **W 77TH ST.**

go 0.0 mi



13. **4811 W 77TH ST** is on the **LEFT.**

go 0.0 mi



4811 W 77th St, Burbank, IL 60459-1586

Total Travel Estimate : 27.01 miles - about 47 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 9415 S Western Ave
 Calumet Park, IL 60643-6700
 30.95 miles - about 44 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to Beverly Dialysis (9415 S Western, Calumet Park, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- 

1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
- 


2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
- 


3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 12.2 mi
- 


4. Merge onto **I-57 N** via **EXIT 151B** on the **LEFT** toward **CHICAGO.** go 10.2 mi
- 

5. Take **EXIT 355** toward **MONTEREY AVE / 111TH ST.** go 0.2 mi
- 

6. Turn **SLIGHT LEFT** onto **S ASHLAND AVE / S HAMLET AVE.** go 0.0 mi
- 

7. Turn **LEFT** onto **W 112TH PL.** go 0.0 mi
- 

8. **W 112TH PL** becomes **W MONTEREY AVE.** go 0.5 mi
- 

9. **W MONTEREY AVE** becomes **W 111TH ST.** go 0.6 mi
- 

10. Turn **RIGHT** onto **S WESTERN AVE.** go 2.1 mi
- 

11. **9415 S WESTERN AVE** is on the **RIGHT.** go 0.0 mi



MAPQUEST.

Trip to 9730 S Western Ave
 Evergreen Park, IL 60805-2814
 30.55 miles - about 43 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Neomedica-Evergreen Park (9730 S Western Ave., Evergreen Park, IL) (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- | | | |
|---|--|------------|
|  | 1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST. | go 3.9 mi |
|  | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
|  | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. | go 12.2 mi |
|  | 4. Merge onto I-67 N via EXIT 151B on the LEFT toward CHICAGO. | go 10.2 mi |
|  | 5. Take EXIT 355 toward MONTEREY AVE / 111TH ST. | go 0.2 mi |
|  | 6. Turn SLIGHT LEFT onto S ASHLAND AVE / S HAMLET AVE. | go 0.0 mi |
|  | 7. Turn LEFT onto W 112TH PL. | go 0.0 mi |
|  | 8. W 112TH PL becomes W MONTEREY AVE. | go 0.5 mi |
|  | 9. W MONTEREY AVE becomes W 111TH ST. | go 0.6 mi |
|  | 10. Turn RIGHT onto S WESTERN AVE. | go 1.7 mi |
|  | 11. 9730 S WESTERN AVE is on the LEFT. | go 0.0 mi |



MAPQUEST.

Trip to 132 W 111th St
 Chicago, IL 60628-4215
 29.66 miles - about 40 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) 
 to FMC-Roseland Dialysis (132 W 111th St,
 Chicago, IL)
 (02/12/10)

 **1200 Maple Rd, Joliet, IL 60432-1439**

- 
1. Start out going EAST on MAPLE RD / US-6 E toward PORTER AVE / PORTER ST.
go 3.9 mi
- 
2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-60 (Portions toll).
go 1.2 mi
- 
3. Merge onto I-80 E via the exit on the LEFT toward INDIANA.
go 12.2 mi
- 
4. Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO.
go 10.2 mi
- 
5. Take EXIT 355 toward MONTEREY AVE / 111TH ST.
go 0.2 mi
- 
6. Turn SLIGHT LEFT onto S ASHLAND AVE / S HAMLET AVE. Continue to follow S HAMLET AVE.
go 0.3 mi
- 
7. Turn RIGHT onto W 111TH ST.
go 1.7 mi
- 
8. 132 W 111TH ST is on the LEFT.
go 0.0 mi

 **132 W 111th St, Chicago, IL 60628-4215**
 Total Travel Estimate : 29.66 miles - about 40 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 1 E Division St
 Manteno, IL 60950-1507
 28.27 miles - about 41 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL)
 to Manteno Dialysis Centre (1 East Division St,
 Manteno, IL)
 (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTHEAST on MAPLE RD / US-6 toward PORTER AVE / PORTER ST. | go 0.5 mi |
|  | 2. Turn RIGHT onto N BRIGGS ST / CR-62 . Continue to follow N BRIGGS ST. | go 3.7 mi |
|  | 3. N BRIGGS ST becomes US-52 . | go 5.3 mi |
|  | 4. Turn SLIGHT RIGHT onto S STATE ST / US-52 . Continue to follow US-52 . | go 5.3 mi |
|  | 5. Turn SLIGHT LEFT to stay on US-52 . | go 4.1 mi |
|  | 6. Turn RIGHT onto US-46 / US-52 . | go 7.1 mi |
|  | 7. Turn LEFT onto E 9000 RD / CR-9 . Continue to follow E 9000 RD . | go 2.0 mi |
|  | 8. Turn RIGHT onto W DIVISION ST . | go 0.3 mi |
|  | 9. 1 E DIVISION ST is on the LEFT . | go 0.0 mi |



1 E Division St, Manteno, IL 60950-1507
 Total Travel Estimate : 28.27 miles - about 41 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 455 Mercy Ln
 Aurora, IL 60506-2462
 37.79 miles - about 60 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Aurora Dialysis Center (455 Mercy Lane, Aurora, IL) : (02/12/10)

★ 1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going **NORTHEAST** on **MAPLE RD / US-6** toward **PORTER AVE / PORTER ST.** go 2.6 mi
- 

2. Turn **LEFT** onto **N GOUGAR RD.** go 3.5 mi
- 


3. Turn **LEFT** onto **W 159TH ST / IL-7 W.** go 0.1 mi
- 


4. Merge onto **I-355 N** toward **WEST SUBURBS** (Portions toll). go 9.1 mi
- 


5. Keep **LEFT** at the fork to go on **I-355 N / VETERANS MEMORIAL TOLLWAY** (Portions toll). go 5.3 mi
- 


6. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** toward **AURORA** (Portions toll). go 15.2 mi
- 

7. Take the **IL-31** exit toward **AURORA / BATAVIA.** go 0.6 mi
- 


8. Turn **RIGHT** onto **S LINCOLNWAY / IL-31.** Continue to follow **IL-31.** go 0.9 mi
- 

9. Turn **RIGHT** onto **W INDIAN TRL / W NEW INDIAN TRL.** Continue to follow **W INDIAN TRL.** go 0.4 mi
- 

10. Turn **RIGHT** onto **MERCY LN.** go 0.2 mi
- 

11. **455 MERCY LN** is on the **RIGHT.** go 0.0 mi



MAPQUEST.

Trip to [8600-8699] S Holland Rd
 Chicago, IL 60620
 32.80 miles - about 41 minutes

Notes

Silver Cross Hospital (1200 Maple Road, Joliet, IL) to FMC-Chatham (8315 South Holland, Chicago, IL) (02/12/10)



1200 Maple Rd, Joliet, IL 60432-1439

- 

1. Start out going **EAST** on **MAPLE RD / US-6 E** toward **PORTER AVE / PORTER ST.** go 3.9 mi
- 


2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi
- 


3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA.** go 12.2 mi
- 


4. Merge onto **I-57 N** via **EXIT 151B** on the **LEFT** toward **CHICAGO.** go 13.3 mi
- 


5. Merge onto **I-94 W / DAN RYAN EXPY W** via the exit on the **LEFT** toward **CHICAGO LOOP.** go 1.4 mi
- 

6. Take **EXIT 61B** toward **87TH ST.** go 0.2 mi
- 

7. Stay **STRAIGHT** to go onto **S STATE ST.** go 0.2 mi
- 

8. Turn **LEFT** onto **W 87TH ST.** go 0.4 mi
- 

9. Turn **SHARP LEFT** onto **S HOLLAND RD.** go 0.0 mi
- 

10. **[8600-8699] S HOLLAND RD.** go 0.0 mi



[8600-8699] S Holland Rd, Chicago, IL 60620
 Total Travel Estimate : 32.80 miles - about 41 minutes



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

Lori Wright
Senior CON Specialist
Fresenius Medical Care North America
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154

Dear Ms. Wright:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your recently approved dialysis facilities: FMC-Lockport and FMC-Lombard. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

SUN HEALTH INC.
2121 ONEIDA ST., SUITE 104
JOLIET, IL 60435

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

SILVER CROSS RENAL CENTER WEST
1051 ESSINGTON ROAD, SUITE 160
JOLIET, IL 60431

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - MOKENA DIALYSIS
8910 W. 192ND STREET, SUITE A & B
MOKENA, IL 60448

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - ORLAND PARK
9160 W. 159TH STREET
ORLAND PARK, IL 60462

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - BOLINGBROOK DIALYSIS
329 REMINGTON BLVD., STE. 110
BOLINGBROOK, IL 60440

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

Kelly Ladd
Group Director
DaVita, Inc – Chicago
2659 N. Milwaukee Avenue, 2nd Floor
Chicago, IL 60647

Dear Ms. Ladd:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your recently approved dialysis facility: Palos Park Dialysis. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - PLAINFIELD
2300 MICHAS DRIVE
PLAINFIELD, IL 60586

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - NEOMEDICA - HAZELCREST
17524 CARRIAGE WAY
HAZEL CREST, IL 60429

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - MARKHAM
3053-3055 WEST 159TH STREET
MARKHAM, IL 60426

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in black ink that reads "Ruth Colby". The signature is written in a cursive style.

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

DAVITA - OLYMPIA FIELDS DIALYSIS CENTER
4557 B WEST LINCOLN HIGHWAY
MATTESON, IL 60443

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - WILLOWBROOK
6300 S. KINGERY HWY, STE. 408
WILLOWBROOK, IL 60527

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - HAZELCREST
3470 W. 183RD ST.
HAZEL CREST, IL 60429

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

COMMUNITY DIALYSIS OF HARVEY
16641 S. HALSTED ST., STE. A
HARVEY, IL 60426

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in black ink that reads "Ruth Colby". The signature is written in a cursive, flowing style.

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

DIRECT DIALYSIS
14255 S. CICERO AVENUE
CRESTWOOD, IL 60445

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - DOWNERS GROVE DIALYSIS CENTER
3825 HIGHLAND, SUITE 102
DOWNERS GROVE, IL 60515

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - SOUTH SUBURBAN
2609 W. LINCOLN HWY
OLYMPIA FIELDS, IL 60461

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

SILVER CROSS RENAL CENTER MORRIS
1551 CREEK DRIVE
MORRIS, IL 60450

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals* National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

DAVITA - CHICAGO HEIGHTS DIALYSIS
177 B WEST JOE ORR RD.
SOUTH CHICAGO HEIGHTS, IL 60411

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in black ink that reads "Ruth Colby". The signature is written in a cursive style with a large, looped "R" and "C".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals[®] National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - MORRIS
1401 LAKEWOOD DRIVE , STE. B
MORRIS, IL 60450

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - ALSIP DIALYSIS CENTER
12250 S CICERO, STE. 105
ALSIP, IL 60803

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - NAPERVILLE DIALYSIS CENTER
100 SPALDING DR, STE. 108
NAPERVILLE, IL 60566

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FOX VALLEY DIALYSIS
1300 WATERFORD DRIVE
AURORA, IL 60504

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - CRESTWOOD
4861 WEST CAL SAG ROAD
CRESTWOOD, IL 60445

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - BLUE ISLAND DIALYSIS CENTER
12200 SOUTH WESTERN AVE.
BLUE ISLAND, IL 60406

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - SOUTH HOLLAND
16136 SOUTH PARK AVE.
SOUTH HOLLAND, IL 60473

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals™ National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

FMC - NEOMEDICA - SOUTH HOLLAND
17225 S. PAXTON AVE.
SOUTH HOLLAND, IL 60473

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Colby".

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 16, 2010

VIA CERTIFIED MAIL

RCG - MERRIONETTE PARK
11630 SOUTH KEDZIE
MERRIONETTE PARK, IL 60803

Dear Sir/Madam:

I am writing on behalf of Silver Cross Hospital & Medical Centers and Silver Cross Health System to inform you that we are in the process of preparing an application to the Illinois Health Facilities & Services Review Board for a permit to discontinue our 14-station dialysis facility that is currently located at 1200 Maple Road in Joliet, Illinois. We will be establishing a new 19-station dialysis facility on the hospital's new campus that is being built at Route 6 (Maple Road) & Silver Cross Boulevard in New Lenox, Illinois. This new location is approximately 3.5 miles east of the current campus.

As we are simply relocating the existing facility to a new location and adding five (5) stations, we do not anticipate that the project will have any adverse impact upon access to care for patients in the area or on other area providers like yours. Nevertheless, the rules of the Illinois Health Facilities & Services Review Board require us to inform you of these plans and ask you for an impact statement of this proposed project on your dialysis program. Your response to this request within the next ten (10) business days would be greatly appreciated.

If you have any questions, please feel free to call me at (815) 740-1100, ext. 7002 or Sara Jackson, our Director of Business Intelligence at (815) 740-1100, ext. 7544.

Sincerely,

A handwritten signature in black ink that reads "Ruth Colby". The signature is written in a cursive style.

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer

7002 2410 0005 6141 9970

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total: **LORI WRIGHT**
 Senior CON Specialist
 Fresenius Medical Care North America
 One Westbrook Corporate Center
 Tower 1, Suite 1000
 Westchester, IL 60154

Sent To: _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 7341

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage & **RCG - SOUTH HOLLAND**
 16136 SOUTH PARK AVE.
 SOUTH HOLLAND, IL 60473

Sent To: _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 7327

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **FMC - NEOMEDICA - SOUTH HOLLAND**
 17225 S. PAXTON AVE.
 SOUTH HOLLAND, IL 60473

Sent To: _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 7356

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **RCG - MERRIONETTE PARK**
 11630 SOUTH KEDZIE
 MERRIONETTE PARK, IL 60803

Sent To: _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 7334

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **FMC - BLUE ISLAND DIALYSIS CENTER**
 12200 SOUTH WESTERN AVE.
 BLUE ISLAND, IL 60406

Sent To: _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 7310

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **RCG - CRESTWOOD**
 4861 WEST CAL SAG ROAD
 CRESTWOOD, IL 60445

Sent To: _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 2730 0441

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

FMC - NAPERVILLE DIALYSIS CENTER
 100 SPALDING DR, STE. 108
 NAPERVILLE, IL 60566

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0001 1751 3693

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP		

RCG - MORRIS
 1401 LAKEWOOD DRIVE, STE. 8
 MORRIS, IL 60450

PS Form 3800, June 2002 See Reverse for Instructions

7002 2430 0005 6141 9321

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

RCG - SOUTH SUBURBAN
 2609 W. LINCOLN HWY
 OLYMPIA FIELDS, IL 60461

PS Form 3800, June 2002 See Reverse for Instructions

7002 2430 0005 6141 7303

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

FOX VALLEY DIALYSIS
 1300 WATERFORD DRIVE
 AURORA, IL 60504

PS Form 3800, June 2002 See Reverse for Instructions

7005 2570 0001 1751 3709

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

FMC - ALSIP DIALYSIS CENTER
 12250 S CICERO, STE. 105
 ALSIP, IL 60803

PS Form 3800, June 2002 See Reverse for Instructions

7002 2430 0005 6141 9336

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

DAVITA - CHICAGO HEIGHTS DIALYSIS
 177 B WEST JOE ORR RD.
 SOUTH CHICAGO HEIGHTS, IL 60411

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9307

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		

Sent To: **DIRECT DIALYSIS**
14255 S. CICERO AVENUE
CRESTWOOD, IL 60445

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9314

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & I		

Sent To: **FMC - DOWNERS GROVE DIALYSIS**
CENTER
3825 HIGHLAND, SUITE 102
DOWNERS GROVE, IL 60515

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9284

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & I		

Sent To: **RCG - HAZELCREST**
3470 W. 183RD ST.
HAZEL CREST, IL 60429

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9291

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: **COMMUNITY DIALYSIS OF HARVEY**
16641 S. HALSTED ST., STE. A
HARVEY, IL 60426

Street, Apt. No.,
or PO Box No.
City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9260

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		

Sent To: **DAVITA - OLYMPIA FIELDS DIALYSIS**
CENTER
4557 B WEST LINCOLN HIGHWAY
MATTESON, IL 60443

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9277

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		

Sent To: **FMC - WILLOWBROOK**
6300 S. KINGERY HWY, STE. 408
WILLOWBROOK, IL 60527

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9246

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	FMC - NEOMEDICA - HAZELCREST 17S24 CARRIAGE WAY HAZEL CREST, IL 60429	
Sent To		
Street, Apt. No., or PO Box No. City, State, ZIP		

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9253

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fee	RCG - MARKHAM 3053-3055 WEST 159TH STREET MARKHAM, IL 60426	
Sent To		
Street, Apt. No., or PO Box No. City, State, ZIP		

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9222

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	Kelly Ladd Group Director DaVita, Inc - Chicago 2659 N. Milwaukee Avenue, 2 nd Floor Chicago, IL 60647	
Sent To		
Street, Apt. No., or PO Box No. City, State, ZIP		

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9239

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	FMC - PLAINFIELD 2300 MICHAS DRIVE PLAINFIELD, IL 60586	
Sent To		
Street, Apt. No., or PO Box No. City, State, ZIP		

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9206

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	RCG - ORLAND PARK 9160 W. 159TH STREET ORLAND PARK, IL 60462	
Sent To		
Street, Apt. No., or PO Box No. City, State, ZIP		

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9215

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	FMC - BOLINGBROOK DIALYSIS 329 REMINGTON BLVD., STE. 110 BOLINGBROOK, IL 60440	
Sent To		
Street, Apt. No., or PO Box No. City, State, ZIP		

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0005 6141 9185

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total P

Sent To

FMC - MOKENA DIALYSIS
8910 W. 192ND STREET, SUITE A & B
MOKENA, IL 60448

Street, A or PO Bx
 City, Sta

7002 2410 0005 6141 9185

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total P

Sent To

SUN HEALTH INC.
2121 ONEIDA ST., SUITE 104
JOLIET, IL 60435

Street, A or PO Bx
 City, Sta



Fresenius Medical Care

February 22, 2010

Ruth Colby
Senior Vice President, Business Development
Silver Cross Hospital
1200 Maple Road
Joliet, IL 60432

Dear Ms. Colby,

I am writing in response to your letter dated February 16, 2010 asking for an impact statement in regards to your CON application to discontinue your 14-station Joliet dialysis facility and to establish a 19-station dialysis facility on the hospital's new campus in New Lenox.

We do not feel that the discontinuation of the 14-station facility in Joliet along with the establishment of a 19-station facility in New Lenox will have any adverse impact on access to care in the area or to any of the Fresenius Medical Care facilities within 45-minutes.

This letter serves as a response from the Fresenius Medical Care facilities listed below that received your request.

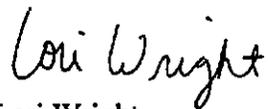
Fresenius Medical Care Mokena
Fresenius Medical Care Plainfield
Fresenius Medical Care Lombard
Fresenius Medical Care Lockport
Fresenius Medical Care Alsip
Fresenius Medical Care Willowbrook
Fresenius Medical Care - Bolingbrook Dialysis Center
Fresenius Medical Care - Downers Grove Dialysis Center
Fresenius Medical Care - Naperville Dialysis Center
Fresenius Medical Care - Blue Island Dialysis Center
Fresenius Medical Care - Neomedica - South Holland
Fresenius Medical Care - Neomedica - Hazel Crest

Fresenius Medical Services ♦ Dialysis Services

One Westbrook Corporate Center Suite 1000 Westchester, IL 60154 708-562-0371 Fax: 708-498-9283

Fresenius Medical Care - RCG - Orland Park
Fresenius Medical Care - RCG - Morris
Fresenius Medical Care - RCG - South Suburban
Fresenius Medical Care - RCG - Crestwood
Fresenius Medical Care - RCG - Merrionette Park

Sincerely,

A handwritten signature in cursive script that reads "Lori Wright".

Lori Wright
Senior CON Specialist



Heartland Region 1
2650 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

March 8, 2010

Ruth Colby
Senior Vice President
Business Development
Silver Cross Hospital
1200 Maple Road
Joliet, Illinois 60432

Dear Ms. Colby:

In response to your letter dated February 16, 2010, the discontinuation of the facility in Joliet will not have an impact on access to care for patients living in the Palos Park Dialysis service area.

The proposed relocation and expansion to New Lenox may, however, have an impact on our Palos Park facility. We would need additional information on patient origin to determine the potential impact on our facility.

Respectfully,

Kelly B. Ladd
Group Director

RENAISSANCE Management Co., L.L.C.

February 26, 2010

Ms. Ruth Colby
Sr. Vice President, Business Development
Silver Cross Hospital
1200 Maple Road
Joliet, IL 60432

Dear Ms. Colby;

In response to your letter dated Feb 16, 2010 regarding the establishment of a new 19 station dialysis facility (replacing your current 14 station dialysis facility) on the new Silver Cross Hospital & Medical Centers Campus, I am pleased to inform you that we do not perceive any business impact on Fox Valley Dialysis, Ltd.

Thank you for requesting our input and comments. If you have any questions, please contact me at 630-851-1206.

I hope your relocation project progresses smoothly and successfully.

Sincerely,



Calvin Ganong
COO Renaissance Management Co., LLC
for Fox Valley Dialysis, Ltd.

CG/kf
File



COMMUNITY
DIALYSIS
of HARVEY

16641 S. Halsted St., Suite A
Harvey, IL 60426
Ph: 708-210-9500
Fax: 708-210-9510

February 24, 2010

Ms. Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer
Silver Cross Hospital & Medical Centers
1200 Maple Road
Joliet, Illinois 60432

Dear Ms. Colby:

Thank you for your letter informing Community Dialysis of Harvey of your new 19-station dialysis facility. After reviewing our patient data, your proposed relocation project will not impact our patient population.

Thank you for your consideration during your growth period. Should you have any questions, please feel free to call me at (708) 210-9500.

Sincerely,

Beverly Bulliner
Unit Manager

Section III

Attachment 10

Background of Applicant

Background of Applicant – Information Requirements

Silver Cross Hospital is a fully licensed, Medicare-certified, Joint Commission-accredited, Illinois not-for-profit general hospital. A copy of the current license and Joint Commission accreditation for the Hospital is attached at ATTACHMENT-10.

Silver Cross owns and operates (1) Silver Cross Hospital Renal Center-East – an end-stage renal dialysis center located on the hospital's existing campus in Joliet, (2) Silver Cross Renal Center-West – an end-stage renal dialysis center located on the west side of Joliet and (3) Silver Cross Renal Center-Morris – an end-stage renal dialysis center located in Morris, Illinois. The dialysis centers operate under Silver Cross Hospital's license number.

Silver Cross owns and operates the Silver Cross Emergicare Center – a freestanding emergency center in Homer Glen, Illinois. A copy of the current license is attached at ATTACHMENT-10.

Attached are letters for Silver Cross Health System and Silver Cross Hospital & Medical Centers stating they have not had any adverse action taken against them for the three (3) years prior to the filing of this application and giving the Illinois Health Facilities & Services Review Board access to information in order to verify any documentation or information submitted in response to the requirements or to obtain any documentation or information the Review Board finds pertinent. Copies of the letters are attached at ATTACHMENT-10.

Silver Cross Hospital

Joliet, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

March 15, 2008

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold

David L. Nahrwold, M.D.
Chairman of the Board

7365
Organization ID #

Mark Chassin

Mark Chassin, M.D.
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

ATTACHMENT-10



June 26, 2008

Paul Pawlak
President and CEO
Silver Cross Hospital
1200 Maple Road
Joliet, IL 60432

Joint Commission ID #: 7365
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 6/26/2008

Dear Mr. Pawlak:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care
- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning March 15, 2008. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in cursive script that reads 'Linda S. Murphy-Knoll'.

Linda S. Murphy-Knoll
Interim Executive Vice President
Division of Accreditation and Certification Operations

ATTACHMENT-10

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION.

State of Illinois 1954451
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

DAMON T. ARNOLD, M.D.
DIRECTOR
Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/10	BGBD	0002170
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/10		

BUSINESS ADDRESS

SILVER CROSS HOSPITAL
1200 MAPLE STREET

JOLIET IL 60432

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

State of Illinois 1954451
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/10	BGBD	0002170
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/10		

11/07/09

SILVER CROSS HOSPITAL
1200 MAPLE STREET

JOLIET IL 60432

FEE RECEIPT NO.



State of Illinois 1525356

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

DAMON T. ARNOLD, M.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

Table with 3 columns: EXPIRATION DATE (07/15/10), CATEGORY (BCBD), ID NUMBER (22001). License details: FULL LICENSE, FREESTANDING EMERGENCY CENTER, EFFECTIVE: 07/16/09

BUSINESS ADDRESS

SILVER CROSS EMERGICARE CENTER
12701 W. 143RD STREET
HOMER GLEN, IL 60491

face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1525356

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

SILVER CROSS EMERGICARE CENTER

Table with 3 columns: EXPIRATION DATE (07/15/10), CATEGORY (BCBD), ID NUMBER (22001)

FULL LICENSE

FREESTANDING EMERGENCY CENTER

EFFECTIVE: 07/16/09

07/17/09

SILVER CROSS EMERGICARE CENTER
12701 W. 143RD STREET
HOMER GLEN, IL 60491

FEE RECEIPT NO.



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 17, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code 77 § 1110.230(a)(3)(A) and (B), I hereby certify that no adverse action has been taken against any facility owned or operated by Silver Cross Health System during the three (3) years prior to the filing of this application.

In addition, pursuant to 77 Ill. Admin. Code 77, § 1110.230(a)(3)(C) I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") access to all information necessary to verify any documentation or information submitted by Silver Cross Health System with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent to the subsection.

Sincerely,

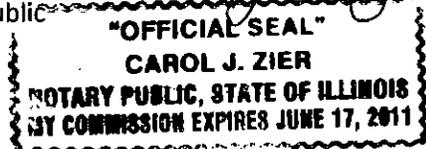
A handwritten signature in black ink that reads "Paul Pawlak". The signature is written in a cursive style and is positioned above a horizontal line.

Paul Pawlak
President & CEO
Silver Cross Health System

Subscribed and sworn before me
this 17th day of February, 2010.

A handwritten signature in black ink that reads "Carol J. Zier". The signature is written in a cursive style and is positioned above a horizontal line.

Notary Public





THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 17, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino:

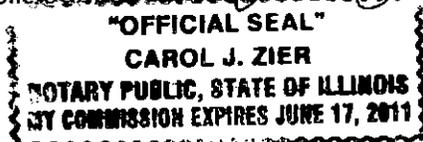
Pursuant to 77 Ill. Admin. Code 77 § 1110.230(a)(3)(A) and (B), I hereby certify that no adverse action has been taken against any facility owned or operated by Silver Cross Hospital and Medical Centers during the three (3) years prior to the filing of this application.

In addition, pursuant to 77 Ill. Admin. Code 77, § 1110.230(a)(3)(C), I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") access to all information necessary to verify any documentation or information submitted by Silver Cross Hospital and Medical Centers with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent to the subsection.

Sincerely,

Paul Pawlak
President & CEO
Silver Cross Hospital and Medical Centers

Subscribed and sworn before me
this 17th day of February, 2010.

Notary Public

Section III
Attachment 11
Purpose of the Project

Purpose of the Project

The primary purpose of the project is to relocate and expand an existing dialysis facility (Silver Cross Renal Center-East) located at the hospital's current campus in Joliet to the replacement hospital campus in New Lenox, Illinois. Relocation and expansion of the existing facility on the new campus will improve access for Silver Cross' current and projected dialysis patients, provide operational efficiencies and meet the needs of the growing and aging population in the area.

Supporting Statements & Documentation

- 1) The replacement hospital campus – where the new dialysis facility will be relocated – provides improved access to major interstates (I-355 and I-80) and roadways (U.S. Routes 6 and 7).
- 2) Adding dialysis services on the same site as other hospital-based services at the New Lenox campus – adjacent to inpatient beds, outpatient services, emergency care and physician offices – will provide improved access to a broad range of health care services for Silver Cross' patients.
- 3) Three nephrologists have been added to the hospital's medical staff within the last twelve months. Two of these newest nephrologists joined the hospital's primary nephrology group – Northeast Nephrology Consultants – a practice that has rapidly grown from three to five physicians. The group added these physicians partially in response to growing patient demand for dialysis treatment.
- 4) The expanded dialysis facility will address both existing patient volumes at the current facility (where the utilization rate is currently above 102%) and projected patient referrals (pre-ESRD patients that are expected to start treatment within the next 12 to 24 months).

MEASURE	SILVER CROSS RENAL CENTER - EAST Proposed Relocated & Expanded Facility)
Current Stations	14
Current Patients (as of 02/01/10)	86
Projected Patient Loss (transplant, recovery of function, move out of area, death)	-28
Patients Reassigned to Silver Cross Renal Center-West (from Silver Cross Renal Center-East)	-18
Projected Patients Referrals (pre-ESRD from physician referral letters)	54
Projected Total Patients (2014) (operating at 80% occupancy)	94
Projected Station Need (projected total patients/80% occupancy/6 patients per station)	19.58

MEASURE	SILVER CROSS RENAL CENTER - EAST Proposed Relocated & Expanded Facility)
Proposed Stations (proposed for East/current for West)	19
Total Available Capacity (based on proposed stations for East/current stations for West)	114
Projected Occupancy (2014) (projected total patients / total capacity)	82.5%

5) The proposed facility will address the needs of a growing and aging population. According to Nielsen Claritas data, Silver Cross Hospital's designated service area is projected to grow from an estimated population of 801,234 in 2009 to 908,407 by 2014 – an increase of more than 100,000 people or a growth rate of 13.4% over the next five years. According to the same Nielsen Claritas data, the fastest growing segment of the population is projected to be among those over the age of 65 (+28% over the next five years), followed by those between the ages of 45 and 64 years of age (+18% over the next five years).

Service Area	Age Group	2000		2009		2014		Change 2009 to 2014
		Census	%	Estimate	%	Projection	%	
Primary Service Area								
	Ages 0-14	65,466	23.8%	79,295	22.3%	86,858	21.7%	9.5%
	Ages 15-44	121,564	44.2%	152,932	42.9%	164,906	41.2%	7.8%
	Ages 45-64	59,251	21.6%	87,227	24.5%	102,667	25.6%	17.7%
	Ages 65+	28,460	10.4%	36,655	10.3%	45,971	11.5%	25.4%
	Subtotal	274,741		356,109		400,402		12.4%
Secondary Service Area – East								
	Ages 0-14	27,019	21.0%	26,474	18.3%	28,018	18.3%	5.8%
	Ages 15-44	52,235	40.6%	55,674	38.4%	56,962	37.1%	2.3%
	Ages 45-64	32,765	25.5%	43,706	30.2%	45,660	29.7%	4.5%
	Ages 65+	16,629	12.9%	19,063	13.2%	22,851	14.9%	19.9%
	Subtotal	128,648		144,917		153,491		5.9%
Secondary Service Area – North								
	Ages 0-14	31,757	27.0%	46,393	25.5%	53,514	24.9%	15.3%
	Ages 15-44	57,065	48.5%	84,450	46.5%	93,401	43.4%	10.6%
	Ages 45-64	21,763	18.5%	38,258	21.1%	50,385	23.4%	31.7%
	Ages 65+	7,094	6.0%	12,625	6.9%	17,972	8.3%	42.4%
	Subtotal	117,679		181,726		215,272		18.5%
Secondary Service Area – South								
	Ages 0-14	5335	22.0%	6145	20.4%	6747	20.1%	9.8%
	Ages 15-44	10724	44.2%	13219	43.9%	14049	41.8%	6.3%
	Ages 45-64	5581	23.0%	7612	25.3%	8852	26.3%	16.3%
	Ages 65+	2605	10.7%	3162	10.5%	3955	11.8%	25.1%
	Subtotal	24245		30138		33603		11.5%
Secondary Service Area – West								
	Ages 0-14	13181	23.7%	19482	22.1%	22818	21.6%	17.1%
	Ages 15-44	24789	44.5%	38592	43.7%	43857	41.5%	13.6%
	Ages 45-64	12462	22.4%	22159	25.1%	27744	26.3%	25.2%
	Ages 65+	5262	9.4%	8111	9.2%	11220	10.6%	38.3%

Service Area	Age Group	2000		2009		2014		Change 2009 to 2014
		Census	%	Estimate	%	Projection	%	
Subtotal		55694		88344		105639		19.6%
Total Service Area								
	Ages 0-14	142,758	23.8%	177,789	22.2%	197,955	21.8%	11.3%
	Ages 15-44	266,377	44.3%	344,867	43.0%	373,175	41.1%	8.2%
	Ages 45-64	131,822	21.9%	198,962	24.8%	235,308	25.9%	18.3%
	Ages 65+	60,050	10.0%	79,616	9.9%	101,969	11.2%	28.1%
Grand Total		601,007		801,234		908,407		13.4%

Source: Nielsen Claritas (based on U.S. Census Bureau projections) (April, 2009).

According to one source, chronic renal failure and end-stage renal disease affects roughly 2 out of 1,000 people in the United States.¹ Assuming that rate holds true in the area's target population, it could be estimated that another 200 area residents may need dialysis services over the next five years alone. Adding 5 stations to the hospital's existing 14-station facility will provide more capacity to address the growing demand for dialysis services.

- 6) According to the latest data from the Renal Network (as of 12/31/09) for all of HSA 9 – Grundy, Kane, Kendall and Will Counties – the majority (two-thirds or 67%) of dialysis patients are currently located in Will County.

HSA 9 - Counties	Patients (as of 12/31/09)	Percent to Total
Grundy	42	4.8%
Kankakee	166	19.1%
Kendall	80	9.2%
Will	582	66.9%
Grand Total	870	100.0%

Source: Renal Network (02/17/10)

The expanded facility will be located in Will County – where the largest numbers of dialysis patients currently reside and where the need appears to be the greatest.

- 7) The presence of high rates of diabetes and hypertension in the area's population are leading indicators of the need for dialysis services. According to the latest Annual Data Report released by the U.S. Renal Data System, the leading causes of ESRD are diabetes (54% of new patients) and hypertension (33% of new patients).² These two diseases alone have had a very serious impact on the population at the local level. Recent data reported through IPLAN (Illinois Project for Local Assessment of Needs) indicates that during 2006, the leading causes of death in Will County were due to heart disease (26% of all deaths /ranked 1st), coronary heart disease (18% of all deaths / ranked 3rd) and diabetes mellitus (3% of all deaths / ranked 9th).³ Combined, these

¹ Professional Guide to Diseases (Eighth Edition), Springhouse, (Lippincott Williams & Wilkins), 2005.

² 2009 Annual Data Report, United States Renal Data System, Incidence and Prevalence (Chapter 2), pp 240.

³ Illinois Project for Local Assessment of Needs, "IPLAN Data System Summary Report for Will County," (<http://app.idph.state.il.us/data/>).

diseases accounted for just under half (or 47%) of all deaths in Will County. Based on this mortality data, it would appear that the population of Will County is at high risk for developing ESRD. Locating (and expanding) the hospital's existing facility within Will County means dialysis services will continue to be available to residents who have the greatest need.

Section III
Attachment 12
Alternatives

Alternatives to the Proposed Project

Silver Cross reviewed several alternatives before electing to pursue the proposed project – relocating and expanding the facility at the replacement hospital campus in New Lenox, Illinois. The primary options considered were; (1) keep the 14-station facility (Silver Cross Renal Center-East) on the existing campus in Joliet and expand the hospital's Westside facility (Silver Cross Renal Center-West); (2) discontinue the existing 14-station facility (Silver Cross Renal Center-East) and use other area providers; (3) downsize Silver Cross Renal Center-East to 6 stations, relocate the remaining 8 stations and add 11 at the Replacement Hospital campus in New Lenox (4) relocate the existing 14-station facility (Silver Cross Renal Center-East) to the Replacement Hospital campus in New Lenox and expand the facility at a later date; (5) (4) relocate the 14-station facility (Silver Cross Renal Center-East) to the Replacement Hospital campus in New Lenox and expand by more than 5 stations; (6) relocate the existing 14-station facility (Silver Cross Renal Center-East) to the Replacement Hospital campus in New Lenox and expand by 5 stations.

Alternative #1: Keep 14-Station Facility (Silver Cross Renal Center-East) on the Existing Campus in Joliet and Expand Silver Cross Renal Center-West

Under this alternative, Silver Cross would maintain the 14-station facility on the existing campus in Joliet and expand their other facility located on the Westside of Joliet. This alternative was not chosen for several reasons.

The current 14-station facility is located at the existing campus in Joliet – roughly 3.5 miles or 6 minutes normal travel time from Silver Cross' Replacement Hospital Campus in New Lenox, Illinois. The dialysis facility is located on the lower level of the building that houses the majority of the hospital's current inpatient beds. However, all clinical services currently located at the existing campus – inpatient beds, outpatient services, emergency care and physician offices – are planned to relocate to the new campus. While the distance and travel time is minimal between the two sites – it still would require patients and physicians to expend additional time and effort to travel between the two campuses. Silver Cross would sustain additional operating costs associated with maintaining the service on the existing campus – separate from the rest of the services that are expected to relocate to the new site.

To complicate the decision-making around this issue is the fact that the future use of the existing hospital campus is still undetermined at this time. Silver Cross Hospital and the Silver Cross Healthy Community Commission have begun evaluating potential uses for the vacated facilities. An FQHC will be built on the south end of the campus by Aunt Martha's Youth Services and an outpatient Veteran's Administration facility is being considered. Regardless of the final decision, it is highly likely that the existing hospital buildings will be redeveloped or 'repurposed' at some future point – and most likely after the hospital moves to the new campus in 2012. Redevelopment of the existing buildings would likely mean that any services that remain on the existing campus (such as the 14-station dialysis facility that is the subject of this alternative) would have to be relocated at some future point somewhere else on the Joliet campus. As a result, a future certificate of need application would be required to move those services to another location on the same campus. Moving the 14-station dialysis facility to the

ATTACHMENT 12

New Lenox campus now makes the most sense in terms of patient care, total project costs and operational efficiencies.

As part of this alternative, the hospital also evaluated expanding the Silver Cross Renal Center -West facility. The existing 29-station facility is located on the first floor of a fully occupied floor in a medical office building on the Westside of Joliet. Unfortunately, that dialysis center is currently 'landlocked' in that building and there are no other options to expand in its current location to accommodate any additional stations. Any expansion of this site alone would also result in additional access issues for some patients that are projected to need dialysis (pre-ESRD) in the next twelve to twenty-four months – as it would be located some distance away.

This alternative might seem like a lower cost option in the short-term. In reality, however, there will be additional costs that are associated with the likely future move the 14-station facility will need to make should it remain on campus. As an example, any move on the same campus would require extensive rework of water systems that are required for dialysis – an expensive proposition. In addition, there is no more square footage available to expand the Silver Cross Renal Center-West facility. Besides the additional expenses associated with a likely future move on the same campus, this alternative also fails to address the facility's high occupancy rates and the growing need for additional stations.

Alternative #2: Discontinue the Existing 14-Station Facility (Silver Cross Renal Center-East) and Use Other Providers

Under this alternative, Silver Cross would discontinue the 14-station facility entirely and transfer current and projected future patients to other dialysis facilities in the area. This option was immediately rejected due to the high occupancy experienced at both Silver Cross Renal Center-East (102.4%) and Silver Cross Renal Center-West (89.7%).

The 01/18/10 Addendum to the Health Facilities Inventory as maintained by the Illinois Health Facilities & Services Review Board indicates that there are 15 other in-center hemodialysis providers located within 30 minutes normal travel time of the proposed facility (see table below). These 15 facilities have a total of 246 stations available. 13 of these facilities are currently operating and 2 recently received approval to establish facilities.

FACILITY	ZIP	PATIENTS (as of 12/31/09 - Renal Network)	STATIONS (as of 01/18/10 Addendum to Inventory)	UTILIZATION (Patients / Capacity)
COMMUNITY DIALYSIS OF HARVEY	60426	43	16	44.8%
DAVITA - OLYMPIA FIELDS DIALYSIS CENTER	60443	104	24	72.2%
DIRECT DIALYSIS	60445	49	6	136.1%
FMC - BOLINGBROOK DIALYSIS	60440	97	20	80.8%
FMC - LOCKPORT	60441	Approved 12/01/09	12	0.0%
FMC - MOKENA DIALYSIS	60448	30	12	41.7%
FMC - NEOMEDICA - HAZELCREST	60429	75	12	104.2%
FMC - WILLOWBROOK	60527	72	16	75.0%
PALOS PARK DIALYSIS	60462	Approved 01/12/10	12	0.0%
RCG - HAZELCREST	60429	84	16	87.5%
RCG - MARKHAM	60426	95	24	66.0%
RCG - ORLAND PARK	60462	72	16	75.0%

FACILITY	ZIP	PATIENTS (as of 12/31/09 - Renal Network)	STATIONS (as of 01/18/10 Addendum to Inventory)	UTILIZATION (Patients / Capacity)
SILVER CROSS HOSPITAL*	60432	86	14	102.4%
SILVER CROSS RENAL CENTER WEST*	60431	156	29	89.7%
SUN HEALTH INC	60435	58	17	56.9%
TOTALS		1021	246	69.2%

Sources: Patient counts are from The Renal Network as of 12/31/09, station counts from the 01/18/10 Health Facilities Addendum to Inventory. *Patient data for SCH facilities as of 02/01/10

The two newest facilities are FMC-Lockport and Palos Park Dialysis and were just approved since December 2009. It is assumed that because these two facilities received approval to establish facilities by the Illinois Health Facilities & Services Review Board, they provided adequate documentation to demonstrate that they would achieve the target utilization by the second year of operation. It is assumed that these two facilities will not have enough available capacity (since they are projected to be operating at the 80% target utilization level) to accommodate any additional patients.

The remaining 13 existing facilities account for 222 total stations. If these facilities were all operating at the target utilization level of 80%, they would have enough capacity to treat a total of 1,066 patients (222 stations multiplied by 6 patients per station multiplied by 80% target occupancy).

Total stations available in area	222
Total patient capacity (100% occupancy)	1332
Total patient capacity (at State target occupancy of 80%)	1066
Current patients	1021
Calculated available capacity	45
Existing Silver Cross Renal Center-East patients	86
Projected total pre-ESRD patients for proposed facility	54
Total Silver Cross patients to be accommodated	140
Projected need exceeds remaining available capacity	-95

Data as of 12/31/09 per the Renal Network (and as of 02/01/10 for Silver Cross facilities) indicates that there were 1,021 patients being treated in the area. As a result, it is estimated that there is only enough available capacity to accommodate 45 more patients (1,066 less 1,021 = 45 patients) at providers in the target area. That is not enough capacity to accommodate the patients at the existing facility (86) or the pre-ESRD patients (54) that are projected to use the expanded facility (per physician referral letters at ATTACHMENT-20) within the next two years.

Additionally, access to care would be severely compromised for the majority of the facility's current patients as they would need to establish a treatment regimen at another provider – with new clinical staff, unfamiliar processes, different schedules and at some distance farther away. Access to patients would be hampered for physicians – as they would have to add multiple other sites to their rotations which in turn would drastically limit the time they can spend treating their patients.

This alternative was rejected due to the negative impact it would have on access to care and the overwhelming burdens it would place on current and future patients and physicians. And, it would not address the current and projected demand for dialysis services.

Alternative #3: Downsize Silver Cross Renal Center-East to 6 Stations at the Current Location, Relocate the Remaining 8 Stations and Add 11 Stations at the Replacement Hospital Campus in New Lenox

Under this alternative, some thought was given to downsizing the existing Silver Cross Renal Center-East to 6 stations and relocating the remaining 8 stations from that facility to the New Lenox campus where 11 stations would be added.

Current patient load, however, justifies the need for 19 stations right now – as confirmed by IHFSRB Staff during the March 2, 2010 meeting when the Review Board approved the hospital's MSB CON (#09-066) for the replacement hospital campus. There is no need to request more than 5 stations. As a result, this alternative would simply add too many stations.

Also, under this alternative, six stations would remain at the current Joliet eastside location. As mentioned in Alternative 1, the future use of the existing hospital campus is still undetermined at this time. As such, it is unknown whether the remaining six stations would be able to stay in the current location as they are now. In addition, a six-station facility on the Joliet campus is too small from an operational standpoint (ideal nurse staffing is 1 to 4 patients) and would result in some organizational inefficiencies in term of facility maintenance, management and overhead. But, perhaps most importantly, the six-station facility would remain in Will County which, in turn, is located in a broader Metropolitan Statistical Area (MSA). As such, the six-station facility would not meet 77 Ill. Adm. Code § 1110.1430(g) which requires a dialysis facility to have a minimum of eight stations in an MSA.

Besides the inadequacy of the six-station unit and the fact that it would not meet IHFSRB rules, there is not enough volume (current or projected patients) to justify the need for 11 additional stations at the relocated facility (see alternative 5 below). This alternative was rejected as being unworkable.

Alternative #4: Relocate the Existing 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand at a Later Date

Under this alternative, Silver Cross would relocate the 14-station facility to the replacement hospital campus, but delay expansion of the relocated facility until a later date.

The 14-station facility has experienced very high utilization rates for many years as the following data demonstrates:

AS OF DATE	PATIENTS	OCCUPANCY
12/31/06	92	109.5%
12/31/07	87	103.6%
12/31/08	88	104.8%
12/31/09	88	104.8%
02/01/10	86	102.4%

Unfortunately, the current facility has been landlocked at the existing hospital – restricting its current size and without any feasible opportunities for expansion. The hospital did establish two new dialysis facilities off campus (one on the Westside of Joliet and one in Morris), to directly address growing patient demands over the years and to relieve the pressure on this unit. As growth and demand for dialysis services continued, the hospital evaluated other options for adding services over the years. In

fact, Silver Cross Renal Center-West was expanded by 12 stations (CON#05-008), becoming operational in late 2006.

Utilization of the existing 14-station facility justifies the need for additional stations. In fact, the hospital's current patient load justifies the need for 19 stations right now – as confirmed by IHFSRB Staff during the March 2, 2010 meeting when the Review Board approved the hospital's MSB CON (#09-066). Delaying expansion of the 14-station facility once it relocates to the Replacement Hospital campus will not address the high occupancy that is being experienced at this site and would result in access issues for patients that are projected to need services within the next twelve to twenty-four months. Expanding the facility at a later date will only result in higher overall costs of the project due to inflation.

While this option would address some of the operational inefficiencies associated with Alternative 1, it would not address the high utilization at this facility nor would it accommodate the 54 patients that physicians anticipate will need to start dialysis treatment at this site within the next twelve to twenty-four months.

Alternative #5: Relocate the 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand by More than 5 Stations

Under this alternative, Silver Cross would relocate the 14-station facility to the replacement hospital campus and expand the facility by more than 5 stations.

The hospital carefully evaluated the facility's historical demand, projected need for dialysis services (pre-ESRD patients) and estimated loss of patients from treatment (due to transplants, recovery of function, moves out of the area or death) to determine the most appropriate size of the proposed dialysis facility. The following table summarizes the methodology utilized to size the proposed project and to ensure that both Silver Cross dialysis facilities located within the target area are operating at the State required target utilization rate:

MEASURE	SILVER CROSS RENAL CENTER - EAST (Proposed Relocated & Expanded Facility)	SILVER CROSS RENAL CENTER - WEST
Current Stations	14	29
Current Patients (as of 02/01/10)	86	156
Projected Patient Loss (transplant, recovery of function, move out of area, death)	-28	-52
Patients Reassigned to West (from Silver Cross Renal Center-East)	-18	18
Projected Patients Referrals (pre-ESRD from physician referral letters)	54	18
Projected Total Patients (2014) (operating at 80% occupancy)	94	140
Projected Station Need (projected total patients/80% occupancy/6 patients per station)	19.58	29.17
Proposed Stations (proposed for East/current for West)	19	29
Total Available Capacity (based on proposed stations for East/current stations for West)	114	174

Projected Occupancy (2014) (projected total patients / total capacity)	82.5%	80.5%
---	-------	-------

This alternative was rejected because hospital calculations indicate that there is a need for five additional stations at the proposed relocated and expanded facility. Projected patient volumes would not support the need for more than five additional stations.

Alternative #6: Relocate the Existing 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand by 5 Stations

As was just mentioned under Alternative 5 – the hospital carefully evaluated the need for stations and demonstrated that 19 stations (14 stations from the relocated facility plus 5 additional stations) would be the most appropriate size for the proposed facility.

This alternative would adequately address the historically high utilization at the existing 14-station facility and would provide additional capacity to address growing demands for dialysis services as indicated by physician referral letters.

This alternative would address patient access to the location of the proposed facility. The Replacement Hospital campus is conveniently located near two major interstates (I-80 and I-355) and major State routes (Rt. 6 and Rt. 7) and will provide improved access for the dialysis center’s existing and proposed patients. The majority of current patients (60%) use a personal automobile to get back and forth to the facility for their treatments now. The breakdown of transportation modes that are used by Silver Cross Renal Center-East patients now is:

- Private automobile (self or family/friend) – 60%
- Medicar/service car (vans equipped to handle wheelchairs) – 15%
- Taxi or other private pay transportation (majority are public aid-funded) – 15%
- Ambulance – 5%
- Public transportation (Pace city, senior or paratransit bus / local township bus) – 5%

It is anticipated that the transportation modes used by future patients will follow this same pattern. And, as mentioned in Silver Cross’ Replacement Hospital CON application (#07-148) and through its quarterly reports to the Illinois Health Facilities & Services Review Board, plans for public transportation to the new site are well underway and Pace has already established bus routes to the new campus.

This alternative would not negatively impact any other area dialysis provider in the area as it specifically addresses only the hospital’s existing and projected dialysis patients. Facility impact statements included at ATTACHMENT-9 indicate that other facilities would not be negatively impacted by the proposed facility. Physician referral letters attached at ATTACHMENT-20 verify that no patients would be transferred from other facilities.

This alternative also provides benefits of having dialysis services located on the Replacement Hospital campus in New Lenox at a single facility – providing improved access for patients and physicians as well as generating significant operational efficiencies on behalf of the hospital.

ALTERNATIVE	PROs	CONs
Alternative 1 – Keep 14-Station Facility (Silver Cross Renal Center-East) on Existing Campus and Expand Silver Cross Renal Center-West	<ul style="list-style-type: none"> • \$0 immediate capital costs 	<ul style="list-style-type: none"> • Does not address historical high utilization or projected patients • No space to expand Silver Cross Renal Center-West facility • Additional operating costs (facility operating and maintenance, management oversight) • Unknown future uses of existing campus • Potential future costs associated with relocating facility on existing campus
Alternative 2 – Discontinue the Existing 14-Station Facility (Silver Cross Renal Center-East) and Use Other Providers	<ul style="list-style-type: none"> • Eliminates operating expenses at this site 	<ul style="list-style-type: none"> • Does not address historical high utilization or projected station need • Not enough capacity in target area to accommodate current and projected patients • Access issues for patients and physicians (longer commutes, additional sites for physicians)
Alternative 3 – Downsize Silver Cross Renal Center-East to 6 Stations at the Existing Location, Relocate Remaining 8 Stations and Add 11 Stations at the Replacement Hospital Campus in New Lenox	<ul style="list-style-type: none"> • Addresses historical high utilization of current facility • Adds capacity – improving access to stations 	<ul style="list-style-type: none"> • Remaining facility not sized according to State Board rules • Size of remaining facility not efficient in terms of staffing and operational costs • Higher overall costs (capital and operating costs) (more stations, more staff, management oversight of two instead of one site) • Not enough projected need to justify 11 additional stations
Alternative 4 – Relocate the Existing 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand at a Later Date	<ul style="list-style-type: none"> • No additional operating costs • Immediate access to other hospital-based services and physicians on one campus 	<ul style="list-style-type: none"> • Does not address historical high utilization or projected station need • Higher future costs associated with delayed expansion of relocated facility • No additional space to expand Silver Cross Renal Center-West to accommodate projected patients
Alternative 5 – Relocate the 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand by More than 5 Stations	<ul style="list-style-type: none"> • Addresses historical high utilization and projected station need • Adds capacity – improving access to stations 	<ul style="list-style-type: none"> • Not enough current and projected patients to justify more than 5 stations • Higher capital costs associated with a bigger facility and more stations
Alternative 6 – Relocate the 14-Station Facility (Silver Cross Renal Center-East) to the Replacement Hospital Campus in New Lenox and Expand by 5 Stations	<ul style="list-style-type: none"> • Addresses historical high utilization • Adds capacity – improving access to stations • Better access to site (transportation) • No impact on other area providers • Immediate access to other hospital-based services and physicians on Replacement Hospital campus 	<ul style="list-style-type: none"> • Capital costs associated with the relocation and expansion

Section IV

Attachment 13

Project Scope and Size, Utilization and Unfinished/Shell Space

Size of Project

The proposed project entails the relocation of a 14-station Silver Cross Renal Center-East and an expansion of five stations on the hospital's New Lenox campus. The proposed unit will be located in the Silver Cross Medical Services Building (CON #09-066) in 8,685 designated departmental gross square feet.

Number of Stations	Proposed Department GSF	Proposed DGSF/Station	IHF&SRB Standard
19	8,685	457 dgsf/station	360-520 dgsf/station

The size of the proposed facility falls within State standard range of 360-520 departmental gross square feet per station.

A floor plan of the proposed space is included (ATTACHMENT-13).

Project Services Utilization

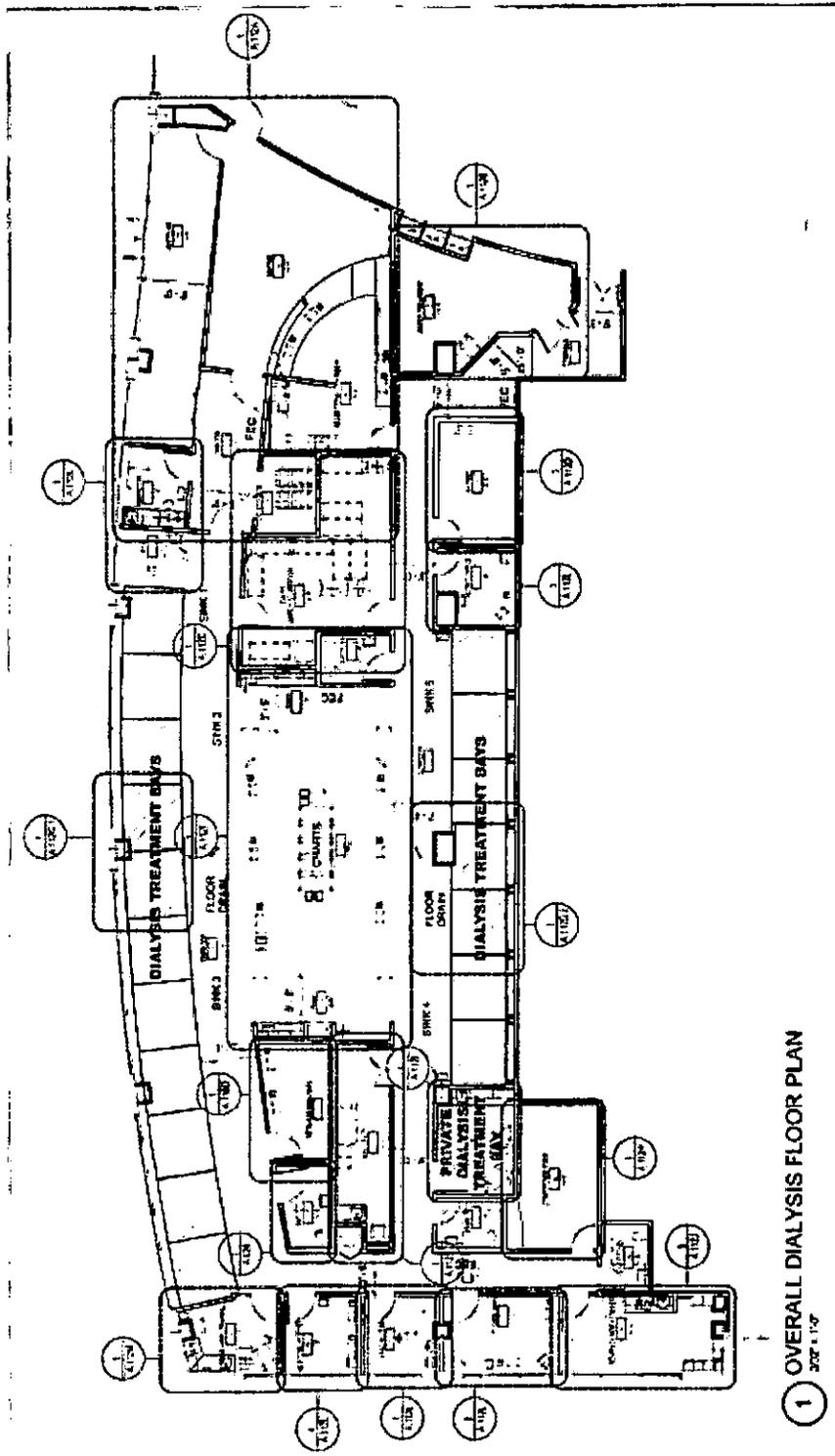
Silver Cross' dialysis unit on the Joliet campus has experienced a very strong demand for dialysis services and has exceeded the State Norms for many years. The chart below summarizes the historical usage of the existing 14-station dialysis facility and the patients projected for 2014.

YEAR	12/31/2008 (ACTUAL)	12/31/2009 (ACTUAL)	2014 (PROJECTED)
Number of Stations	14	14	19
Number of Patients	88	88	94
Percent Occupancy	104.8%	104.8%	82.5%
Section 1110 Norms	80% Occupancy (based on 3 shifts per day/6 days a week)		
Rooms Justified	18.33	18.33	19.58
Capacity	Meets State Norm	Meets State Norm	Meets State Norm

In 2014, it is projected that the facility will have 94 patients. Based on the State Norm of 80% occupancy (based on 3 shifts per day and 6 days per week), the hospital can justify 19.58 stations (or 20 stations with rounding). The hospital readily justifies the need for the proposed 19 stations and is expected to be operating at 82.5% utilization (above the State Norm of 80%).

Unfinished or Shell Space

The proposed project will not include any unfinished or shell space. This criterion is not applicable.



Section VII
Attachment 19
Category of Service Review Criteria

A) PLANNING AREA NEED – FORMULA NEED CALCULATION

Category of Service	No. of Beds/Stations/Key Rooms Proposed	IHFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
In-Center Hemodialysis	5	63 Excess*	80%

** Based on the 01/18/2010 Addendum to Inventory of Health Care Facilities. The Board has approved an amendment to 1100.630 - the formula for calculating dialysis station need in the planning area. The current rule indicates that the target utilization rate is 80%, but uses a formula resulting in a 100% utilization rate. The Board approved amendments to the rule to make the formula compatible with the target utilization rate. The proposed amendment is pending before JCAR. Should the amendment pass, HSA 9 would have an excess of 41 stations based on a five-year projection (see the last page of this section with the revised need/excess by HSA and for HSA 9).*

Silver Cross Hospital's existing 14-station facility is included in the calculation of HFPB Inventory Need or Excess above. While the IHFSRB inventory indicates that there are either 63 excess dialysis stations (as indicated in the table above) or 41 excess dialysis stations per the revised methodology, Silver Cross Hospital can demonstrate need for the 5 additional stations that are being requested as part of this project.

The most recent data for the Silver Cross Hospital Dialysis (as of 02/01/10) indicates that the 14-station facility is currently operating at a 102.4% occupancy rate –well above the State's target rate of 80%. In fact, this facility has been operating above the State's target occupancy rate for many, many years:

AS OF DATE	PATIENTS	OCCUPANCY
12/31/06	92	109.5%
12/31/07	87	103.6%
12/31/08	88	104.8%
12/31/09	88	104.8%
02/01/10	86	102.4%

Source: 2006 – 2009 data from the Renal Network, 02/01/10 data from Hospital records

Based on the facility's current patient volumes alone (86 patients as of 02/01/10), the facility can justify the need for 19 stations now:

- 86 patients divided by 3 shifts per week divided by 2 cycles per week = 14.3 stations (or 15 stations with rounding) operating at 100% occupancy
- 15 stations operating at 80% occupancy =18.75 stations (or 19 stations with rounding)

Additionally, IHFSRB Staff also confirmed that the hospital's current patient load justifies 19 stations through statements made during the hospital's MSB CON Board Review on March 2, 2010.

Based on current patient volume alone, it is expected that the relocated and expanded facility will meet target occupancy rates within State mandated time frames.

5-year projection using 80% Utilization (750 Divisor)

Planning Area	Number of Facilities	2005 Population Estimates	2010 Population Projections	Percent Change Population	2005 Institutional Patients	2010 Projected Institutional Patients	2010 Projected Institutional Procedures	2010 Projected Station Need	Existing Stations	Additional Stations Needed	Excess Stations
HSA 1	9	669,100	697,000	4.17%	465	644	100,464	134	131	3	
HSA 2	10	670,900	698,900	4.17%	516	715	111,540	149	143	6	
HSA 3	12	580,100	601,200	3.64%	494	681	106,236	142	143		1
HSA 4	10	811,400	838,750	3.37%	571	785	122,460	163	156	7	
HSA 5	14	627,300	649,200	3.49%	497	684	106,704	142	171		29
HSA 6	45	2,884,800	2,921,750	1.28%	3,859	5,198	810,888	1,081	963	118	
HSA 7	49	3,348,500	3,456,000	3.21%	3,736	5,128	799,968	1,067	986	81	
HSA 8	17	1,500,000	1,622,250	8.15%	985	1,417	221,052	295	250	45	
HSA 9	13	866,200	953,550	10.08%	530	776	121,056	161	192		31
HSA 10	6	215,300	219,000	1.72%	200	271	42,276	56	73		17
HSA 11	8	590,300	598,800	1.44%	550	742	115,752	154	151	3	
STATE	193	12,763,900	13,256,400	3.86%	12,403	17,041	2,658,396	3,544	3,359	263	78
TOTAL											

REVISED HSA 9 PROJECTED NEED - BASED ON THE 01/18/10 ADDENDUM TO INVENTORY OF HEALTH CARE FACILITIES

HSA 9	15	866,200	953,550	10.08%	530	776	121,056	161	192		31
Bolingbrook Facility - station changes											
Willowbrook Facility - station changes											
Fresenius Lockport - new facility											
Revised Totals	15	866,200	953,550	10.08%	530	776	121,056	161	203		42

Source: Illinois Health Facilities & Services Review Board, 02/11/2010

Section VII
Attachment 19
Category of Service Review Criteria

B. PLANNING AREA NEED – SERVICE TO PLANNING AREA RESIDENTS

The proposed project will be located in HSA 9 – Grundy, Kankakee, Kendall and Will Counties. The primary purpose of the proposed relocated and expanded dialysis facility will be to provide dialysis services to the residents of HSA 9. The number of patients by zip code that are projected will use the proposed facility is summarized below (the table does not include 28 patients expected to leave treatment):

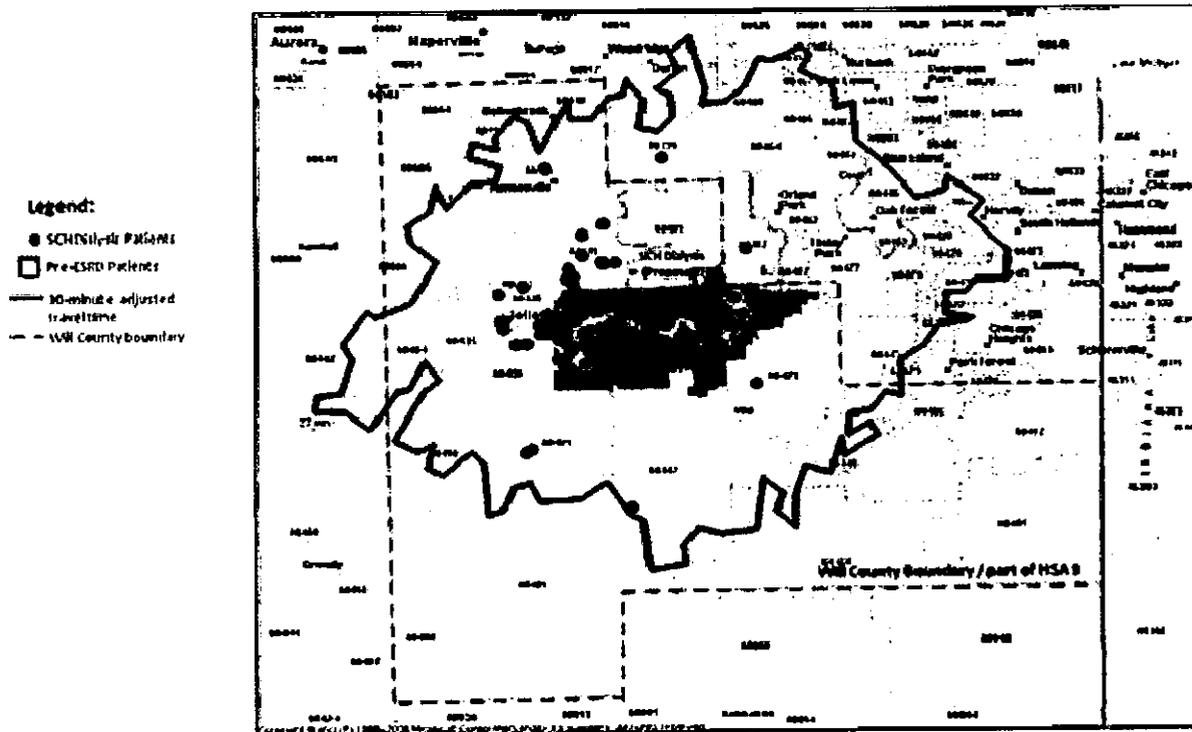
**SILVER CROSS RENAL CENTER-EAST
DIALYSIS PATIENT ORIGIN**

ZIP CODE	COUNTY	PATIENTS (Remaining after Reassignment)	PRE-ESRD PATIENTS (Physician Referrals)	TOTAL PATIENTS	PCT TO TOTAL
60403	Will				0.0%
60421	Will				0.0%
60423	Will	1	4	5	4.1%
60431	Will				0.0%
60432	Will	20	10	30	24.6%
60433	Will	21	9	30	24.6%
60434	Will	1		1	0.8%
60435	Will				0.0%
60436	Will				0.0%
60439	Cook	2	4	6	4.9%
60441	Will	11	5	16	13.1%
60442	Will	1		1	0.8%
60445	Cook		1	1	0.8%
60446	Will				0.0%
60448	Will	2	8	10	8.2%
60451	Will	8	10	18	14.8%
60452	Cook		1	1	0.8%
60467	Cook	1	1	2	1.6%
60481	Will				0.0%
60491	Will		1	1	0.8%
Grand Total		68	54	122	
HSA9	Will-Subtotal	65	47	112	91.8%
Other Planning Area	Cook-Subtotal	3	7	10	8.2%

Source: Silver Cross Hospital records and physician referral letters. It is projected that 18 patients will transfer from Silver Cross Renal Center-East to Silver Cross Renal Center-West.

The following map indicates where current patients and pre-ESRD patients reside in relation to Will County borders (just one of the four counties that make up HSA 9) and relative to the 30-minute normal travel time boundary:

Service to Planning Area Residents – Existing and Pre-ESRD Patients



This data validates that 92% (or more than 50% as required per Section 1110.1430(b)(2)) of the patients that will be using the proposed facility are residents of the planning area.

This project also involves the expansion of the dialysis facility by 5 stations. Projected referrals (pre-ESRD patients) are included in the table and represented on the map above. This data validates that 87.0% of the proposed referrals (or more than 50% as required per Section 1110.1430(b)(2)) to the proposed facility are residents of the planning area.

Letters of support from physicians and from several ESRD patients that are currently in treatment at the existing Joliet dialysis facility are attached at ATTACHMENT-19.

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550



1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 9, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

I am the Medical Director for the Dialysis program at Silver Cross Hospital. I am writing to express support for the proposed project to relocate the 14-station Silver Cross Renal Center-East facility to New Lenox and add five stations.

I have been a member of Silver Cross Hospital's Medical Staff since 2001 when I joined Northeast Nephrology Consultants which was a 3-physician practice at that time. Since then, the demand for dialysis services in this area has continued to grow. To keep up with this growth, we now have five physicians in our group.

The hospital has expanded services to accommodate growth in patient demand. The hospital's Westside facility (Silver Cross Renal Center-West) was expanded by 12 stations recently. But, the additional capacity gained through that expansion was quickly absorbed by our patients. That facility is now approaching 90% occupancy – well above the State's target utilization level of 80%. While it would be very timely to expand that facility again – there is no additional space available in that building.

Silver Cross Renal Center-East has also been operating well above State target utilization levels. Unfortunately, that facility has been landlocked at its current location and expansion opportunities have been severely restricted. It wasn't until Silver Cross received approval to relocate the hospital to New Lenox in 2008, that a practical solution for expanding this dialysis unit became possible. Relocating Silver Cross Renal Center-East to the replacement hospital campus in New Lenox will have better access for our patients. Travel to and from the facility will improve. Patients will be able to access all other hospital-based inpatient and outpatient services at one campus and our offices – much like they can now. Adding five stations will give us needed capacity for both current and projected patients.

I urge members of the Illinois Health Facilities & Services Review Board to approve the proposed project to relocate and expand dialysis services on the hospital's New Lenox campus.

Sincerely,

Preeti Nagarkatte, M.D.
Nephrologist

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550

1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.



March 9, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

I am writing to voice my support for Silver Cross Hospital's proposed project to relocate their existing 14-station Silver Cross Renal Center-East facility to the New Lenox campus and add five stations. The new 19-station facility is needed to address continued demand for dialysis services in this area.

Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for me and my patients. The dialysis facility located at the hospital in Joliet has surpassed its current capacity and has no room to expand. I have significant concerns about our facility if it were to remain behind at the existing campus. There are just too many unknowns about what will happen to the vacated buildings after the hospital moves. Most importantly, we wouldn't have an opportunity to expand the present facility until 2012 after the hospital relocates. And, delaying an expansion until then will not address the needs we have right now.

I strongly urge the Illinois Health Facilities & Services Review Board to approve the proposed project. The relocated and expanded dialysis facility will benefit not only my current patients but the patients I anticipate will require ESRD services in the next two years.

Sincerely,

Teresa Kravets, M.D.
Nephrologist

March 12, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson St, 2nd Floor
Springfield, IL 62761

Dear Sir/Madam:

My name is James Ciulli and I'm currently a patient that is in treatment at the Silver Cross Center East at the hospital's Joliet campus. I am writing to express my support for moving this facility to the New Lenox campus. Adding more stations would be a definite benefit.

I have been receiving dialysis treatments here for the past year and a half. The new facility would be a benefit because of its New Lenox location which is easier to get to. The location in the new building will make it much easier to access and will have the same staff and physicians that currently care for me and I couldn't ask for anything better. The care I receive is of the highest quality.

Please approve the Silver Cross Renal Center East relocation and expansion. Thank you for your time and consideration.

Sincerely,
James Ciulli

March 4,2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

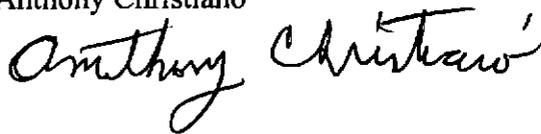
To whom it may concern,

My name is Anthony Christiano and I'm currently a patient that is in treatment at Silver Cross Renal Center-East at the hospital's Joliet campus. I am writing today to tell you I am in support of moving this facility to the New Lenox campus.

I feel like there isn't enough space between stations and know in the new facility there would be more room. It would be nice to have more stations so that there is better times to chose from for my treatment. It would also be nice not to have to walk through long hallways and take elevators as I'm pretty tired right after my treatment. I'm looking forward to a nice new and fresh center.

Sincerely,

Anthony Christiano

A handwritten signature in cursive script that reads "Anthony Christiano". The signature is written in black ink and is positioned below the printed name.

March 5, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

My name is Norman Keck, for the past 3 ½ years I have been a dialysis patient at the Silver Cross Renal Center - East.

I am so pleased with the new renal facility and location soon to be under construction in New Lenox.

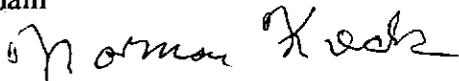
The 1st floor location, increase in size of the center, plus more stations will be even better and greater for both the patients and staff.

The improved parking will be a great convenience to both the patients and staff.

Please approve the Silver Cross Renal Center-East relocation and expansion. Thank you for your time and consideration.

Norman Keck
1709 Sunrise Lane
Joliet, Il. 60433

I remain



Section VII

Attachment 20

Category of Service Review Criteria

C) SERVICE DEMAND – ESTABLISHMENT OF CATEGORY OF SERVICE

1) Historical Referrals -

Historical data by year, patient origin, facility/location and physician/specialty are summarized in the following table. Data are for in-center hemodialysis services only.

PHYSICIAN NAME	PHYSICIAN SPECIALTY	PATIENT ORIGIN (Zip Code)	SILVER CROSS RENAL CENTER-EAST (60432)		SILVER CROSS RENAL CENTER-MORRIS (60450)		SILVER CROSS RENAL CENTER-WEST (60431)		TOTAL ALL FACILITIES	
			CY08	CY09	CY08	CY09	CY08	CY09	CY08	CY09
AHMED, NAILA	NEPHROLOGY	60403	1	1			2	4	3	5
		60404					2	3	2	3
		60410					1		1	0
		60421					1		1	0
		60431	1	1					1	1
		60432	3	4			3	2	6	6
		60433	3	2			2		5	2
		60434					1		1	0
		60435					12	8	12	8
		60436					1	3	1	3
		60440						1	0	1
		60441	1	1				1	1	2
		60446	1	1			1		2	1
		60451	4	4			1		5	4
		60544					2	2	2	2
60586					2	1	2	1		
60803					1		1	0		
ALAUSA, TUNJI	NEPHROLOGY	60403					2	3	2	3
		60404					1	0	1	
		60431					4	1	4	1
		60432	2	2			5	6	7	8
		60433						1	0	1
		60435					2	2	2	2
		60436		1			4	4	4	5
		60440					1	1	1	1
		60441					1	1	1	1
		60446					1	1	1	1
		60448					1		1	0
		60451	2	3					2	3
		60467		1					0	1
60481						1	0	1		
60586						2	0	2		
CHAWLA, BHUVAN	NEPHROLOGY	60436				1	1	1	1	
GURFINCHEL, AARON	NEPHROLOGY	60432		2				0	2	
		60433		3				0	3	
		60435					1	0	1	
		60436					1	0	1	
		60441		1				0	1	
60448		2				0	2			
KATHPALIA, SATISH	NEPHROLOGY	60421	2	2				2	2	
		60423	1	1				1	1	
		60432	1					1	0	
		60433	3	3			1		4	3

PHYSICIAN NAME	PHYSICIAN SPECIALTY	PATIENT ORIGIN (Zip Code)	SILVER CROSS RENAL CENTER-EAST (60432)		SILVER CROSS RENAL CENTER-MORRIS (60450)		SILVER CROSS RENAL CENTER-WEST (60431)		TOTAL ALL FACILITIES	
			CY08	CY09	CY08	CY09	CY08	CY09	CY08	CY09
		60435					3		3	0
		60436	2	2					2	2
		60441	3	2			1		4	2
		60446					1		1	0
		60451	1						1	0
		60481			1				1	0
KRAVETS,TERESA	NEPHROLOGY	60403					2	2	2	2
		60408			2	2			2	2
		60410			1	1			1	1
		60416			2	1			2	1
		60420			1	2			1	2
		60421		1	1	1	2		3	2
		60423	1						1	0
		60431					4	3	4	3
		60432	7	6			1	3	8	9
		60433	6	6			3	5	9	11
		60434	1	1					1	1
		60435	2	1			9	12	11	13
		60436	5	3			4	2	9	5
		60439		1					0	1
		60441	4	1				2	4	3
		60442					1	1	1	1
		60446	1				2	4	3	4
		60447			1	1			1	1
		60448	2	1					2	1
		60450			5	4			5	4
		60451	1	1					1	1
		60474				1			0	1
		60477	1						1	0
		60481				1			0	1
		60544					2	2	2	2
		60586					2	3	2	3
		60658					1		1	0
		60920			1			1	1	1
		61341			1	1			1	1
		61350							0	0
		61364							0	0
MCFADDEN,DAVID	NEPHROLOGY	60410					1	1	1	1
		60432	4	5					4	5
		60433	2	3			3	6	5	9
		60434					1		1	0
		60435					6		6	0
		60436	1				4	4	5	4
		60441		3			3	1	3	4
		60448	1						1	0
		60450			2	2			2	2
		60451	2	1					2	1
		60474			1				1	0
		60586					1		1	0
MEHTA,SANDEEP	NEPHROLOGY	60433						1	0	1
		60435						1	0	1
		60436						1	0	1
		60441		1					0	1
NAGARKATTE,PREETI	NEPHROLOGY	60403					2	2	2	2
		60407						1	0	1
		60408					1		1	0
		60416			1	1			1	1
		60419						1	0	1

PHYSICIAN NAME	PHYSICIAN SPECIALTY	PATIENT ORIGIN (Zip Code)	SILVER CROSS RENAL CENTER-EAST (60432)		SILVER CROSS RENAL CENTER-MORRIS (60450)		SILVER CROSS RENAL CENTER-WEST (60431)		TOTAL ALL FACILITIES	
			CY08	CY09	CY08	CY09	CY08	CY09	CY08	CY09
		60421					2	3	2	3
		60431					1	2	1	2
		60432	4	3			1	1	5	4
		60433	3	3			2	4	5	7
		60435	2	2			4	11	6	13
		60436	2	2			1	2	3	4
		60440					2	1	2	1
		60441	2	2			1	2	3	4
		60442	1	1					1	1
		60446		1			3	2	3	3
		60448		1			1	1	1	2
		60451	1						1	0
		60481					1	1	1	1
		60544						3	0	3
		60586					2	2	2	2
		60803						1	0	1
		61341			1	1			1	1
SHAFI,MOHAMMAD	NEPHROLOGY	60404					1		1	0
		60432					1	2	1	2
		60433	1	1			2		3	1
		60435					2	1	2	1
		60440						1	0	1
		60442						1	0	1
		60481				1	1		1	1
		60544						1	0	1
TOTALS			88	90	21	20	143	153	252	263

2) Projected Referrals –

Signed and notarized physician referral letters are attached at ATTACHMENT-20 for Drs. Ahmed, Gurfinkel, Kravets, Mehta and Nagarkatte (Northeast Nephrology Consultants). Those physician referral letters detail the following:

- total number of patients (by facility and zip code) that received care at existing facilities in the area for the most recent three years (calendar years) as well as the end of the most recent quarter (12/31/09)
- the count of new patients by facility and zip code that the physician referred for in-center hemodialysis in calendar year 2009
- an estimated number of patients (pre-ESRD only) by initials and zip code that will be referred for dialysis treatment within the next twenty-four months, including the Silver Cross dialysis center that will most likely be used by the patient
- an estimated number of existing patients who are not expected to continue requiring in-center hemodialysis services due to a change in health state

According to Ill. Adm. Code § 1110.1430 (b)(3)(B)(iii), the anticipated number of referrals cannot exceed the physician's historical caseload. Referral letters for two physicians (Drs. Gurfinkel and Mehta) included in ATTACHMENT-20, indicate that their projected referrals exceed their historical case loads.

ATTACHMENT 20

Dr. Gurfinkel's letter states that he referred 10 patients in 2009 and that he anticipates referring 15 pre-ESRD patients over the next two years to the proposed facility. Dr. Mehta's letter states that he referred 4 patients in 2009 and that he anticipates referring 9 pre-ESRD patients over the next two years to the proposed facility.

These two physicians are brand new to the community – having joined Silver Cross Hospital's Medical Staff just six months ago (August 2009). These two physicians also are the newest partners of Northeast Nephrology Consultants – an existing three-member group that also recently lost their founding physician leader –Dr. Satish Kathpalia – to a debilitating illness. (Dr. Kathpalia also served as the Medical Director for Silver Cross dialysis services for many, many years.) The two newest physicians were recruited to help this thriving group practice address increasing patient demand. While the referrals for the two newest physicians exceed their historical case load right now, it is anticipated that their referral volumes for in-center hemodialysis will increase quickly as they continue to absorb some of the practice's existing and growing patient load and provide coverage for patients once seen by Dr. Kathpalia.

According to the physician referral letters, Northeast Nephrology Consultants had historical referral volumes as follows:

FACILITY	EXISTING PATIENTS				NEW PATIENTS (starting treatment)
	2007	2008	2009	Qtr 4 09	2009
NORTHEAST NEPHROLOGY CONSULTANTS					
SILVER CROSS RENAL CENTER-EAST	71	73	70	70	15
SILVER CROSS RENAL CENTER-WEST	88	95	110	110	42
SILVER CROSS RENAL CENTER-MORRIS	15	18	17	17	1
TOTAL	174	186	197	197	58

Source: data includes cases for Drs. Ahmed, Gurfinkel, Kathpalia, Kravets, Mehta and Nagarkatte

Drs. Ahmed, Gurfinkel, Kravets, Mehta and Nagarkatte have identified a total of 73 patients that will need dialysis treatment in the next twelve to twenty-four months. These projected patient referrals are pre-ESRD patients only (no patients will be transferred from other area facilities). These projected referrals (or pre-ESRD patients) were identified by their initials and residence zip code (included with the physician referral letters attached at ATTACHMENT-20). It is anticipated that 54 of these pre-ESRD patients will be using the proposed relocated and expanded facility – the remaining 19 will be using other Silver Cross dialysis facilities located on the Westside of Joliet and in Morris. Data for these pre-ESRD patients is summarized in the table below:

PROJECTED PATIENTS BY SITE

PATIENT ZIP CODE	SILVER CROSS RENAL CENTER-EAST	SILVER CROSS-RENAL CENTER-MORRIS	SILVER CROSS RENAL CENTER-WEST	TOTAL
60423	4			4
60431			1	1
60432	10			10
60433	9			9
60435			3	3
60436			3	3
60439	4			4
60441	5		6	11
60442			3	3
60444		1		1
60445	1			1
60448	8			8
60451	10			10
60452	1			1
60467	1			1
60481			1	1
60491	1			1
60534			1	1
Grand Total	54	1	18	73

The hospital carefully evaluated the facility's historical demand, projected need for dialysis services (pre-ESRD patients) and estimated loss of patients from treatment (due to transplants, recovery of function, moves out of the area or death) to determine the most appropriate size of the proposed dialysis facility. The following table summarizes the methodology utilized to size the proposed project and to ensure that both Silver Cross dialysis facilities located within the target area are operating (and continue operating) at the State required target utilization rate:

MEASURE	SILVER CROSS RENAL CENTER - EAST (Proposed Relocated & Expanded Facility)	SILVER CROSS RENAL CENTER - WEST
Current Stations	14	29
Current Patients (as of 02/01/10)	86	156
Projected Patient Loss (transplant, recovery of function, move out of area, death)	-28	-52
Patients Reassigned to West (from Silver Cross Renal Center-East)	-18	18
Projected Patients Referrals (pre-ESRD from physician referral letters)	54	18
Projected Total Patients (2014) (operating at 80% occupancy)	94	140
Projected Station Need (projected total patients/80% occupancy/6 patients per station)	19.58	29.17

MEASURE	SILVER CROSS RENAL CENTER - EAST (Proposed Relocated & Expanded Facility)	SILVER CROSS RENAL CENTER - WEST
Proposed Stations (proposed for East/current for West)	19	29
Total Available Capacity (based on proposed stations for East/current stations for West)	114	174
Projected Occupancy (2014) (projected total patients / total capacity)	82.5%	80.5%

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550

1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.



March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

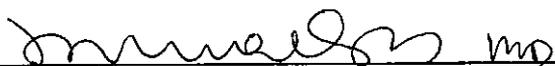
I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I referred 79 patients in 2008 and 77 patients in 2009 for in-center hemodialysis patients to Silver Cross facilities in the area as per the attached table. During 2009, I referred 18 new patients. I anticipate that 7 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or other reasons. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 11 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and all of those patients will be referred to the proposed facility. In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

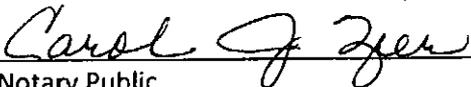
I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

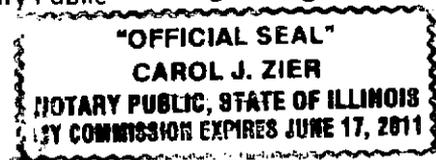


Teresa Kravets, M.D.
Nephrologist

Subscribed and sworn before me
this 4th day of March, 2010.



Notary Public



HISTORICAL REFERRALS: Teresa Kravets, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting Treatment)	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
KRAVETS,TERESA	NEPHROLOGY	RENAL EAST	60421			1	1		
			60423		1				
			60432	8	7	6	6		
			60433	7	6	6	6	1	
			60434	1	1	1	1		
			60435	3	2	1	1		
			60436	4	5	3	3		
			60439			1	1	1	
			60441	5	4	1	1		
			60442					1	
			60446	1	1				
			60448	1	2	1	1		
			60451	1	1	1	1		
			60477	1	1				
		RENAL MORRIS	60407	1					
			60408	2	2	2	2		
			60410	1	1	1	1		
			60416	1	2	1	1		
			60420		1	2	2		
			60421	1	1	1	1		
			60447		1	1	1		
			60450	2	5	4	4	1	
			60451	1					
			60474			1	1		
			60481			1	1		
			60920	1	1				
			61341		1	1	1		
			61350	1					
			61364	1					
		RENAL WEST	60403	4	2	2	2	1	
			60410					1	
			60421	1	2				
			60431	3	4	3	3		
			60432		1	3	3	2	
			60433	1	3	5	5		
			60435	7	9	12	12	3	
			60436	7	4	2	2		
			60441			2	2	1	
			60442	1	1	1	1	1	
			60446	2	2	4	4	1	
			60448	1					
			60451	1				1	

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
			60481					1	
			60544	1	2				
			60544			2	2	1	
			60586		2	3	3		
			60658	1	1				
			60920			1	1		
			62960					1	
TOTAL PATIENTS				74	79	77	77	18	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				32	31	22	22	3	7

PROJECTED REFERRALS (Pre-ESRD Patients): Teresa Kravets, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Kravets	Nephrologist	None from other facilities			NR	60423	SCH - East
Kravets	Nephrologist				EG	60423	SCH - East
Kravets	Nephrologist				EV	60423	SCH - East
Kravets	Nephrologist				ED	60448	SCH - East
Kravets	Nephrologist				RW	60448	SCH - East
Kravets	Nephrologist				KE	60451	SCH - East
Kravets	Nephrologist				AK	60448	SCH - East
Kravets	Nephrologist				DS	60451	SCH - East
Kravets	Nephrologist				LY	60451	SCH - East
Kravets	Nephrologist				KE	60448	SCH - East
Kravets	Nephrologist				SM	60451	SCH - East

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550



1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I referred 41 patients in 2008 and 57 patients in 2009 for in-center hemodialysis patients to Silver Cross facilities in the area as per the attached table. During 2009, I referred 14 new patients. I anticipate that 5 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or other reasons. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 21 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 12 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

Preeti Nagarkatte, M.D.
Nephrologist

Subscribed and sworn before me
this 12th day of March, 2010.

Notary Public



HISTORICAL REFERRALS: Preeti Nagarkatte, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
NAGARKATTE,PREETI	NEPHROLOGY	RENAL EAST	60432	2	4	3	3		
			60433	1	3	3	3		
			60435	2	2	2	2		
			60436	1	2	2	2		
			60441	2	2	2	2		
			60442	2	1	1	1		
			60446			1	1	1	
			60448			1	1	1	
			60451	2	1			1	
		RENAL MORRIS	60416	1	1	1	1		
			61341	1	1	1	1		
		RENAL WEST	60403	2	2	2	2		
			60407			1	1	1	
			60408		1				
			60419			1	1		
			60421	2	2	3	3		
			60431	2	1	2	2	2	
			60432		1	1	1	1	
			60433	3	2	4	4		
			60434	1					
			60435	3	4	11	11	2	
			60436	1	1	2	2	1	
			60440		2	1	1		
			60441	1	1	2	2	1	
			60446	2	3	2	2		
			60448	1	1	1	1		
			60451					1	
			60481		1	1	1	1	
			60503	1					
			60544	1		3	3		
			60586	3	2	2	2	1	
			60803			1	1		
TOTAL PATIENTS				37	41	57	57	14	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				12	15	15	15	3	5

PROJECTED REFERRALS (Pre-ESRD Patients): Preeti Nagarkatte, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Nagarkatte	Nephrologist	None from other facilities			EM	60441	SCH - West
Nagarkatte	Nephrologist				LA	60436	SCH - West
Nagarkatte	Nephrologist				VG	60433	SCH - East
Nagarkatte	Nephrologist				WT	60481	SCH - West
Nagarkatte	Nephrologist				AH	60441	SCH - West
Nagarkatte	Nephrologist				TK	60451	SCH - East
Nagarkatte	Nephrologist				SE	60423	SCH - East
Nagarkatte	Nephrologist				KI	60433	SCH - East
Nagarkatte	Nephrologist				LH	60534	SCH - West
Nagarkatte	Nephrologist				WS	60432	SCH - East
Nagarkatte	Nephrologist				DA	60439	SCH - East
Nagarkatte	Nephrologist				RG	60433	SCH - East
Nagarkatte	Nephrologist				IG	60439	SCH - East
Nagarkatte	Nephrologist				DJ	60441	SCH - West
Nagarkatte	Nephrologist				CA	60439	SCH - East
Nagarkatte	Nephrologist				DF	60491	SCH - East
Nagarkatte	Nephrologist				LL	60432	SCH - East
Nagarkatte	Nephrologist				FB	60441	SCH - West
Nagarkatte	Nephrologist				SE	60451	SCH - East
Nagarkatte	Nephrologist				JB	60444	SCH - Morris
Nagarkatte	Nephrologist				PM	60435	SCH - West

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550



1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinchel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I referred 46 patients in 2008 and 39 patients in 2009 for in-center hemodialysis patients to Silver Cross Hospital facilities in the area as per the attached table. During 2009, I referred 15 new patients. I anticipate that 4 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or for other reasons. The majority of my current patients that use the existing Silver Cross Renal Center-East facility are expected to continue using the new, expanded facility once it relocates to the New Lenox campus.

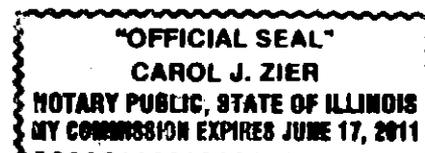
Demand for in-center hemodialysis services is expected to continue growing. I now have 11 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 7 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

Naila Ahmed, M.D.
Nephrologist

Subscribed and sworn before me
this 19th day of March, 2010.

Notary Public

HISTORICAL REFERRALS: Naila Ahmed, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Existing Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
AHMED, NAILA	NEPHROLOGY	RENAL EAST	60403	1	1	1	1		
			60431		1	1	1		
			60432	4	3	4	4		
			60433		3	2	2	1	
			60439	1					
			60441	2	1	1	1	1	
			60446	1	1	1	1		
			60451	5	4	4	4		
		RENAL MORRIS	NO PTS	NO PTS	NO PTS	NO PTS	NO PTS	0	
		RENAL WEST	60403	2	2	4	4	2	
			60404	2	2	3	3	1	
			60410	1	1				
			60421	1	1				
			60432	2	3	2	2	2	
			60433	3	2				
			60434	1	1				
			60435	9	12	8	8	3	
			60436	1	1	3	3	3	
			60440			1	1		
			60441			1	1	1	
			60446	1	1				
			60451		1				
			60516	1					
			60544	2	2	2	2	1	
			60586	2	2	1	1		
			60803		1				
TOTAL PATIENTS				42	46	39	39	15	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				14	14	14	14	2	4

PROJECTED REFERRALS (Pre-ESRD Patients): Naila Ahmed, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Ahmed	Nephrologist	None from other facilities			DS	60442	SCH - West
Ahmed	Nephrologist				RM	60441	SCH - West
Ahmed	Nephrologist				EB	60432	SCH - East
Ahmed	Nephrologist				CS	60435	SCH - West
Ahmed	Nephrologist				DS	60451	SCH - East
Ahmed	Nephrologist				MC	60432	SCH - East
Ahmed	Nephrologist				MB	60432	SCH - East
Ahmed	Nephrologist				DB	60451	SCH - East
Ahmed	Nephrologist				RB	60448	SCH - East
Ahmed	Nephrologist				DD	60442	SCH - West
Ahmed	Nephrologist				HN	60433	SCH - East

Specialty Nephrology Consultants, Ltd. 810 N. Larkin Avenue, Suite 205 Joliet, Illinois 60435 Telephone: (815) 740-1225 1300 Copperfield Avenue, Suite 1030 Joliet, Illinois 60432 Telephone: (815) 740-1225



Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

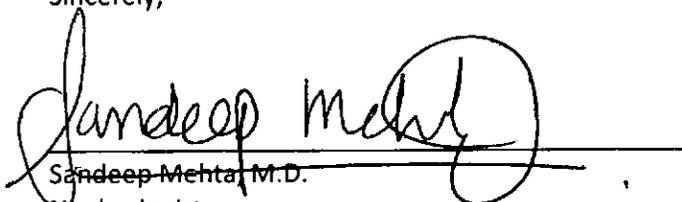
I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I am a new nephrologist in the area –having just joined the Medical Staff of Silver Cross Hospital in August 2009. During my short tenure at the hospital, I referred 4 patients in 2009 for in-center hemodialysis to Silver Cross facilities in the area as per the attached table. Over that short time frame, I referred 3 new patients. I anticipate that none of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

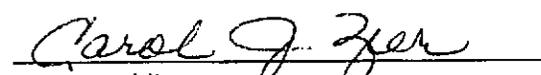
Demand for in-center hemodialysis services is expected to continue growing. I now have 10 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 9 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

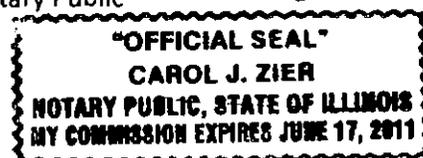
I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,


Sandeep Mehta, M.D.
Nephrologist

Subscribed and sworn before me
this 19th day of March, 2010.


Notary Public



HISTORICAL REFERRALS: Sandeep Mehta, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
MEHTA,SANDEEP	NEPHROLOGY	RENAL EAST	60441	NO PT	NO PT	1	1		
			60432	NO PT	NO PT			1	
		RENAL MORRIS	NO PT	NO PT	NO PT	NO PT	NO PT		
		RENAL WEST	60433	NO PT	NO PT	1	1	1	
			60435	NO PT	NO PT	1	1		
			60436	NO PT	NO PT	1	1		
			60441	NO PT	NO PT			1	
TOTAL PATIENTS				0	0	4	4	3	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				0	0	1	1	1	0

PROJECTED REFERRALS (Pre-ESRD Patients): Sandeep Mehta, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Mehta	Nephrologist	None from other facilities			SA	60441	SCH - West
Mehta	Nephrologist				LR	60467	SCH - East
Mehta	Nephrologist				MC	60433	SCH - East
Mehta	Nephrologist				SR	60451	SCH - East
Mehta	Nephrologist				CM	60452	SCH - East
Mehta	Nephrologist				FD	60448	SCH - East
Mehta	Nephrologist				FN	60433	SCH - East
Mehta	Nephrologist				VM	60433	SCH - East
Mehta	Nephrologist				RW	60439	SCH - East
Mehta	Nephrologist				LS	60445	SCH - East

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550



1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 2, 2009

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

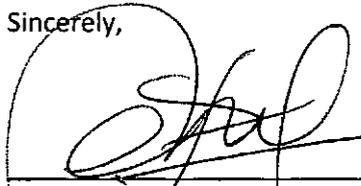
I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I am a new nephrologist in the area –having just joined the Medical Staff of Silver Cross Hospital in August 2009. During my short tenure at the hospital in 2009, I referred 10 patients for in-center hemodialysis to Silver Cross facilities in the area as per the attached table. Over that short time frame, I referred 8 new patients. I anticipate that 3 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or other reasons. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 20 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 15 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

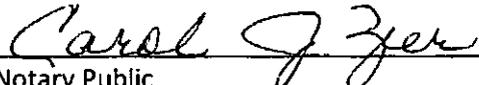
I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

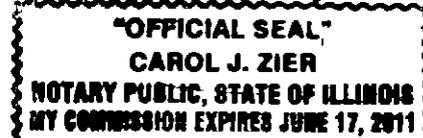


Aaron Gurfinkel, M.D.
Nephrologist

Subscribed and sworn before me
this 19th day of March, 2010.



Notary Public



HISTORICAL REFERRALS: Aaron Gurfinchel, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
GURFINCHEL, AARON	NEPHROLOGY	RENAL EAST	60432	NO PT	NO PT	2	2	1	
			60433	NO PT	NO PT	3	3	3	
			60441	NO PT	NO PT	1	1	1	
			60448	NO PT	NO PT	2	2	1	
		RENAL MORRIS	NO PT	NO PT	NO PT	NO PT	NO PT		
		RENAL WEST	60404	NO PT	NO PT			2	
			60435	NO PT	NO PT	1	1		
			60436	NO PT	NO PT	1	1		
TOTAL PATIENTS				0	0	10	10	8	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				0	0	8	8	6	3

PROJECTED REFERRALS (Pre-ESRD Patients): Aaron Gurfinchel, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Gurfinchel	Nephrologist	None from other facilities			RL	60433	SCH - East
Gurfinchel	Nephrologist				LG	60442	SCH - West
Gurfinchel	Nephrologist				JM	60441	SCH - East
Gurfinchel	Nephrologist				SJ	60436	SCH - West
Gurfinchel	Nephrologist				WF	60448	SCH - East
Gurfinchel	Nephrologist				DD	60441	SCH - East
Gurfinchel	Nephrologist				MH	60432	SCH - East
Gurfinchel	Nephrologist				JJ	60432	SCH - East
Gurfinchel	Nephrologist				VB	60436	SCH - West
Gurfinchel	Nephrologist				JM	60432	SCH - East
Gurfinchel	Nephrologist				RL	60432	SCH - East
Gurfinchel	Nephrologist				JP	60441	SCH - East
Gurfinchel	Nephrologist				NG	60435	SCH - West
Gurfinchel	Nephrologist				FF	60451	SCH - East
Gurfinchel	Nephrologist				AM	60441	SCH - East
Gurfinchel	Nephrologist				MD	60441	SCH - East
Gurfinchel	Nephrologist				DS	60432	SCH - East
Gurfinchel	Nephrologist				PH	60433	SCH - East
Gurfinchel	Nephrologist				SF	60448	SCH - East
Gurfinchel	Nephrologist				MA	60431	SCH - West

Section VII

Attachment 21

Category of Service Review Criteria

D) SERVICE DEMAND – EXPANSION OF EXISTING CATEGORY OF SERVICE

1) Historical Referrals

Historical demand for dialysis services at Silver Cross Renal Center-East has surpassed the State's target occupancy rate for several years, as indicated in the following table:

Category of Service	Board Occupancy / Utilization Standard	2006	2007	2008	2009	2010
In Center Hemodialysis Services	80% occupancy Rate	109.5%	103.6%	104.8%	104.8%	102.4%

Data for 2006-2009 as of 12/31. Data for 2010 as of 02/01.

Based on the facility's current patient volumes alone (86 patients as of 02/01/10), the facility can justify the need for 19 stations now:

- 86 patients divided by 3 shifts per week divided by 2 cycles per week = 14.3 stations (or 15 stations with rounding) operating at 100% occupancy
- 15 stations operating at 80% occupancy = 18.75 stations (or 19 stations with rounding)

Based on current patient volume alone, it is expected that the relocated and expanded facility will meet target occupancy rates within State mandated time frames.

(IHFSRB Staff has also confirmed that the hospital's patient load justifies the need for 19 stations during the Board's review of Silver Cross' MSB CON application (#09-066) at the March 2, 2010 meeting.)

2) Projected Referrals

Signed and notarized physician referral letters are attached at ATTACHMENT-21 for Drs. Ahmed, Gurfinkel, Kravets, Mehta and Nagarkatte (Northeast Nephrology Consultants). Those physician referral letters detail the following:

- total number of patients (by facility and zip code) that received care at existing facilities in the area for the most recent three years (calendar years) as well as the end of the most recent quarter (12/31/09)
- the count of new patients by facility and zip code that the physician referred for in-center hemodialysis in calendar year 2009
- an estimated number of patients (pre-ESRD only) by initials and zip code that will be referred for dialysis treatment within the next twenty-four months, including the Silver Cross dialysis center that will most likely be used by the patient
- an estimated number of existing patients who are not expected to continue requiring in-center hemodialysis services due to a change in health state

According to Ill. Adm. Code § 1110.1430 (b)(3)(B)(iii), the anticipated number of referrals cannot exceed the physician's historical caseload. Referral letters for two physicians (Drs. Gurfinkel and Mehta) included in ATTACHMENT-21, indicate that their projected referrals exceed their historical case loads. Dr. Gurfinkel's letter states that he referred 10 patients in 2009 and that he anticipates referring 15 pre-ESRD patients over the next two years to the proposed facility. Dr. Mehta's letter states that he referred 4 patients in 2009 and that he anticipates referring 9 pre-ESRD patients over the next two years to the proposed facility.

These two physicians are brand new to the community – having joined Silver Cross Hospital's Medical Staff just six months ago (August 2009). These two physicians also are the newest partners of Northeast Nephrology Consultants – an existing three-member group that also recently lost their founding physician leader – Dr. Satish Kathpalia – to a debilitating illness. (Dr. Kathpalia also served as the Medical Director for Silver Cross dialysis services for many, many years.) The two newest physicians were recruited to help this thriving group practice address increasing patient demand. While the referrals for the two newest physicians exceed their historical case load right now, it is anticipated that their referral volumes for in-center hemodialysis will increase quickly as they continue to absorb some of the practice's existing and growing patient load and provide coverage for patients once seen by Dr. Kathpalia.

According to the physician referral letters, Northeast Nephrology Consultants had historical referral volumes as follows:

FACILITY	EXISTING PATIENTS				NEW PATIENTS (starting treatment)
	2007	2008	2009	Qtr 4 09	2009
NORTHEAST NEPHROLOGY CONSULTANTS					
SILVER CROSS RENAL CENTER-EAST	71	73	70	70	15
SILVER CROSS RENAL CENTER-WEST	88	95	110	110	42
SILVER CROSS RENAL CENTER-MORRIS	15	18	17	17	1
TOTAL	174	186	197	197	58

Source: data includes cases for Drs. Ahmed, Gurfinkel, Kathpalia, Kravets, Mehta and Nagarkatte

Drs. Ahmed, Gurfinkel, Kravets, Mehta and Nagarkatte have identified a total of 73 patients that will need dialysis treatment in the next twelve to twenty-four months. These projected patient referrals are pre-ESRD patients only (no patients will be transferred from other area facilities). These projected referrals (or pre-ESRD patients) were identified by their initials and residence zip code (included with the physician referral letters attached at ATTACHMENT-21). It is anticipated that 54 of these pre-ESRD patients will be using the proposed relocated and expanded facility – the remaining 19 will be using other Silver Cross dialysis facilities located on the Westside of Joliet and in Morris. Data for these pre-ESRD patients is summarized in the table below:

PROJECTED PATIENTS BY SITE

PATIENT ZIP CODE	SILVER CROSS RENAL CENTER-EAST	SILVER CROSS-RENAL CENTER-MORRIS	SILVER CROSS RENAL CENTER-WEST	TOTAL
60423	4			4
60431			1	1
60432	10			10
60433	9			9
60435			3	3
60436			3	3
60439	4			4
60441	5		6	11
60442			3	3
60444		1		1
60445	1			1
60448	8			8
60451	10			10
60452	1			1
60467	1			1
60481			1	1
60491	1			1
60534			1	1
Grand Total	54	1	18	73

The hospital carefully evaluated the facility's historical demand, projected need for dialysis services (pre-ESRD patients) and estimated loss of patients from treatment (due to transplants, recovery of function, moves out of the area or death) to determine the most appropriate size of the proposed dialysis facility. The following table summarizes the methodology utilized to size the proposed project and to ensure that both Silver Cross dialysis facilities located within the target area are operating (and continue operating) at the State required target utilization rate:

MEASURE	SILVER CROSS RENAL CENTER - EAST (Proposed Relocated & Expanded Facility)	SILVER CROSS RENAL CENTER - WEST
Current Stations	14	29
Current Patients (as of 02/01/10)	86	156
Projected Patient Loss (transplant, recovery of function, move out of area, death)	-28	-52
Patients Reassigned to West (from Silver Cross Renal Center-East)	-18	18
Projected Patients Referrals (pre-ESRD from physician referral letters)	54	18
Projected Total Patients (2014) (operating at 80% occupancy)	94	140
Projected Station Need (projected total patients/80% occupancy/6 patients per station)	19.58	29.17

MEASURE	SILVER CROSS RENAL CENTER - EAST (Proposed Relocated & Expanded Facility)	SILVER CROSS RENAL CENTER - WEST
Proposed Stations (proposed for East/current for West)	19	29
Total Available Capacity (based on proposed stations for East/current stations for West)	114	174
Projected Occupancy (2014) (projected total patients / total capacity)	82.5%	80.5%

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550

1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.



March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

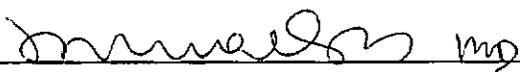
I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I referred 79 patients in 2008 and 77 patients in 2009 for in-center hemodialysis patients to Silver Cross facilities in the area as per the attached table. During 2009, I referred 18 new patients. I anticipate that 7 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or other reasons. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 11 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and all of those patients will be referred to the proposed facility. In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

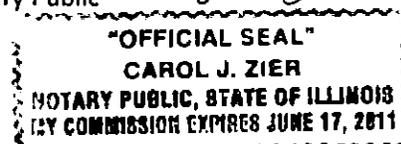


Teresa Kravets, M.D.
Nephrologist

Subscribed and sworn before me
this 4th day of March, 2010.



Notary Public



ATTACHMENT 21

HISTORICAL REFERRALS: Teresa Kravets, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting Treatment)	Patients Expected to Leave Treatment (over 2 years)	
				2007	2008	2009	Qtr 4 2009	2009		
KRAVETS,TERESA	NEPHROLOGY	RENAL EAST	60421			1	1			
			60423		1					
			60432	8	7	6	6			
			60433	7	6	6	6	1		
			60434	1	1	1	1			
			60435	3	2	1	1			
			60436	4	5	3	3			
			60439			1	1	1		
			60441	5	4	1	1			
			60442						1	
			60446	1	1					
			60448	1	2	1	1			
			60451	1	1	1	1			
			60477	1	1					
					RENAL MORRIS	60407	1			
60408	2	2				2	2			
60410	1	1				1	1			
60416	1	2				1	1			
60420		1				2	2			
60421	1	1				1	1			
60447		1				1	1			
60450	2	5				4	4	1		
60451	1									
60474						1	1			
60481						1	1			
60920	1	1								
61341		1				1	1			
61350	1									
61364	1									
		RENAL WEST	60403	4	2	2	2	1		
			60410					1		
			60421	1	2					
			60431	3	4	3	3			
			60432		1	3	3	2		
			60433	1	3	5	5			
			60435	7	9	12	12	3		
			60436	7	4	2	2			
			60441			2	2	1		
			60442	1	1	1	1	1		
			60446	2	2	4	4	1		
60448	1									
60451	1				1					

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting Treatment)	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
			60481					1	
			60544	1	2				
			60544			2	2	1	
			60586		2	3	3		
			60658	1	1				
			60920			1	1		
			62960					1	
TOTAL PATIENTS				74	79	77	77	18	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				32	31	22	22	3	7

PROJECTED REFERRALS (Pre-ESRD Patients): Teresa Kravets, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Kravets	Nephrologist	None from other facilities			NR	60423	SCH - East
Kravets	Nephrologist				EG	60423	SCH - East
Kravets	Nephrologist				EV	60423	SCH - East
Kravets	Nephrologist				ED	60448	SCH - East
Kravets	Nephrologist				RW	60448	SCH - East
Kravets	Nephrologist				KE	60451	SCH - East
Kravets	Nephrologist				AK	60448	SCH - East
Kravets	Nephrologist				DS	60451	SCH - East
Kravets	Nephrologist				LY	60451	SCH - East
Kravets	Nephrologist				KE	60448	SCH - East
Kravets	Nephrologist				SM	60451	SCH - East

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550



1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I referred 41 patients in 2008 and 57 patients in 2009 for in-center hemodialysis patients to Silver Cross facilities in the area as per the attached table. During 2009, I referred 14 new patients. I anticipate that 5 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or other reasons. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 21 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 12 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

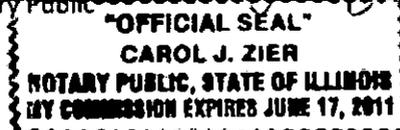
I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

Preeti Nagarkatte, M.D.
Nephrologist

Subscribed and sworn before me
this 12th day of March, 2010.

Notary Public



ATTACHMENT 21

HISTORICAL REFERRALS: Preeti Nagarkatte, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
NAGARKATTE,PREETI	NEPHROLOGY	RENAL EAST	60432	2	4	3	3		
			60433	1	3	3	3		
			60435	2	2	2	2		
			60436	1	2	2	2		
			60441	2	2	2	2		
			60442	2	1	1	1		
			60446			1	1	1	
			60448			1	1	1	
			60451	2	1			1	
		RENAL MORRIS	60416	1	1	1	1		
			61341	1	1	1	1		
		RENAL WEST	60403	2	2	2	2		
			60407			1	1	1	
			60408		1				
			60419			1	1		
			60421	2	2	3	3		
			60431	2	1	2	2	2	
			60432		1	1	1	1	
			60433	3	2	4	4		
			60434	1					
			60435	3	4	11	11	2	
			60436	1	1	2	2	1	
			60440		2	1	1		
			60441	1	1	2	2	1	
			60446	2	3	2	2		
			60448	1	1	1	1		
			60451					1	
			60481		1	1	1	1	
			60503	1					
			60544	1		3	3		
			60586	3	2	2	2	1	
			60803			1	1		
TOTAL PATIENTS				37	41	57	57	14	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				12	15	15	15	3	5

PROJECTED REFERRALS (Pre-ESRD Patients): Preeti Nagarkatte, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Nagarkatte	Nephrologist	None from other facilities			EM	60441	SCH - West
Nagarkatte	Nephrologist				LA	60436	SCH - West
Nagarkatte	Nephrologist				VG	60433	SCH - East
Nagarkatte	Nephrologist				WT	60481	SCH - West
Nagarkatte	Nephrologist				AH	60441	SCH - West
Nagarkatte	Nephrologist				TK	60451	SCH - East
Nagarkatte	Nephrologist				SE	60423	SCH - East
Nagarkatte	Nephrologist				KI	60433	SCH - East
Nagarkatte	Nephrologist				LH	60534	SCH - West
Nagarkatte	Nephrologist				WS	60432	SCH - East
Nagarkatte	Nephrologist				DA	60439	SCH - East
Nagarkatte	Nephrologist				RG	60433	SCH - East
Nagarkatte	Nephrologist				IG	60439	SCH - East
Nagarkatte	Nephrologist				DJ	60441	SCH - West
Nagarkatte	Nephrologist				CA	60439	SCH - East
Nagarkatte	Nephrologist				DF	60491	SCH - East
Nagarkatte	Nephrologist				LL	60432	SCH - East
Nagarkatte	Nephrologist				FB	60441	SCH - West
Nagarkatte	Nephrologist				SE	60451	SCH - East
Nagarkatte	Nephrologist				JB	60444	SCH - Morris
Nagarkatte	Nephrologist				PM	60435	SCH - West

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550

1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225



Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majha-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I referred 46 patients in 2008 and 39 patients in 2009 for in-center hemodialysis patients to Silver Cross Hospital facilities in the area as per the attached table. During 2009, I referred 15 new patients. I anticipate that 4 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or for other reasons. The majority of my current patients that use the existing Silver Cross Renal Center-East facility are expected to continue using the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 11 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 7 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

Naila Ahmed, M.D.
Nephrologist

Subscribed and sworn before me
this 19th day of March, 2010.

Notary Public



ATTACHMENT 21

HISTORICAL REFERRALS: Naila Ahmed, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Existing Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
AHMED, NAILA	NEPHROLOGY	RENAL EAST	60403	1	1	1	1		
			60431		1	1	1		
			60432	4	3	4	4		
			60433		3	2	2	1	
			60439	1					
			60441	2	1	1	1	1	
			60446	1	1	1	1		
			60451	5	4	4	4		
		RENAL MORRIS	NO PTS	NO PTS	NO PTS	NO PTS	NO PTS	0	
		RENAL WEST	60403	2	2	4	4	2	
			60404	2	2	3	3	1	
			60410	1	1				
			60421	1	1				
			60432	2	3	2	2	2	
			60433	3	2				
			60434	1	1				
			60435	9	12	8	8	3	
			60436	1	1	3	3	3	
			60440			1	1		
			60441			1	1	1	
			60446	1	1				
			60451		1				
			60516	1					
			60544	2	2	2	2	1	
			60586	2	2	1	1		
			60803		1				
TOTAL PATIENTS				42	46	39	39	15	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				14	14	14	14	2	4

PROJECTED REFERRALS (Pre-ESRD Patients): Naila Ahmed, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Ahmed	Nephrologist	None from other facilities			DS	60442	SCH - West
Ahmed	Nephrologist				RM	60441	SCH - West
Ahmed	Nephrologist				EB	60432	SCH - East
Ahmed	Nephrologist				CS	60435	SCH - West
Ahmed	Nephrologist				DS	60451	SCH - East
Ahmed	Nephrologist				MC	60432	SCH - East
Ahmed	Nephrologist				MB	60432	SCH - East
Ahmed	Nephrologist				DB	60451	SCH - East
Ahmed	Nephrologist				RB	60448	SCH - East
Ahmed	Nephrologist				DD	60442	SCH - West
Ahmed	Nephrologist				HN	60433	SCH - East

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550

1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225



Naila J. Ahmed, M.D.
Preeti R. Nagarkatti, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.

March 2, 2010

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

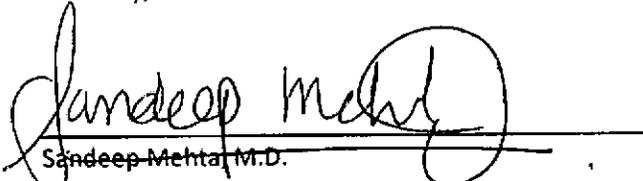
I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I am a new nephrologist in the area –having just joined the Medical Staff of Silver Cross Hospital in August 2009. During my short tenure at the hospital, I referred 4 patients in 2009 for in-center hemodialysis to Silver Cross facilities in the area as per the attached table. Over that short time frame, I referred 3 new patients. I anticipate that none of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 10 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 9 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

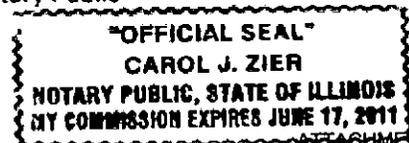
I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,


Sandeep Mehta, M.D.
Nephrologist

Subscribed and sworn before me
this 16th day of March, 2010.


Notary Public



ATTACHMENT 21

HISTORICAL REFERRALS: Sandeep Mehta, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
MEHTA,SANDEEP	NEPHROLOGY	RENAL EAST	60441	NO PT	NO PT	1	1		
			60432	NO PT	NO PT			1	
		RENAL MORRIS	NO PT	NO PT	NO PT	NO PT	NO PT		
		RENAL WEST	60433	NO PT	NO PT	1	1	1	
			60435	NO PT	NO PT	1	1		
			60436	NO PT	NO PT	1	1		
			60441	NO PT	NO PT			1	
TOTAL PATIENTS				0	0	4	4	3	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				0	0	1	1	1	0

PROJECTED REFERRALS (Pre-ESRD Patients): Sandeep Mehta, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Mehta	Nephrologist	None from other facilities			SA	60441	SCH - West
Mehta	Nephrologist				LR	60467	SCH - East
Mehta	Nephrologist				MC	60433	SCH - East
Mehta	Nephrologist				SR	60451	SCH - East
Mehta	Nephrologist				CM	60452	SCH - East
Mehta	Nephrologist				FD	60448	SCH - East
Mehta	Nephrologist				FN	60433	SCH - East
Mehta	Nephrologist				VM	60433	SCH - East
Mehta	Nephrologist				RW	60439	SCH - East
Mehta	Nephrologist				LS	60445	SCH - East

NORTHEAST NEPHROLOGY CONSULTANTS, Ltd.

815 N. Larkin Avenue, Suite 205
Joliet, Illinois 60435
Telephone: (815) 744-5550

1300 Copperfield Avenue, Suite 1030
Joliet, Illinois 60432
Telephone: (815) 740-1225

Naila I. Ahmed, M.D.
Preeti R. Nagarkatte, M.D.
Teresa Majka-Kravets, M.D.
Aaron Gurfinkel, M.D.
Sandeep Mehta, M.D.
Satish C. Kathpalia, M.D., F.A.C.P.



March 2, 2009

Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Sir/Madam:

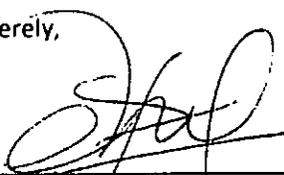
I am writing in support of Silver Cross Hospital's relocation and expansion plans for their dialysis center (Silver Cross Renal Center-East) that is currently on their Joliet campus. Relocating that dialysis center to the hospital's new campus – near other patient care services – is very important for our patients and for their physicians. The dialysis facility located at the hospital in Joliet has surpassed its current capacity. Additional stations will help serve my growing patient population.

I am a new nephrologist in the area –having just joined the Medical Staff of Silver Cross Hospital in August 2009. During my short tenure at the hospital in 2009, I referred 10 patients for in-center hemodialysis to Silver Cross facilities in the area as per the attached table. Over that short time frame, I referred 8 new patients. I anticipate that 3 of my current patients being treated at Silver Cross Renal Center-East will leave treatment over the next two years as the result of kidney transplant, recovery of function or other reasons. I expect that the majority of my current patients that use the existing Silver Cross Renal Center-East facility will continue to use the new, expanded facility once it relocates to the New Lenox campus.

Demand for in-center hemodialysis services is expected to continue growing. I now have 20 pre-ESRD patients that are projected to start treatment within the next twelve to twenty-four months and 15 of those patients will be referred to the proposed facility (the remaining will be referred to other Silver Cross dialysis facilities). In a separate table attached to this letter, I have included a list of my pre-ESRD patients – identifying them by their initials and zip code. At the present time, I do not have patients that are in treatment at any other area dialysis providers (other than Silver Cross) – as a result, no patients will be transferring from other area providers to the proposed facility. That information is also noted on the attached table.

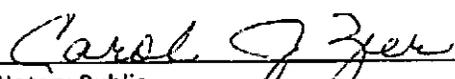
I verify that the patient referrals included here have not been used to support any other pending or approved CON application for hemodialysis services. I attest that the information submitted here is true and correct, to the best of my knowledge.

Sincerely,

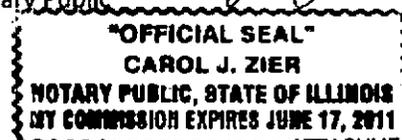


Aaron Gurfinkel, M.D.
Nephrologist

Subscribed and sworn before me
this 19th day of March, 2010.



Notary Public



ATTACHMENT 21

HISTORICAL REFERRALS: Aaron Gurfinkel, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	Facility Name	Patient Zip Code	Exsting Patients				New Patients (Starting) Treatment	Patients Expected to Leave Treatment (over 2 years)
				2007	2008	2009	Qtr 4 2009	2009	
GURFINCHEL, AARON	NEPHROLOGY	RENAL EAST	60432	NO PT	NO PT	2	2	1	
			60433	NO PT	NO PT	3	3	3	
			60441	NO PT	NO PT	1	1	1	
			60448	NO PT	NO PT	2	2	1	
		RENAL MORRIS	NO PT	NO PT	NO PT	NO PT	NO PT		
		RENAL WEST	60404	NO PT	NO PT			2	
			60435	NO PT	NO PT	1	1		
			60436	NO PT	NO PT	1	1		
TOTAL PATIENTS				0	0	10	10	8	
SILVER CROSS RENAL CENTER-EAST SUBTOTAL				0	0	8	8	6	3

PROJECTED REFERRALS (Pre-ESRD Patients): Aaron Gurfinchel, M.D. (Nephrologist)

Physician Name (referring)	Physician Specialty (referring)	FACILITY TRANSFERS			PRE-ESRD PATIENTS		
		Facility Transferring From	Patient Initials	Patient Zip Code	Patient Initials	Patient Zip Code	Pre-ESRD SCH Site Assignment
Gurfinchel	Nephrologist	None from other facilities			RL	60433	SCH - East
Gurfinchel	Nephrologist				LG	60442	SCH - West
Gurfinchel	Nephrologist				JM	60441	SCH - East
Gurfinchel	Nephrologist				SJ	60436	SCH - West
Gurfinchel	Nephrologist				WF	60448	SCH - East
Gurfinchel	Nephrologist				DD	60441	SCH - East
Gurfinchel	Nephrologist				MH	60432	SCH - East
Gurfinchel	Nephrologist				JJ	60432	SCH - East
Gurfinchel	Nephrologist				VB	60436	SCH - West
Gurfinchel	Nephrologist				JM	60432	SCH - East
Gurfinchel	Nephrologist				RL	60432	SCH - East
Gurfinchel	Nephrologist				JP	60441	SCH - East
Gurfinchel	Nephrologist				NG	60435	SCH - West
Gurfinchel	Nephrologist				FF	60451	SCH - East
Gurfinchel	Nephrologist				AM	60441	SCH - East
Gurfinchel	Nephrologist				MD	60441	SCH - East
Gurfinchel	Nephrologist				DS	60432	SCH - East
Gurfinchel	Nephrologist				PH	60433	SCH - East
Gurfinchel	Nephrologist				SF	60448	SCH - East
Gurfinchel	Nephrologist				MA	60431	SCH - West

Section VII

Attachment 22

Category of Service Review Criteria

E) SERVICE ACCESSIBILITY – SERVICE RESTRICTIONS

There are 15 existing or approved dialysis facilities located in the target service area (within 30 minutes normal travel time of the proposed facility) accounting for 246 total stations (per the 01/18/10 Addendum to Inventory of Health Care Facilities). On the surface, it might appear that there is capacity in the target service area to accommodate projected demand for dialysis:

Total stations available in area	246
Total patient capacity (100% occupancy)	1476
Total patient capacity (at State target occupancy of 80%)	1181
Current patients	1021
Calculated available capacity	160
Projected total pre-ESRD patients in the area	73
Projected need available capacity exceeds projected need	87

However, this analysis does not take into account several key factors.

Two of the 15 facilities – FMC-Lockport and Palos Park Dialysis– were recently approved (in December 2009 and January 2010 respectively) by the Illinois Health Facilities & Services Review Board. These two facilities were approved for 12 stations each, but are not expected to be completed and operational until late 2011. Because these two projects received permits from the Illinois Health Facilities & Services Review Board, it can only be assumed that each facility adequately justified the need for stations and provided enough supporting documentation to demonstrate their ability to meet the State’s target occupancy levels two years after opening. The FMC-Lockport facility projected that they would have 57 patients in year 2 and the Palos Park Dialysis facility projected that they would have 57 patients in year 2 (an occupancy rate assumed to be at or above the State’s target occupancy level of 80%). If their projections hold true, then each of these facilities would be considered ‘fully utilized’ according to Illinois Health Facilities & Services Review Board criteria and would not have enough capacity to accommodate projected demand.

Of the remaining 13 facilities in the area, seven are not operating at target occupancy levels. Five of those low occupancy facilities are not yet operating full schedules (3 shifts per day, 6 days a week) as per Illinois Health Facilities & Services Review Board requirements. Three of the seven underperforming facilities are owned and operated by Fresenius Medical Care. Fresenius-Mokena is one of their newest facilities to open in the area. According to the CON (#06-063) for that facility, the applicants indicated that this facility would achieve target utilization at the end of the second year of operation. According to the blanket impact statement provided by Fresenius Medical Care on behalf of their seventeen facilities in the area – including their Mokena, Orland Park and Willowbrook facilities (ATTACHMENT-9) that are operating below target utilization – Silver Cross Hospital’s proposed facility will not have any adverse impact in the area or on any of their facilities.

As indicated earlier, it is assumed that the two newest facilities approved by the IHF&SRB will be 'fully utilized' according to State standards. The remaining question is whether there is enough capacity at the 13 other facilities in the area to accommodate the projected patients that will use the proposed facility. In total, these 13 facilities operate 222 stations (as of the 01/18/10 Addendum to Inventory of Health Care Facilities). If these 13 facilities were all operating at the same State-mandated target occupancy level of 80%, then roughly 1,066 total patients could be accommodated. According to Renal Network data as of 12/31/09 (and as of 02/01/10 for the Silver Cross facilities), these same 13 facilities were treating a total of 1,021 patients. The difference – or what should be considered "available capacity" – would accommodate only 45 more patients.

Total stations available in area	222
Total patient capacity (100% occupancy)	1332
Total patient capacity (at State target occupancy of 80%)	1066
Current patients	1021
Calculated available capacity	45
Projected total pre-ESRD patients in the area	73
Projected need exceeds available capacity	-28

That calculated "available capacity" falls **well below** the 73 total projected pre-ESRD patients that physicians expect to start treatment in the next two years at Silver Cross facilities (per physician referral letters included at ATTACHMENT-20) and **below** the 54 projected pre-ESRD patients that are expected to use the proposed facility. Clearly, there is not enough available capacity in the area to accommodate total projected patients.

Perhaps a more compelling assessment is an existing facility's historical utilization. Six facilities in the area are operating at or above the Board's required occupancy rate of 80% – including both facilities that are owned and operated by Silver Cross Hospital. In fact, Silver Cross Renal Center-East has operated above 100% occupancy for more than four years and has a current utilization level above 102%. Occupancy rates for both Silver Cross dialysis facilities located in the target service area are summarized in the following table:

AS OF DATE	SILVER CROSS HOSPITAL DIALYSIS		SILVER CROSS RENAL CENTER WEST	
	PATIENTS	OCCUPANCY	PATIENTS	OCCUPANCY
12/31/06	92	109.5%	114	111.8%
12/31/07	87	103.6%	133	76.4%*
12/31/08	88	104.8%	142	81.6%
12/31/09	88	104.8%	161	92.5%
02/01/10	86	102.4%	156	89.7%

Source: 2006 – 2009 data from the Renal Network, 02/01/10 data from Hospital records. *Silver Cross Renal Center –West added 12 stations at the end of 2006 – occupancy for 2006 was calculated based on 17 stations. Occupancy for 2007 was based on 29 stations – the first full year after those additional stations became operational.

Most importantly, Silver Cross Renal Center-East can readily justify the need for 19 stations based on current patient volumes alone (86 patients as of 02/01/10):

- 86 patients divided by 3 shifts per week divided by 2 cycles per week = 14.3 stations (or 15 stations with rounding) operating at 100% occupancy
- 15 stations operating at 80% occupancy = 18.75 stations (or 19 stations with rounding)

In fact, IHFSRB Staff also confirmed that the hospital's patient load justifies the need for 19 stations during the Board's review of Silver Cross' MSB CON application (#09-066) at the March 2, 2010 meeting.

The table on the next page summarizes the location and utilization of other dialysis providers in the target area. A map displaying the location of other facilities in relation to the proposed facility follows.

FACILITY	CITY	ZIP	MWF SHIFTS (per Renal Network)	TTS SHIFTS (per Renal Network)	STATION CHANGES	STATIONS (per Renal Network)	STATIONS (as of 01/18/10 Addendum to Inventory)	PATIENTS (as of 12/31/09 Renal Network)	UTILIZATION (Patients / Capacity)	PROPOSED STATIONS
COMMUNITY DIALYSIS OF HARVEY	HARVEY	60426	3	1		16	16	43	44.8%	16
DAVITA - OLYMPIA FIELDS DIALYSIS CENTER	MATTESON	60443	3	2		24	24	104	72.2%	24
DIRECT DIALYSIS	CRESTWOOD	60445	3	3		6	6	49	136.1%	6
FMC - BOLINGBROOK DIALYSIS	BOLINGBROOK	60440	3	3	20	17	20	97	80.8%	20
FMC - LOCKPORT	LOCKPORT	60441	NEW FACILITY - APPROVED 12/1/2009			12	12		0.0%	12
FMC - MOKENA DIALYSIS	MOKENA	60448	1	0		14	12	30	41.7%	14
FMC - NEOMEDICA - HAZELCREST	HAZEL CREST	60429	3	2		12	12	75	104.2%	12
FMC - WILLOWBROOK	WILLOWBROOK	60527	3	3	16	20	16	72	75.0%	16
PALOS PARK DIALYSIS	ORLAND PARK	60462	NEW FACILITY - APPROVED 01/12/2010			12	12		0.0%	12
RCG - HAZELCREST	HAZEL CREST	60429	3	3		16	16	84	87.5%	16
RCG - MARKHAM	MARKHAM	60426	2	2		24	24	95	66.0%	24
RCG - ORLAND PARK	ORLAND PARK	60462	3	3		16	16	72	75.0%	16
SILVER CROSS HOSPITAL	JOLIET	60432	3	3		14	14	86	102.4%	
SILVER CROSS RENAL CENTER WEST	JOLIET	60431	3	3		29	29	156	89.7%	29
SUN HEALTH INC	JOLIET	60435	3	3		17	17	58	56.9%	17
SILVER CROSS HOSPITAL	NEW LENOX	60451	PROPOSED							19
TOTALS						249	246	1021	69.2%	253
SUBTOTAL - SILVER CROSS FACILITIES						43	43	242	93.8%	48

• Silver Cross Hospital patient data as of 02/01/10, all other data from The Renal Network as of 12/31/09.

The number of patients projected to use the proposed facility (transfers from the existing facility and pre-ESRD patients) by zip code is summarized below:

**SILVER CROSS RENAL CENTER-EAST
DIALYSIS PATIENT ORIGIN**

ZIP CODE	COUNTY	CURRENT PATIENTS* (Pts Remaining after Transfer to other Silver Cross Facility)	PRE-ESRD PATIENTS (Physician Referrals)	TOTAL PATIENTS	PCT TO TOTAL
60403	Will				0.0%
60421	Will				0.0%
60423	Will	1	4	5	4.1%
60431	Will				0.0%
60432	Will	20	10	30	24.6%
60433	Will	21	9	30	24.6%
60434	Will	1		1	0.8%
60435	Will				0.0%
60436	Will				0.0%
60439	Cook	2	4	6	4.9%
60441	Will	11	5	16	13.1%
60442	Will	1		1	0.8%
60445	Cook		1	1	0.8%
60446	Will				0.0%
60448	Will	2	8	10	8.2%
60451	Will	8	10	18	14.8%
60452	Cook		1	1	0.8%
60467	Cook	1	1	2	1.6%
60481	Will				0.0%
60491	Will		1	1	0.8%
Grand Total		68	54	122	

*Source: current patients from Silver Cross Hospital records as of 02/01/10, pre-ESRD patients from physician referral letters. * It is projected that 18 patients will transfer from Silver Cross Renal Center-East to Silver Cross Renal Center-West. This table does not include an estimate of the patients that are expected to leave treatment.*



MAPQUEST.

Trip to 1200 Maple Rd
Joliet, IL 60432-1439
3.58 miles - about 5 minutes

Notes

Current SCH Dialysis Facility (main hospital) to
Proposed Location (New Lenox campus)
(02/11/10)

Maple Rd & N Clinton St, New Lenox, IL 60451



1. Start out going WEST on MAPLE RD / W MAPLE RD /
SOUTHWEST HWY / US-6 toward SPRING CREEK ST.
Continue to follow MAPLE RD / US-6.

go 3.6 mi



2. 1200 MAPLE RD is on the LEFT.

go 0.0 mi

1200 Maple Rd, Joliet, IL 60432-1439

Total Travel Estimate : 3.58 miles - about 5 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 1050 Thornton St
 Lockport, IL 60441-3231
 6.38 miles - about 9 minutes

Notes

FMC-Lockport (NEW) to Proposed Location (New Lenox Campus)
 (02/11/10)



Maple Rd & N Clinton St, New Lenox, IL 60451

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W . | go 0.8 mi |
|  | 2. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward WEST SUBURBS (Portions toll). | go 2.3 mi |
|  | 3. Keep LEFT at the fork to go on I-355 N (Portions toll). | go 1.6 mi |
|  | 4. Take the IL-7 / 159TH STREET exit. | go 0.2 mi |
|  | 5. Take the ramp toward LOCKPORT . | go 0.0 mi |
|  | 6. Turn LEFT onto W 159TH ST / IL-7 W . Continue to follow IL-7 W . | go 1.3 mi |
|  | 7. Turn RIGHT onto THORNTON ST / CR-68 . | go 0.1 mi |
|  | 8. 1050 THORNTON ST is on the RIGHT . | go 0.0 mi |



1050 Thornton St, Lockport, IL 60441-3231

Total Travel Estimate : 6.38 miles - about 9 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 8910 W 192nd St
 Mokena, IL 60448-8110
 9.51 miles - about 13 minutes

Notes

FMC-Mokena Dialysis to Proposed Location (New Lenox Campus)
 (02/11/10)

 **Maple Rd & N Clinton St, New Lenox, IL 60451**

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W . | go 0.3 mi |
|  | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
|  | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA . | go 8.0 mi |
|  | 4. Take the US-45 S exit, EXIT 145 . | go 0.5 mi |
|  | 5. Merge onto US-45 S / LA GRANGE RD . | go 0.5 mi |
|  | 6. Turn LEFT onto 191ST ST / CR-84 . | go 0.6 mi |
|  | 7. Turn RIGHT onto DARVIN DR . | go 0.2 mi |
|  | 8. DARVIN DR becomes W 192ND ST . | go 0.3 mi |
|  | 9. 8910 W 192ND ST is on the LEFT . | go 0.0 mi |

 **8910 W 192nd St, Mokena, IL 60448-8110**
 Total Travel Estimate : 9.51 miles - about 13 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

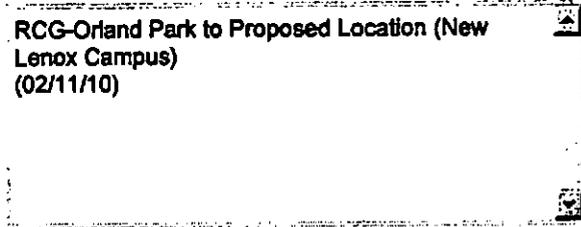


MAPQUEST.

Trip to 9160 W 159th St
Orland Park, IL 60462-5648
10.02 miles - about 14 minutes

Notes

RCG-Orland Park to Proposed Location (New Lenox Campus)
(02/11/10)



 **Maple Rd & N Clinton St, New Lenox, IL 60451**

-  1. Start out going **EAST** on **MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E** toward **US-6 W**. Continue to follow **SOUTHWEST HWY / US-6 E**. go 5.6 mi
-   2. Turn **LEFT** onto **WOLF RD / US-6**. go 1.9 mi
-   3. Turn **RIGHT** onto **W 159TH ST / US-6**. go 2.8 mi
-  4. **9160 W 159TH ST** is on the **LEFT**. go 0.0 mi

 **9160 W 159th St, Orland Park, IL 60462-5648**
Total Travel Estimate : 10.02 miles - about 14 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 2121 Oneida St
 Joliet, IL 60435-6544
 12.14 miles - about 16 minutes

Notes

Sun Health, Inc. to Proposed Location (New Lenox Campus)
 (02/11/10)



Maple Rd & N Clinton St, New Lenox, IL 60451



1. Start out going **EAST** on **MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E** toward **US-6 W**. go 0.3 mi



2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi



3. Merge onto **I-80 W** toward **IOWA**. go 9.1 mi



4. Merge onto **S LARKIN AVE / IL-7 N** via **EXIT 130B**. go 1.0 mi



5. Turn **LEFT** onto **US-52 / W JEFFERSON ST**. go 0.3 mi



6. Turn **RIGHT** onto **N HAMMES AVE**. go 0.2 mi



7. Turn **LEFT** onto **W ONEIDA ST**. go 0.0 mi



8. **2121 ONEIDA ST** is on the **RIGHT**. go 0.0 mi



2121 Oneida St, Joliet, IL 60435-6544

Total Travel Estimate : 12.14 miles - about 16 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 13155 S la Grange Rd
Orland Park, IL 60462-1162
12.91 miles - about 19 minutes

Notes

Palos Park Dialysis (NEW) to Proposed Location
(New Lenox Campus)
(02/11/10)

Maple Rd & N Clinton St, New Lenox, IL 60451

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W. Continue to follow SOUTHWEST HWY / US-6 E. | go 5.6 mi |
|   | 2. Turn LEFT onto WOLF RD / US-6. | go 1.9 mi |
|   | 3. Turn RIGHT onto W 159TH ST / US-6. | go 2.0 mi |
|   | 4. Turn LEFT onto S LA GRANGE RD / US-45 / 96TH AVE. | go 3.5 mi |
|  | 5. 13155 S LA GRANGE RD. | go 0.0 mi |

13155 S la Grange Rd, Orland Park, IL 60462-1162 Total Travel Estimate : 12.91 miles - about 19 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 329 Remington Blvd
 Bolingbrook, IL 60440-5827
 16.09 miles - about 21 minutes

Notes

FMC-Bolingbrook Dialysis to Proposed Location
 (New Lenox Campus)
 (02/11/10)



Maple Rd & N Clinton St, New Lenox, IL 60451

- 
1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W.
go 0.8 mi

- 

2. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward WEST SUBURBS (Portions toll).
go 2.3 mi

- 

3. Keep LEFT at the fork to go on I-355 N (Portions toll).
go 9.6 mi

- 

4. Merge onto I-55 S toward ST LOUIS.
go 2.4 mi

- 
5. Take the IL-53 / BOLINGBROOK exit, EXIT 267.
go 0.3 mi

- 
6. Take the ramp toward BOLINGBROOK.
go 0.0 mi

- 

7. Turn RIGHT onto S BOLINGBROOK DR / IL-53 N.
go 0.1 mi

- 
8. Turn LEFT onto REMINGTON BLVD.
go 0.6 mi

- 
9. Make a U-TURN onto REMINGTON BLVD.
go 0.0 mi

- 
10. 329 REMINGTON BLVD is on the RIGHT.
go 0.0 mi



329 Remington Blvd, Bolingbrook, IL 60440-5827
 Total Travel Estimate : 16.09 miles - about 21 minutes



MAPQUEST.

Trip to 17524 E Carriageway Dr

Hazel Crest, IL 60429-2187
17.75 miles - about 22 minutes

Notes

FMC-Neomedica-Hazel Crest to Proposed Location (New Lenox Campus)
(02/11/10)

★ Maple Rd & N Clinton St, New Lenox, IL 60451

- | | | |
|---|---|------------|
|  | 1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W. | go 0.3 mi |
|  | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
|  | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. | go 15.0 mi |
|  | 4. Take the KEDZIE AVE exit, EXIT 154. | go 0.2 mi |
|  | 5. Turn RIGHT onto KEDZIE AVE. | go 0.7 mi |
|  | 6. Turn LEFT onto 175TH ST. | go 0.2 mi |
|  | 7. Turn RIGHT onto E CARRIAGE WAY. | go 0.0 mi |
|  | 8. 17524 E CARRIAGEWAY DR. | go 0.0 mi |

★ 17524 E Carriageway Dr, Hazel Crest, IL 60429-2187

Total Travel Estimate : 17.75 miles - about 22 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditionness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 3053 W 159th St
 Markham, IL 60428-4003
 17.94 miles - about 22 minutes

Notes

RCG-Markham to Proposed Location (New Lenox Campus)
 (02/11/10)

Maple Rd & N Clinton St, New Lenox, IL 60451

- 1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W.** go 0.3 mi
- 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll).** go 1.2 mi
- 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA.** go 12.2 mi
- 4. Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO.** go 3.0 mi
- 5. Merge onto W 159TH ST / US-6 E via EXIT 348.** go 1.3 mi
- 6. 3053 W 159TH ST is on the RIGHT.** go 0.0 mi

3053 W 159th St, Markham, IL 60428-4003
 Total Travel Estimate : 17.94 miles - about 22 minutes

All rights reserved. Use subject to [License/Copyright](#) | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 1051 Essington Rd
 Joliet, IL 60435-2801
 14.73 miles - about 22 minutes

Notes

Silver Cross Renal Center West to Proposed Location (New Lenox Campus) (02/11/10)

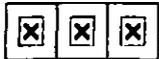
Maple Rd & N Clinton St, New Lenox, IL 60451

- | | | |
|--|---|-----------|
| | 1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W. | go 0.3 mi |
| | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
| | 3. Merge onto I-80 W toward IOWA. | go 9.1 mi |
| | 4. Merge onto S LARKIN AVE / IL-7 N via EXIT 130B. | go 1.0 mi |
| | 5. Turn LEFT onto US-52 / W JEFFERSON ST. | go 1.8 mi |
| | 6. Turn RIGHT onto ESSINGTON RD. | go 1.3 mi |
| | 7. 1051 ESSINGTON RD is on the LEFT. | go 0.0 mi |

1051 Essington Rd, Joliet, IL 60435-2801
 Total Travel Estimate : 14.73 miles - about 22 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

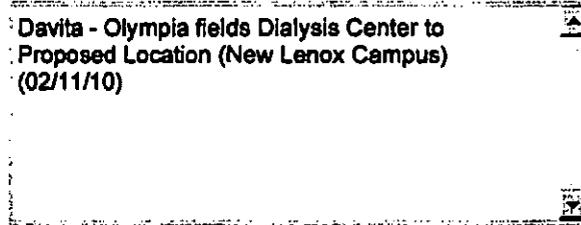


MAPQUEST.

Trip to 4557 Lincoln Hwy
 Matteson, IL 60443-2354
 18.76 miles - about 23 minutes

Notes

Davita - Olympia fields Dialysis Center to
 Proposed Location (New Lenox Campus)
 (02/11/10)



Maple Rd & N Clinton St, New Lenox, IL 60451

- 
1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W.
go 0.3 mi
- 
2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll).
go 1.2 mi
- 
3. Merge onto I-80 E via the exit on the LEFT toward INDIANA.
go 11.9 mi
- 
4. Merge onto I-57 S via EXIT 161A toward MEMPHIS.
go 4.3 mi
- 
5. Merge onto US-30 E / LINCOLN HWY / 211TH ST via EXIT 340A.
go 1.1 mi
- 
6. 4557 LINCOLN HWY is on the RIGHT.
go 0.0 mi

4557 Lincoln Hwy, Matteson, IL 60443-2354

Total Travel Estimate : 18.76 miles - about 23 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use



MAPQUEST.

Trip to 3470 W 183rd St
Hazel Crest, IL 60429-2428
18.81 miles - about 24 minutes

Notes

RCG-Hazel Crest to Proposed Location (New Lenox Campus)
(02/11/10)



Maple Rd & N Clinton St, New Lenox, IL 60451

- 
1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-6 W. go 0.3 mi
- 

2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). go 1.2 mi
- 

3. Merge onto I-80 E via the exit on the LEFT toward INDIANA. go 15.0 mi
- 
4. Take the KEDZIE AVE exit, EXIT 154. go 0.2 mi
- 
5. Turn RIGHT onto KEDZIE AVE. go 1.7 mi
- 
6. Turn RIGHT onto 183RD ST. go 0.3 mi
- 
7. 3470 W 183RD ST is on the RIGHT. go 0.0 mi



3470 W 183rd St, Hazel Crest, IL 60429-2428

Total Travel Estimate : 18.81 miles - about 24 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 16641 Halsted St
 Harvey, IL 60426-6100
 20.71 miles - about 25 minutes

Notes

Community Dialysis of Harvey to Proposed
 Location (New Lenox Campus)
 (02/11/10)

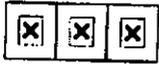
Maple Rd & N Clinton St, New Lenox, IL 60451

- | | | |
|--|---|------------|
| | 1. Start out going EAST on MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E toward US-8 W. | go 0.3 mi |
| | 2. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY via the ramp on the LEFT toward I-80 (Portions toll). | go 1.2 mi |
| | 3. Merge onto I-80 E via the exit on the LEFT toward INDIANA (Portions toll). | go 17.7 mi |
| | 4. Take the IL-1 / HALSTED ST exit. | go 0.3 mi |
| | 5. Take the ramp toward IL-1 N / HALSTED ST. | go 0.3 mi |
| | 6. Merge onto IL-1 N / HALSTED ST. | go 0.9 mi |
| | 7. 16641 HALSTED ST is on the RIGHT. | go 0.0 mi |

16641 Halsted St, Harvey, IL 60426-6100
 Total Travel Estimate : 20.71 miles - about 25 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 6300 Kingery Hwy
Willowbrook, IL 60527-2248
20.27 miles - about 25 minutes

Notes

FMC-Willowbrook to Proposed Location (New
Lenox Campus)
(02/11/10)



Maple Rd & N Clinton St, New Lenox, IL 60451

- 

1. Start out going **EAST** on **MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E** toward **US-6 W**. go 0.8 mi
- 

2. Merge onto **I-355 N / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **WEST SUBURBS** (Portions toll). go 2.3 mi
- 

3. Keep **LEFT** at the fork to go on **I-355 N** (Portions toll). go 9.2 mi
- 

4. Merge onto **I-55 N / JOLIET RD N** toward **CHICAGO**. go 5.0 mi
- 

5. Merge onto **IL-83 N / KINGERY HWY** via **EXIT 274**. go 2.9 mi
- 

6. Turn **LEFT** onto **63RD ST**. go 0.0 mi
- 

7. **6300 KINGERY HWY**. go 0.0 mi



6300 Kingery Hwy, Willowbrook, IL 60527-2248

Total Travel Estimate : 20.27 miles - about 25 minutes

All rights reserved. Use subject to License/Copyright | [Map Legend](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)



MAPQUEST.

Trip to 14255 Cicero Ave
 Crestwood, IL 60445-2154
 19.58 miles - about 26 minutes

Notes

Direct Dialysis to Proposed Location (New Lenox Campus)
 (02/11/10)



Maple Rd & N Clinton St, New Lenox, IL 60451



1. Start out going **EAST** on **MAPLE RD / W MAPLE RD / SOUTHWEST HWY / US-6 E** toward **US-6 W**. go 0.3 mi



2. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **I-80** (Portions toll). go 1.2 mi



3. Merge onto **I-80 E** via the exit on the **LEFT** toward **INDIANA**. go 12.2 mi



4. Merge onto **I-57 N** via **EXIT 151B** on the **LEFT** toward **CHICAGO**. go 1.5 mi



5. Take the **WEST 167TH ST** exit, **EXIT 346**, toward **IL-50 / CICERO AVE**. go 0.7 mi



6. Merge onto **167TH ST**. go 0.5 mi



7. Turn **RIGHT** onto **CICERO AVE / IL-50**. go 3.1 mi



8. **14255 CICERO AVE** is on the **RIGHT**. go 0.0 mi



14255 Cicero Ave, Crestwood, IL 60445-2154

Total Travel Estimate : 19.58 miles - about 26 minutes

All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

Section VII

Attachment 23

Category of Service Review Criteria

F) UNNECESSARY DUPLICATION / MALDISTRIBUTION

Zip Codes / Population of Target Area

A list of the zip codes that are located in total or in part within 30 minutes normal travel time of the proposed site is in the table below. The U.S. Census Bureau population estimates for 2008 for each zip code are included.

Zip Code	City	County	Population
60403	Crest Hill	Will	N/A
60404	Shorewood	Will	N/A
60410	Channahon	Will	7,585
60421	Elwood	Will	3,516
60422	Flossmoor	Cook	9,224
60423	Frankfort	Will	22,853
60426	Harvey	Cook	47,649
60428	Markham	Cook	N/A
60429	Hazel Crest	Cook	16,070
60431	Joliet	Will	23,392
60432	Joliet	Will	21,431
60433	Joliet	Will	17,658
60434	Joliet	Will	N/A
60435	Joliet	Will	52,542
60436	Joliet	Will	16,184
60439	Lemont	Cook	20,004
60440	Bolingbrook	Will	46,546
60441	Lockport	Will	49,103
60442	Manhattan	Will	6,285
60443	Matteson	Cook	15,125
60445	Crestwood	Cook	25,979
60446	Romeoville	Will	20,141
60447	Minooka	Grundy	7,295
60448	Mokena	Will	19,476
60449	Monee	Will	5,705
60451	New Lenox	Will	27,338
60452	Oak Forest	Cook	27,899
60457	Hickory Hills	Cook	14,110
60462	Orland Park	Cook	38,431
60463	Palos Heights	Cook	13,286
60464	Palos Park	Cook	9,520
60465	Palos Hills	Cook	17,198
60467	Orland Park	Cook	20,904
60477	Tinley Park	Cook	56,840
60478	Country Club Hills	Cook	16,168
60480	Willow Springs	Cook	4,758
60482	Worth	Cook	11,262
60487	Tinley Park	Cook	N/A
60490	Bolingbrook	Will	9,263

Zip Code	City	County	Population
60491	Homer Glen	Will	N/A
60517	Woodridge	Du Page	31,344
60527	Willowbrook	Du Page	N/A
60544	Plainfield	Will	44,284
60586	Plainfield	Will	N/A
Grand Total			796,368

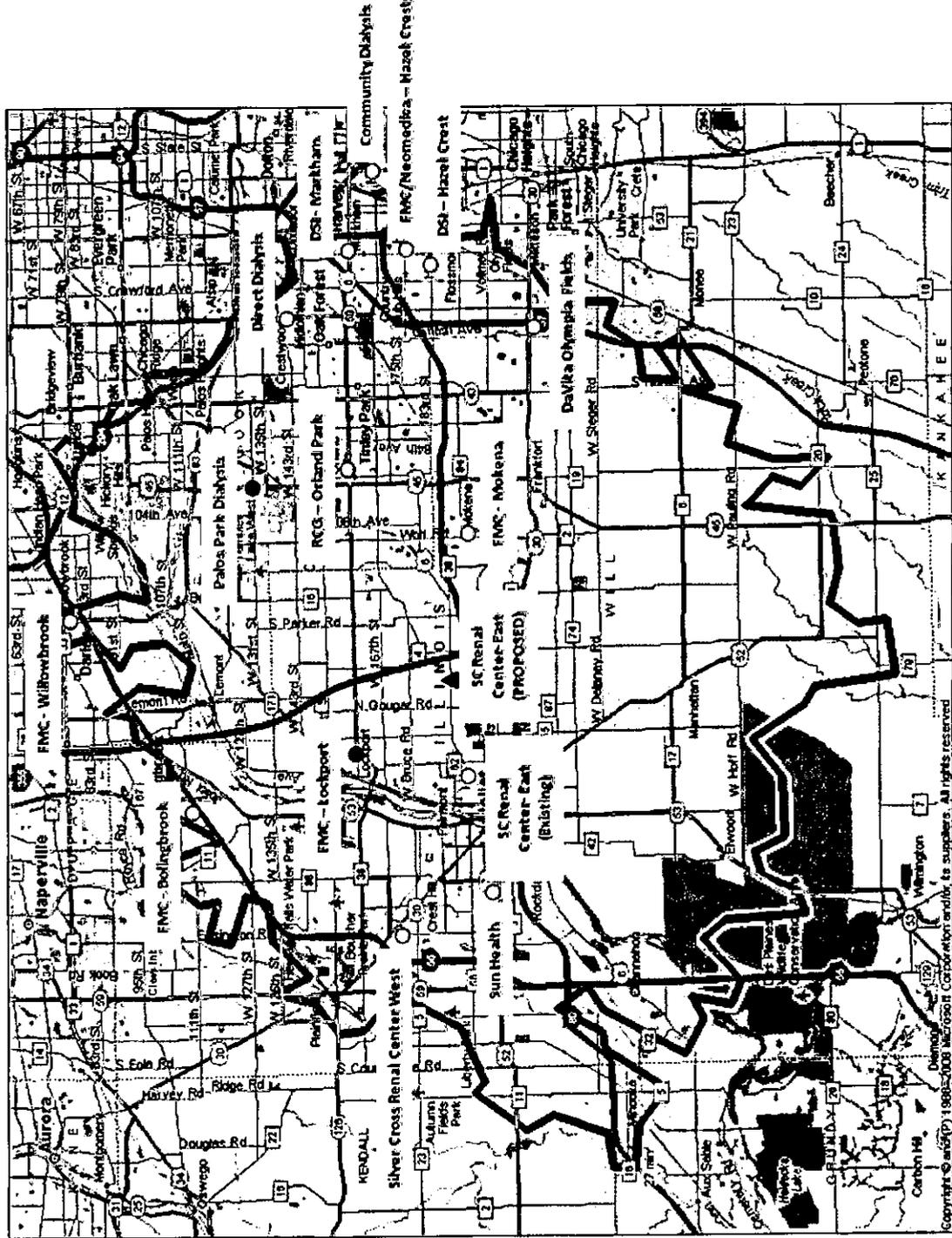
Source: U.S. Census Bureau, 2008 Population Estimates (factfinder.census.gov).

Area Providers and Locations

The names and locations of all existing or approved facilities located within 30 minutes normal travel time of the proposed site are listed in the table below and displayed on the map that follows:

FACILITY	ADDRESS	CITY	ZIP	MAPQUEST MILEAGE	MAPQUEST TRAVEL TIME (UNADJUSTED)	MAPQUEST TRAVEL TIME (ADJ BY 1.15)
SILVER CROSS HOSPITAL (PROPOSED)	1890 SILVER CROSS BLVD	NEW LENOX	60451			
SILVER CROSS HOSPITAL	1200 MAPLE ROAD	JOLIET	60432	3.58	5	5.75
FMC - LOCKPORT	1050 THORNTON AVE	LOCKPORT	60441	6.38	9	10.35
FMC - MOKENA DIALYSIS	8910 W. 192ND ST	MOKENA	60448	9.51	13	14.95
RCG - ORLAND PARK	9160 W 159TH ST	ORLAND PARK	60462	10.02	14	16.10
SUN HEALTH INC	2121 ONEIDA ST	JOLIET	60435	12.14	16	18.40
PALOS PARK DIALYSIS	13155 S LA GRANGE RD	ORLAND PARK	60462	12.91	19	21.85
FMC - BOLINGBROOK DIALYSIS	329 REMINGTON BLVD	BOLINGBROOK	60440	16.09	21	24.15
FMC - NEOMEDICA - HAZELCREST	17524 CARRIAGE WAY	HAZEL CREST	60429	17.75	22	25.30
RCG - MARKHAM	3053-3055 WEST 159 TH	MARKHAM	60426	17.94	22	25.30
SILVER CROSS RENAL CENTER WEST	1051 ESSINGTON RD	JOLIET	60431	14.73	22	25.30
DAVITA - OLYMPIA FIELDS DIALYSIS CTR	4557 B W LINCOLN HWY	MATTESON	60443	18.76	23	26.45
RCG - HAZELCREST	3470 W 183RD ST	HAZEL CREST	60429	18.81	24	27.60
COMMUNITY DIALYSIS OF HARVEY	16641 S. HALSTED ST	HARVEY	60426	20.71	25	28.75
FMC - WILLOWBROOK	6300 S KINGERY HWY	WILLOWBROOK	60527	20.27	25	28.75
DIRECT DIALYSIS	14255 S CICERO AVE	CRESTWOOD	60445	19.58	26	29.90

DIALYSIS FACILITIES
 (located within 30 minutes normal travel time)



- LEGEND:**
- ▲ Proposed Facility
 - Existing Facility
 - Recently Approved Facility
 - 30 Minutes Normal Travel Time

According to Ill. Adm. Code § 1110.1430(c), maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, stations and services where (A) a ratio of stations to population exceeds one and one-half times the State average; (B) historical utilization for existing facilities and services is below the target utilization; or (C) there is an insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

Ratio of Stations to Population

According to the Illinois Department of Commerce and Economic Opportunity¹, the 2010 statewide population estimate for Illinois is 13,279,091. According to the Addendum to Inventory of Health Care Facilities (October 31, 2008 – January 18, 2010), there were a total of 3,454 approved existing stations for ESRD in Illinois.

Stations to population (State) = 3,454 stations/13,279,091 = .26 stations/1,000 population

The population for the target area as defined earlier in this section was estimated to be 796,368 in 2008 (the latest data available at the zip code level from the U.S. Census Bureau). According to the Addendum to Inventory of Health Care Facilities (October 31, 2008 – January 18, 2010), there were a total of 246 approved stations for facilities located within the target area.

Stations to population (Target Area) = 246 stations/796,368 = .31 stations/1,000 population

The ratio of stations to population for the target area compared to the State average is calculated to be:

.31 stations/1,000 population (Target Area) / .26 stations/1,000 population (State) = 1.19

The ratio is less than one and one-half (or 1.5) times the State average – indicating that there is not a maldistribution of stations in the target area.

Historical Utilization at Existing Facilities

Historical utilization for existing facilities in the target area (based on 12/31/09 data from the Renal Network and on 02/01/10 data for Silver Cross facilities) is summarized in the table that follows. While it might appear as if there is capacity in the area based on historical utilization – there is not enough capacity to accommodate the projected (transferred existing patients and proposed pre-ESRD patients) that will be using the facility. In fact, the combined utilization of both Silver Cross dialysis facilities in the area is 93.8%. Both facilities are operating well above target occupancy.

¹ http://www.ildceo.net/dceo/Bureaus/Facts_Figures/Population_Projections/, Illinois Department of Commerce and Economic Opportunity.

FACILITY	ZIP	STATIONS	PATIENTS	UTILIZATION
COMMUNITY DIALYSIS OF HARVEY	60426	16	43	44.8%
DAVITA - OLYMPIA FIELDS DIALYSIS CENTER	60443	24	104	72.2%
DIRECT DIALYSIS	60445	6	49	136.1%
FMC - BOLINGBROOK DIALYSIS	60440	20	97	80.8%
FMC - LOCKPORT*	60441	12		0.0%
FMC - MOKENA DIALYSIS	60448	12	30	41.7%
FMC - NEOMEDICA - HAZELCREST	60429	12	75	104.2%
FMC - WILLOWBROOK	60527	16	72	75.0%
PALOS PARK DIALYSIS*	60462	12		0.0%
RCG - HAZELCREST	60429	16	84	87.5%
RCG - MARKHAM	60426	24	95	66.0%
RCG - ORLAND PARK	60462	16	72	75.0%
SILVER CROSS HOSPITAL**	60432	14	86	102.4%
SILVER CROSS RENAL CENTER WEST**	60431	29	156	89.7%
SUN HEALTH INC	60435	17	58	56.9%
TOTALS		246	1,021	69.2%
SUBTOTAL - SILVER CROSS FACILITIES		43	242	93.8%

Source: * recently approved. **Patient data for Silver Cross facilities (as of 02/01/10). Patient data for all other facilities (Renal Network as of 12/31/09). Station counts per Inventory of Health Facilities and the Addendum to Inventory of Health Care Facilities (October 31, 2008 - January 18, 2010).

The two newest facilities are FMC-Lockport and Palos Park Dialysis and were just approved since December 2009. It is assumed that because these two facilities received approval to establish facilities by the Illinois Health Facilities & Services Review Board, they provided adequate documentation to demonstrate that they would achieve the target utilization by the second year of operation. It is assumed that these two facilities will not have enough available capacity (since they are projected to be operating at the 80% target utilization level) to accommodate any additional patients.

Of the remaining 13 facilities in the area, seven are not operating at target occupancy levels. Five of those low occupancy facilities are not yet operating full schedules (3 shifts per day, 6 days a week) as per Illinois Health Facilities & Services Review Board requirements. One of these facilities, Fresenius-Mokena, is the newest facility to open in the area. According to the CON (#06-063) for that facility, the applicants had projected that they would have 60 patients at the end of the second year of operation (which ends April 2010) – indicating that they would be at 80% occupancy. The most recent data from the Renal Network (as of 12/31/09), however, indicates that this facility has just 30 patients – only halfway to the census they projected having at the end of April 2010.

The remaining 13 existing facilities account for 222 total stations. If these facilities were all operating at the target utilization level of 80%, they would have enough capacity to treat a total of 1,066 patients (222 stations multiplied by 6 patients per station multiplied by 80% target occupancy).

Total stations available in area	222
Total patient capacity (100% occupancy)	1332
Total patient capacity (at State target occupancy of 80%)	1066
Current patients	1021
Calculated available capacity	45
Projected total pre-ESRD patients in the area	73
Projected need exceeds remaining available capacity	-28

Data as of 12/31/09 per the Renal Network (and as of 02/01/10 for Silver Cross facilities) indicates that there were 1,021 patients being treated in the area. As a result, it is estimated that there is only enough available capacity to accommodate 45 more patients (1,066 less 1,021 = 45 patients) at providers in the target area. That calculated "available capacity" falls **well below** the 73 total projected pre-ESRD patients that physicians expect to start treatment in the next two years (per physician referral letters included at ATTACHMENT-20) and below the 54 projected pre-ESRD patient that are expected to use the proposed facility. As a result, there is not enough available capacity in the area to accommodate total projected patients.

Six facilities in the area are operating at or above the Board's required occupancy rate of 80% – including both facilities that are owned and operated by Silver Cross Hospital. In fact, Silver Cross Renal Center-East has operated above 100% occupancy for more than four years and has a current utilization level above 102%. Occupancy rates for both Silver Cross dialysis facilities located in the target service area are summarized in the following table:

AS OF DATE	SILVER CROSS HOSPITAL DIALYSIS		SILVER CROSS RENAL CENTER WEST	
	PATIENTS	OCCUPANCY	PATIENTS	OCCUPANCY
12/31/06	92	109.5%	114	111.8%
12/31/07	87	103.6%	133	76.4%*
12/31/08	88	104.8%	142	81.6%
12/31/09	88	104.8%	161	92.5%
02/01/10	86	102.4%	156	89.7%

Source: 2006 – 2009 data from the Renal Network, 02/01/10 data from Hospital records. *Silver Cross Renal Center –West added 12 stations at the end of 2006 – occupancy for 2006 was calculated based on 17 stations. Occupancy for 2007 was based on 29 stations – the first full year after those additional stations became operational.

Silver Cross Renal Center-East can readily justify the need for 19 stations based on current patient volumes alone (86 patients as of 02/01/10):

- 86 patients divided by 3 shifts per week divided by 2 cycles per week = 14.3 stations (or 15 stations with rounding) operating at 100% occupancy

- 15 stations operating at 80% occupancy =18.75 stations (or 19 stations with rounding)

In fact, IHFSRB Staff also confirmed that the hospital's patient load justifies the need for 19 stations during the Board's review of Silver Cross' MSB CON application (#09-066) at the March 2, 2010 meeting.

Sufficient Population to Reach Target Utilization

The table below summarizes the methodology used to size the proposed facility. It is estimated that 18 existing Silver Cross Renal Center-East patients will transfer to Silver Cross Renal Center-West – as that facility will be more conveniently located for those patients. The hospital also recognizes that patients leave treatment due to a transplant, recovery of function, a move out of the area or death. In addition, physician referral letters indicate that they have identified 73 patients that are expected to start treatment in the next twelve to twenty-four months. Of those, 54 are expected to use the proposed facility, 18 are expected to use Silver Cross Renal Center-West and one is expected to use Silver Cross Renal Center-Morris. As a result, it is projected that 94 patients will be using the proposed facility in year two after opening. With 19 stations, that facility is projected to be operating at 82.5% occupancy – above the State's target utilization level. (Furthermore, not only will the proposed facility be operating above target occupancy, Silver Cross Renal Center-West will continue to do so as well.)

MEASURE	SILVER CROSS RENAL CENTER - EAST (Proposed Relocated & Expanded Facility)	SILVER CROSS RENAL CENTER - WEST
Current Stations	14	29
Current Patients (as of 02/01/10)	86	156
Projected Patient Loss (transplant, recovery of function, move out of area, death)	-28	-52
Patients Reassigned to West (from Silver Cross Renal Center-East)	-18	18
Projected Patients Referrals (pre-ESRD from physician referral letters)	54	18
Projected Total Patients (2014) (operating at 80% occupancy)	94	140
Projected Station Need (projected total patients/80% occupancy/6 patients per station)	19.58	29.17
Proposed Stations (proposed for East/current for West)	19	29
Total Available Capacity (based on proposed stations for East/current stations for West)	114	174
Projected Occupancy (2014) (projected total patients / total capacity)	82.5%	80.5%

The number of patients (existing transfer patients plus projected referrals less those leaving treatment) that is projected to use the proposed facility demonstrates that there is sufficient population in the target area to provide the caseload necessary to achieve target occupancy. As has already been indicated in other sections of this application, physicians have indicated in their referral letters that they are not treating patients at any other area facilities – therefore no other facility will be negatively impacted. All patients projected to use the proposed facility are either existing patients at Silver Cross Renal Center-East or have been identified by physicians as needing services within the next twelve to twenty-four months.

Section VII
Attachment 24
Category of Service Review Criteria

G) CATEGORY OF SERVICE MODERNIZATION

Does not apply

Section VII
Attachment 25
Category of Service Review Criteria

H) STAFFING AVAILABILITY

1) Documentation of Qualifications

Preeti Nagarkatte, M.D. is the Medical Director for all three Silver Cross dialysis units – Silver Cross Renal Center – East, Silver Cross Renal Center – West and Silver Cross Renal Center – Morris. A curriculum vitae for Dr. Nagarkatte is attached at ATTACHMENT-25.

Current staffing of the unit – including staff names and qualifications – is contained in the table below:

NAME	POSITION	QUALIFICATIONS
Nancy Carroll	Coordinator	RN, CNN
Joyce Williams	Coordinator	RN
Kellie Bailey	Clinical Dietitian	
Hannelore Trafton	Clinical Dietitian	
Jilliana Buck	Dialysis Technician	CHHT
Mary Jo Marchio	Dialysis Technician	CHHT
Rehana Ali	Dialysis Technician	CHHT
Agnes Bautista	Dialysis Technician	CHHT
Earl Ramiro	Dialysis Technician	CHHT
Andrzej Mleczko	Dialysis Technician	CHHT
Racquel Guterrez-Clark	Social Worker	LSW, Masters
Joanne Falcis	Nurse	RN, BSN, CNN
Terri Lee Niemeyer	Nurse	RN
Kim Stevens	Nurse	RN
Kara (Rutter) Thomas	Nurse	RN, BSN
Angela Vieceli-Pilon	Nurse	RN
Joshua Vize	Nurse	RN
Robin Ward	Nurse	RN
Sarah White	Nurse	RN, BSN
Frenny Christian	Nurse	RN
Karen Aldworth	Nurse	RN
Laurie Alberico	Nurse	RN, BSN
Irene Ramos	Nurse	RN, BSN

Licenses for clinical and professional staff are attached at ATTACHMENT-25.

2) Documentation of Training

All patient care staff and licensed/registered professionals will meet the State of Illinois requirements.

All staff will go through a general hospital orientation followed by a department-specific orientation. The dialysis department-specific orientation includes the following components:

- Structure of the dialysis department and scope of service
- Organizational chart and relationship to other departments
- Review of job description

- Manager's role, philosophy, and department goals
- Customer service behaviors
- Training schedule and timeline
- Introduction to and review of departmental policies and procedures
- Physical plant tour
- Safety and security
- Fire safety
- Codes and actions to be taken
- Telephone disaster
- Electrical safety
- Radiation safety
- MRI safety
- Infection Control
- Corporate compliance
- HIPAA/ confidentiality
- Health information system
- Improving organizational performance
- Patient rights
- Age-specific communication
- Cultural sensitivity

An orientation and skills checklist is completed for each employee. Topics that are covered include:

- Equipment, general use and troubleshooting
- Pre-dialysis assessment
- Vascular access
- Monitoring of patient during dialysis
- Post-dialysis assessment
- Special procedures
- Medication policy
- Infection control
- Administration of blood / albumin during dialysis
- Dialysis emergency procedures
- Water treatment
- Reactions during dialysis
- Regulatory and compliance issues
- Safety
- Documentation
- Age-specific competencies
- Patient rights
- Cultural sensitivity

Silver Cross Hospital Renal Center-East also holds manager/preceptor/orientee summary meetings during which each employee's work performance is evaluated and any action plans and follow up are discussed.

Annually, there are dialysis-specific competencies that are re-tested – including infection control, water room and access care.

3) Documentation of Staffing Plan

Silver Cross Renal Center – East Staffing Plan				
Staffing	2010	2011	2012*	2013*
Medical Director	1.0	1.0	1.0	1.0
R.N. Coordinator	1.4	1.4	1.4	1.4
Registered Nurse	7.7	7.7	8.0	8.0
Dialysis Technicians	5.7	5.7	6.0	7.0
Dietitian	1.0	1.0	1.2	1.5
Social Worker	1.0	1.0	1.2	1.5
Total	17.8	17.8	18.8	20.4

**assumes the 5 new stations are at 50% occupancy in year one (2012) and that they are at 80% in year two (2013) based on three shifts per day, six days a week. As of 2010, the facility is operating at more than 100% occupancy based on the utilization standards specified in 77 Ill. Adm Code 1100 for in-center hemodialysis.*

The above staffing model is required to maintain a 4-to-1 patient-staff ratio at all times on the unit. An R.N. will be on duty at all times when the facility is in operation.

Silver Cross Hospital Renal Center East will continue to staff the new facility with all needed, qualified personnel. It is anticipated that all staff (the 17.8 FTEs identified in the table above) that currently work at the existing Silver Cross Renal Center – East facility will transfer to the relocated and expanded dialysis facility when it opens. In 2012, the five new stations are projected to need additional R.N, Dialysis Technician, Social Worker and Dietitian hours that, when combined, will total one full time equivalent staff member. In 2013, the hospital is projecting the need for an additional 1.6 FTE's in order to manage expected 80% utilization of the facility.

To achieve this staffing level, the hospital will continue to recruit qualified personnel through the Human Resources department. Openings will be posted on the Silver Cross Hospital Internet and Intranet. Human Resource recruiters will pre-screen applicants for qualified candidates. Coordinators and selected staff will interview potential candidates. Job offers will be made that are consistent with equity and merit qualifications in the respective department and job code.

As stated earlier, it is anticipated that the staff at the existing dialysis center will transfer to the new facility when it opens. The hospital currently has a number of applications on file for positions in the dialysis center. As of February 2010, the hospital had the following number of applications on file:

- RN – 75 applications specifically for Dialysis openings
- Social Worker – 12 applications for current open dialysis position (65 other applications on file for general Social Worker positions)
- Dietitian – 15 applications
- Dialysis Technicians – 35 applications on file

4) Documentation of Medical Staff

A signed and dated letter from Silver Cross is included as ATTACHMENT-25 certifying that the hospital will maintain an open medical staff.

PREETI RAO NAGARKATTE
1000 Keystone Avenue
River Forest, IL 60305
Ph: (708) 488-0031

EDUCATION:

Fellow, Nephrology,
Pritzker School of Medicine
University of Chicago (June 2001)
Chicago, Illinois

Board Certified in Internal Medicine (August 1999)

Residency, Internal Medicine,
Rush Presbyterian St. Luke's Medical Center (June 1999)
Chicago, Illinois

M.D., University of Cincinnati College of Medicine (June 1996)
Cincinnati, Ohio

B.S., Biochemistry, University of Cincinnati (June 1992)
University Honors Scholars Program
Cincinnati, Ohio

RESEARCH AND PUBLICATIONS:

"Analgesic Nephropathy", MD Vista
September, 2000.

University of Chicago, Department of Nephrology (Present)
Currently involved with following research projects:

- Conducting research associated with understanding Vitamin D receptor up-regulation and the effects of the diuretic chlorthalidone on the receptor in patients with idiopathic hypercalcaemia.
- Studying the effect of h5a1-ab (an anti-human antibody) on proteinuria and the progression of renal insufficiency in patients with membranous nephropathy.
- Conducting a meta-analysis of the efficacy of steroid withdrawal in kidney transplant patients.

HONORS:

- Phi Beta Kappa
- magna cum laude
- Departmental Honors in Biochemistry
- The Student Affiliates of the American Chemical Society Award
- Albert B. Voorheis Scholarship (full) - University of Cincinnati
- The Ohio Board of Regents Scholarship (undergraduate and medical school)
- Dean's List
- Golden Key National Honor Society
- Alpha Lambda Delta Freshman Honor Society

EXPERIENCE:

Research Assistant, 1993 Summer
University of Cincinnati Stroke Team, Department of Neurology, Cincinnati, Ohio
Responsible for the study of patients with intracerebral hemorrhages looking at different variables such as blood pressure and pulse and how they affect patient morbidity and mortality.

Biochemistry Tutor, 1993 Winter

University of Cincinnati, Department of Biochemistry, Cincinnati, Ohio
Responsible for teaching medical biochemistry for first-year students.

Research Assistant, 1990

University of Cincinnati, Department of Cardiology, Cincinnati, Ohio
Responsible for analyzing data for retrospective study on cardiac transplant patient rehabilitation.

Research Assistant, 1989

University of Cincinnati, Department of Cardiology, Cincinnati, Ohio
Responsible for biochemistry project analyzing urine metabolites in cardiac patients.

AFFILIATIONS:

Member - AMA, ASIM, Chicago Medical Society

Member of Education Coordination Committee (1994-1996)

Co-chair of Medical Students Association (1993-1994)

President of Medical Class (1992-1993)

Honors Students Association (1989-1992)

President of Youth Activities Club, Kaveri, Inc. (1990-1991)

Member of University Task Force (1989-1990)

Member of University of Cincinnati Student Government Programming Committee

REFERENCES:

Available upon request

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

This license, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
05/31/2010

LICENSE NO
041-232068

REGISTERED
PROFESSIONAL NURSE

NANCY L CARROLL
15400 DELANEY RD
MANHATTAN, IL 60442



DEAN MARTINEZ
SECRETARY

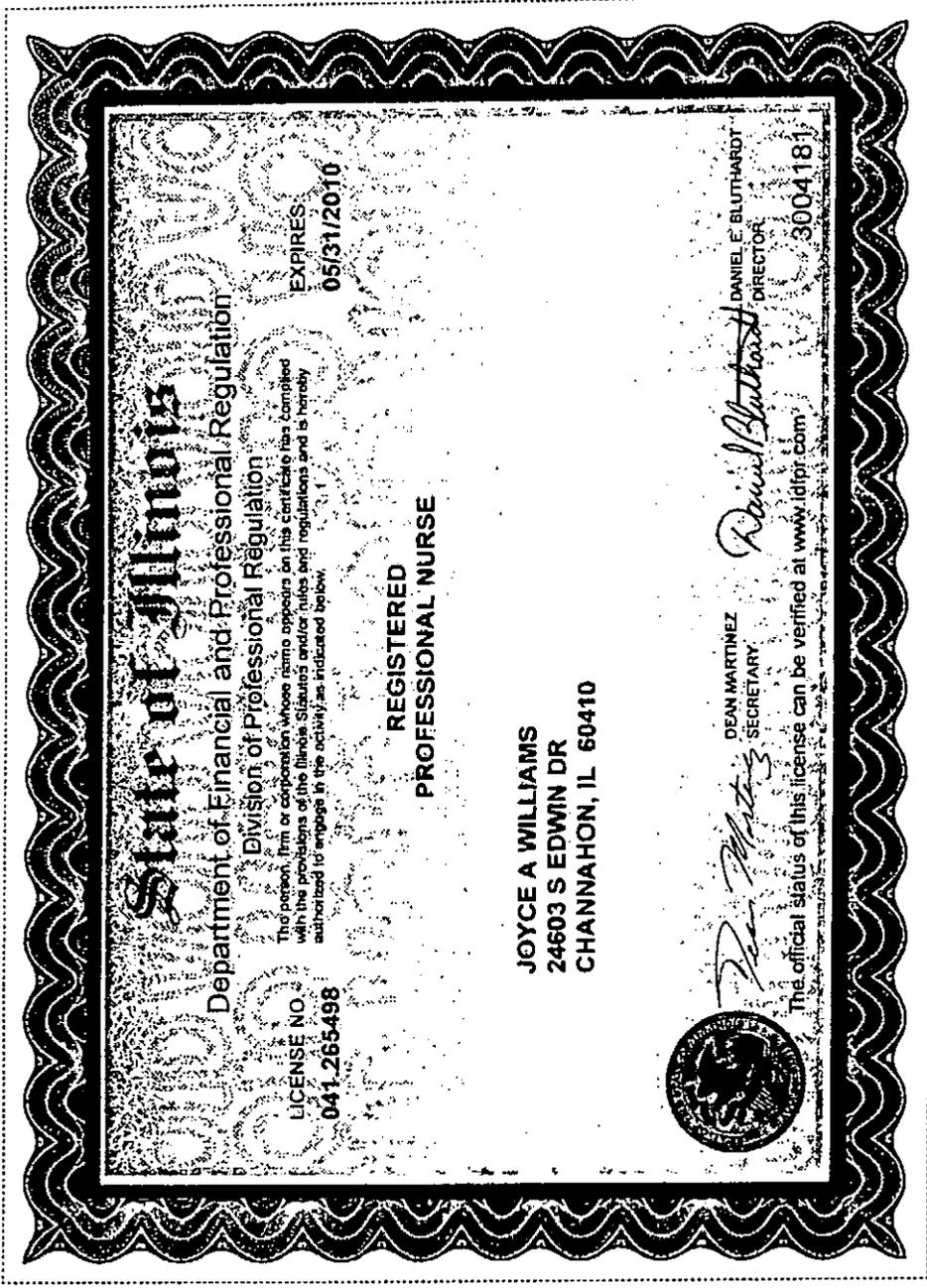
Dean Martinez

DANIEL E. BLUTHARDT
DIRECTOR

3058789

The official status of this license can be verified at www.dfr.com

Cut on Dotted Line



State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statute's and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LICENSE NO.
041-265498

EXPIRES
05/31/2010

REGISTERED
PROFESSIONAL NURSE

JOYCE A WILLIAMS
24603 S EDWIN DR
CHANNANON, IL 60410



DEAN MARTINEZ
SECRETARY

Dean Martinez

DANIEL E. BLUTHARDT
DIRECTOR

Daniel Bluthardt

The official status of this license can be verified at www.idpr.com

3004181

Cut on Dotted Line

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
164.002966

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
10/31/2011

LICENSED
DIETITIAN NUTRITIONIST

KELLIE R BAILEY
1204 RYEHILL COURT
JOLIET, IL 60431



Brent E. Adams

BRENT E. ADAMS
ACTING SECRETARY

Daniel E. Bluthardt

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

4571208

8
Cut on Dotted Line

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
164.001195

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
10/31/2011

LICENSED
DIETITIAN NUTRITIONIST

HANNELORE STRENGE TRAFTON
1929 CONNIE DR
CREST HILL, IL 60403



Handwritten signature of Brent E. Adams in black ink.

BRENT E. ADAMS
ACTING SECRETARY

Handwritten signature of Daniel E. Bluthardt in black ink.

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

4526228

Clinical Hemodialysis Technician Certification Examination

Performance Report of:

Jillana M. Buck
P.O. Box 191
South Wilmington, IL 60474

Social Security Number
xxx-xx-3377

Soc. Sec. No. is Masked to preserve your privacy

Examination Date: March 1, 2009

Site # 09 - 1770
Joliet, IL

Standard
Score (*)

115

>>>> PASSED <<<<

* This is your total test score expressed as a standardized scaled score with a mean of 100 and a standard deviation of 10.

A standard score of 95 is required to pass.

Certificates and Wallet cards will be mailed from the NNCC National Office approximately 4 - 6 weeks after you receive this notification.

Clinical Hemodialysis Technician Certification Examination

Performance Report of:

Mary J. Marchio
407 Oscar Ave.
Joliet, IL 60433

(nee Keyt)

Social Security Number
xxx-xx-9193

Soc. Sec. No. is Masked to preserve your privacy

Examination Date: March 1, 2009

Site # 09 - 1770
Joliet, IL

Standard
Score (*)

115

>>>> PASSED <<<<

* This is your total test score expressed as a standardized scaled score with a mean of 100 and a standard deviation of 10.

A standard score of 95 is required to pass.

Certificates and Wallet cards will be mailed from the NNCC National Office approximately 4 - 6 weeks after you receive this notification.

Clinical Hemodialysis Technician Certification Examination

Performance Report of:

Rehana S. Ali
135 N. Broadview Ave.
Lombard, IL 60148

Social Security Number
xxx-xx-3478

Soc. Sec. No. is Masked to preserve your privacy

Examination Date: March 1, 2009

Site # 09 - 1770
Joliet, IL

Standard
Score (*)

108

>>>> PASSED <<<<

* This is your total test score expressed as a standardized scaled score with a mean of 100 and a standard deviation of 10.

A standard score of 95 is required to pass.

Certificates and Wallet cards will be mailed from the NNCC National Office approximately 4 - 6 weeks after you receive this notification.

ATTACHMENT 25

Clinical Hemodialysis Technician Certification Examination

Performance Report of:

**Agnes T. Bautista
1577 Amaryllis Drive
Romeoville, IL 60446**

(nee Tamar)

**Social Security Number
xxx-xx-8459**

Soc. Sec. No. is Masked to preserve your privacy

Examination Date: March 1, 2009

**Site # 09 - 1770
Joliet, IL**

**Standard
Score (*)**

105

>>>> PASSED <<<<<

* This is your total test score expressed as a standardized scaled score with a mean of 100 and a standard deviation of 10.

A standard score of 95 is required to pass.

Certificates and Wallet cards will be mailed from the NNCC National Office approximately 4 - 6 weeks after you receive this notification.

Clinical Hemodialysis Technician Certification Examination

Performance Report of:

Earl E. Ramiro
1977 Wedgeport Circle
Romeoville, IL 60446

(nee Valdez)

Social Security Number
xxx-xx-4044

Soc. Sec. No. is Masked to preserve your privacy

Examination Date: March 1, 2009

Site # 09 - 1770
Joliet, IL

Standard
Score (*)

100

>>>> PASSED <<<<

* This is your total test score expressed as a standardized scaled score with a mean of 100 and a standard deviation of 10.

A standard score of 95 is required to pass.

Certificates and Wallet cards will be mailed from the NNCC National Office approximately 4 - 6 weeks after you receive this notification.

ATTACHMENT 25

Clinical Hemodialysis Technician Certification Examination

Performance Report of:

Andy Mieczko
3311 Tamaira St
Plano, IL 60545

Social Security Number
xxx-xx-4181

Soc. Sec. No. is Masked to preserve your privacy

Examination Date: November 14, 2009

Site # 77 - 5571
Milwaukee, WI

**Standard
Score (*)**

95

>>>> PASSED <<<<<

* This is your total test score expressed as a standardized scaled score with a mean of 100 and a standard deviation of 10.

A standard score of 95 is required to pass

Certificates and Wallet cards will be mailed from the NNCC National Office approximately 8 - 10 weeks after you receive this notification.

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LICENSE NO.
150.008838

EXPIRES:
11/30/2011

LICENSED SOCIAL WORKER
MASTERS

RAQUEL CHRISTINE GUTERREZ



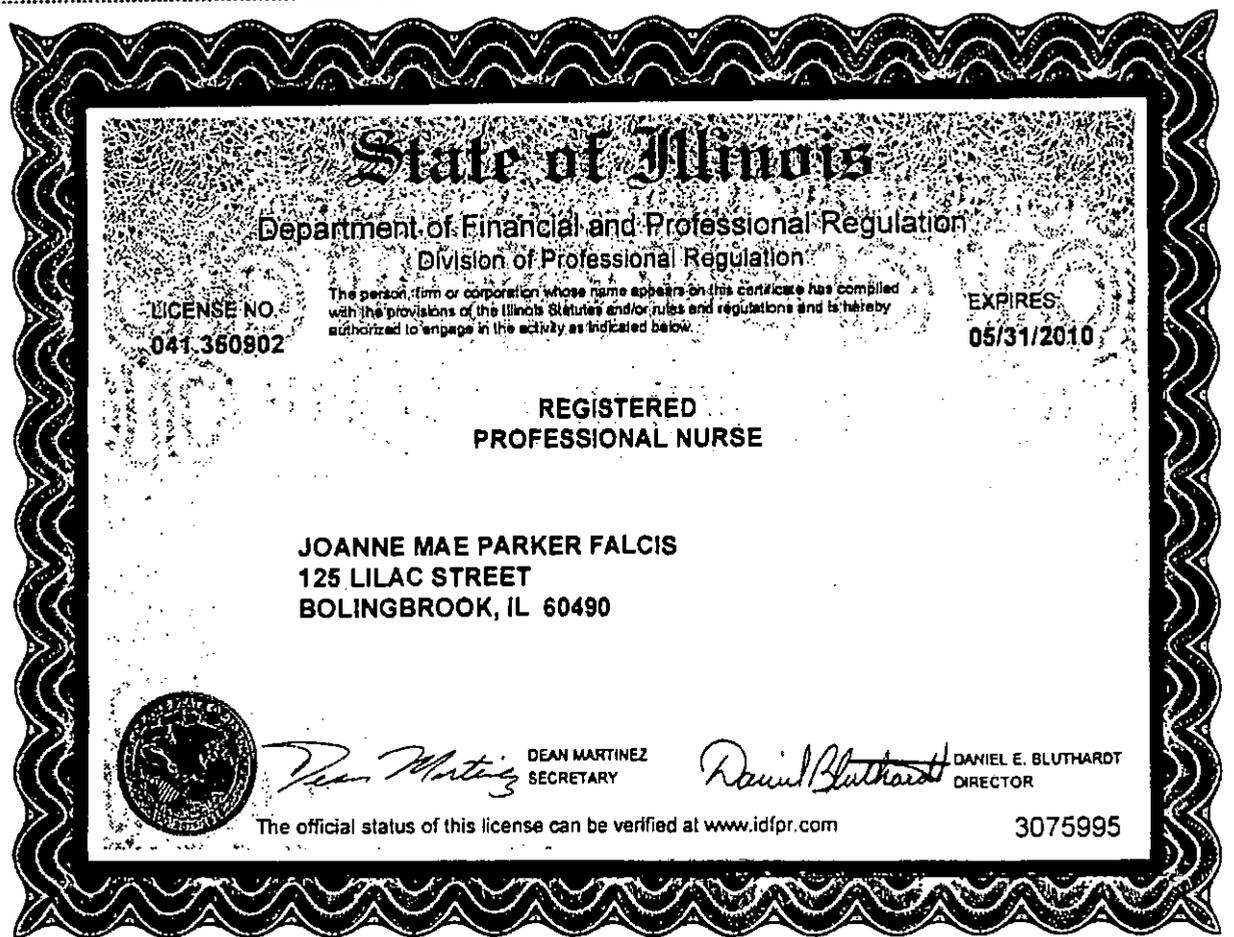
BCE

BRENT E. ADAMS
SECRETARY

Daniel Bluthardt
DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.tarp.com.

4611456



State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041.360902

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
05/31/2010

REGISTERED
PROFESSIONAL NURSE

JOANNE MAE PARKER FALCIS
125 LILAC STREET
BOLINGBROOK, IL 60490



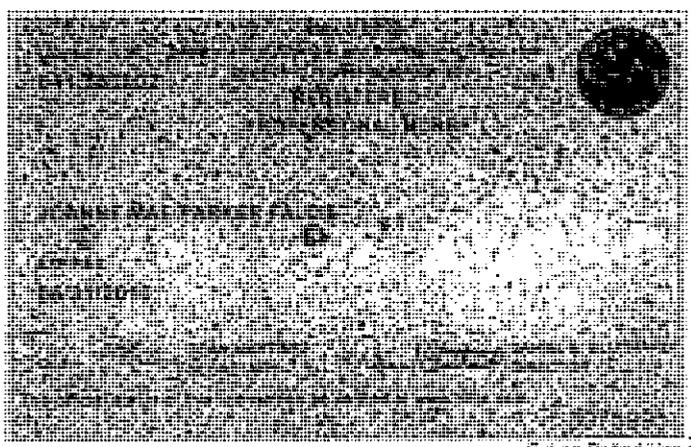
Dean Martinez DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3075995

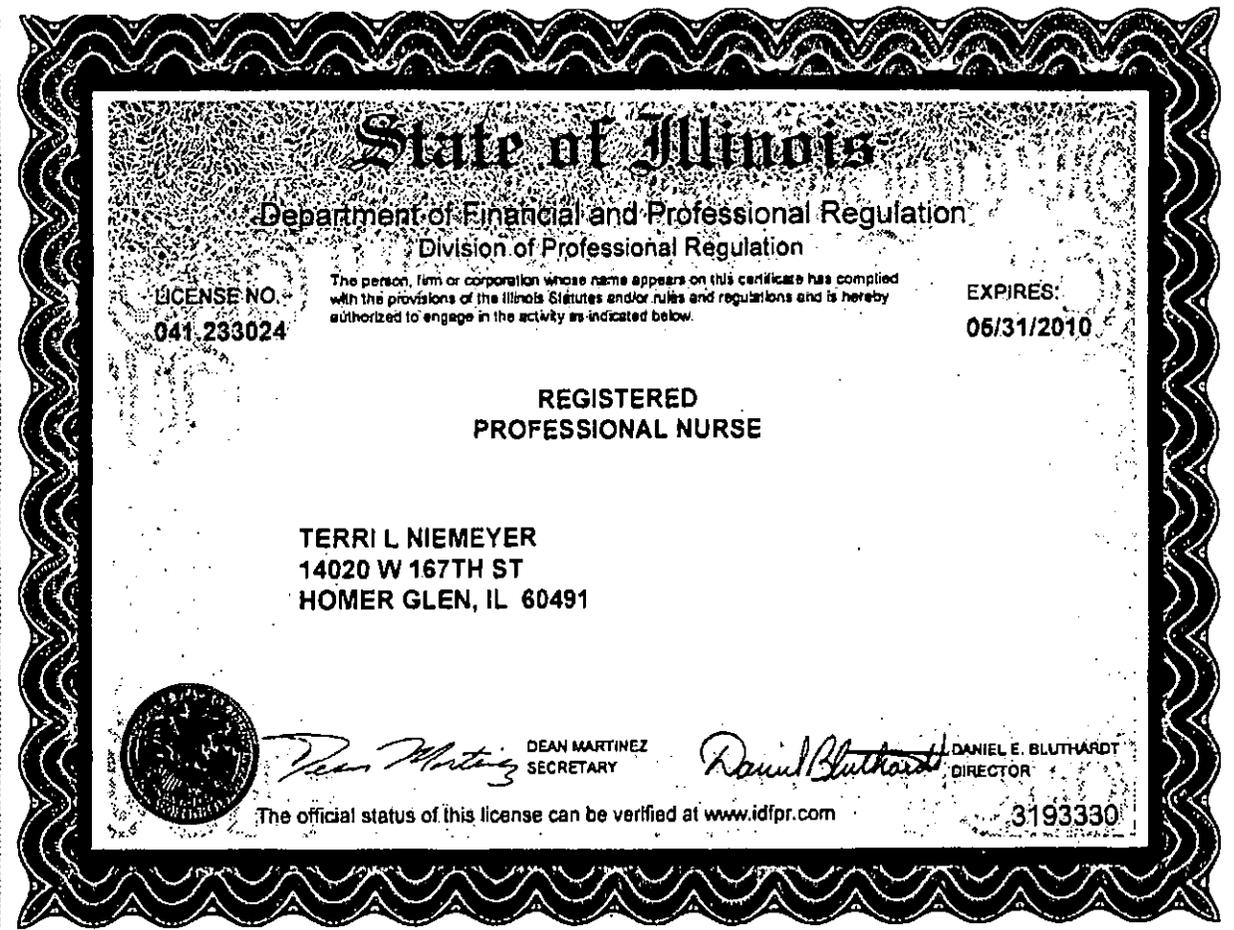
Cut on Dotted Line



Cut on Dotted Line

20080411-1/02557

ATTACHMENT 25



State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041.233024

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
06/31/2010

REGISTERED
PROFESSIONAL NURSE

TERRI L NIEMEYER
14020 W 167TH ST
HOMER GLEN, IL 60491



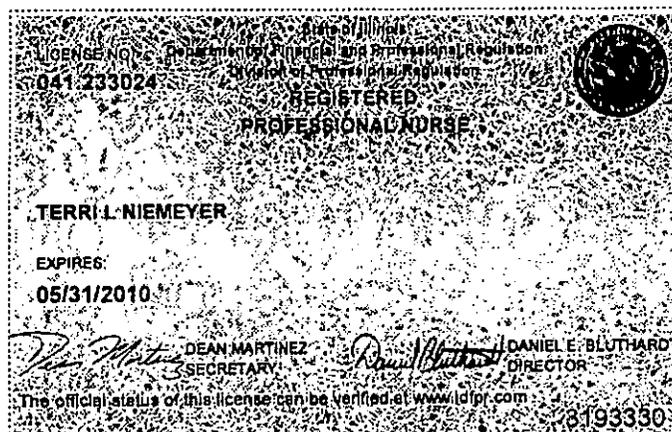
Dean Martinez
DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt
DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3193330

Cut on Dotted Line



LICENSE NO.
041.233024

Department of Financial and Professional Regulation
Division of Professional Regulation

REGISTERED
PROFESSIONAL NURSE

TERRI L NIEMEYER

EXPIRES:
05/31/2010

Dean Martinez
DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt
DANIEL E. BLUTHARDT
DIRECTOR

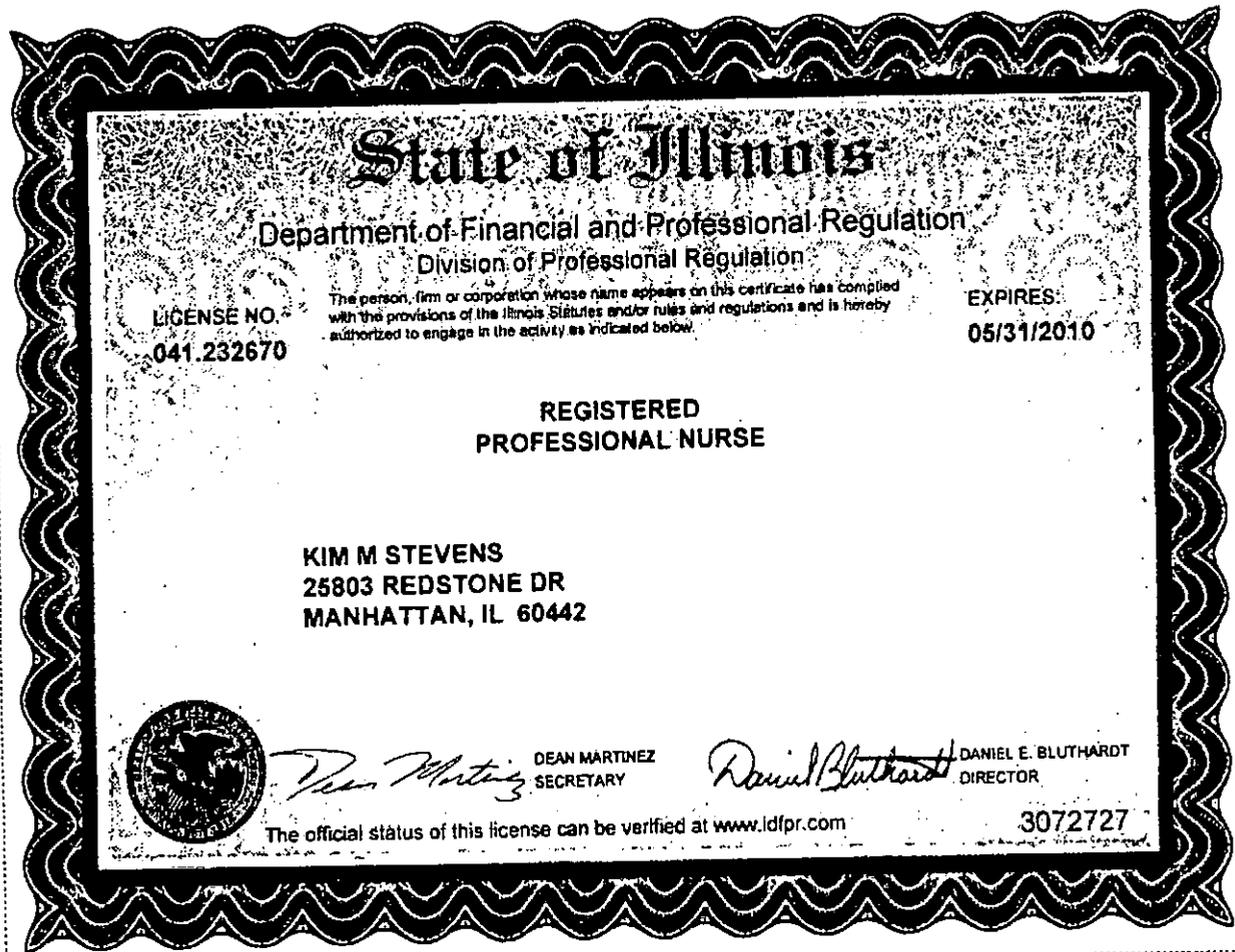
The official status of this license can be verified at www.idfpr.com

3193330

Cut on Dotted Line

20080418;1/00727

ATTACHMENT 25



State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041.232670

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
05/31/2010

**REGISTERED
PROFESSIONAL NURSE**

**KIM M STEVENS
25803 REDSTONE DR
MANHATTAN, IL 60442**



Dean Martinez

DEAN MARTINEZ
SECRETARY

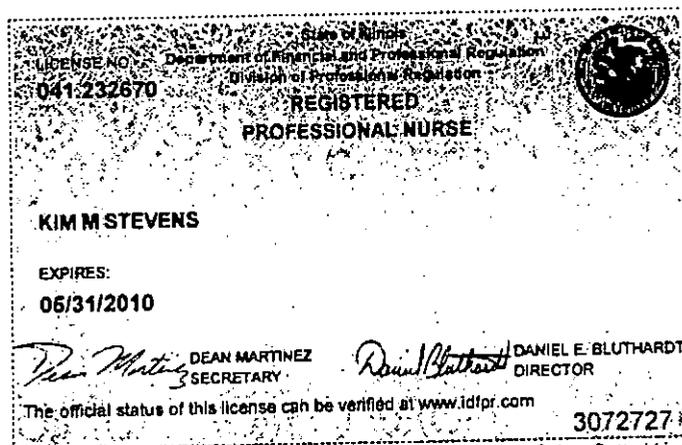
Daniel E. Bluthardt

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3072727

Cut on Dotted Line ✂



LICENSE NO.
041.232670

State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation

**REGISTERED
PROFESSIONAL NURSE**

KIM M STEVENS

EXPIRES:
06/31/2010

Dean Martinez
DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt
DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3072727

Cut on Dotted Line ✂

20080410-1/01318

ATTACHMENT 25

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

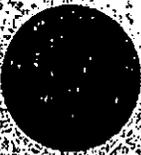
LICENSE NO.
041-359151

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
05/31/2010

**REGISTERED
PROFESSIONAL NURSE**

KARA RUTTER
608 E 11TH ST
LOCKPORT, IL 60441



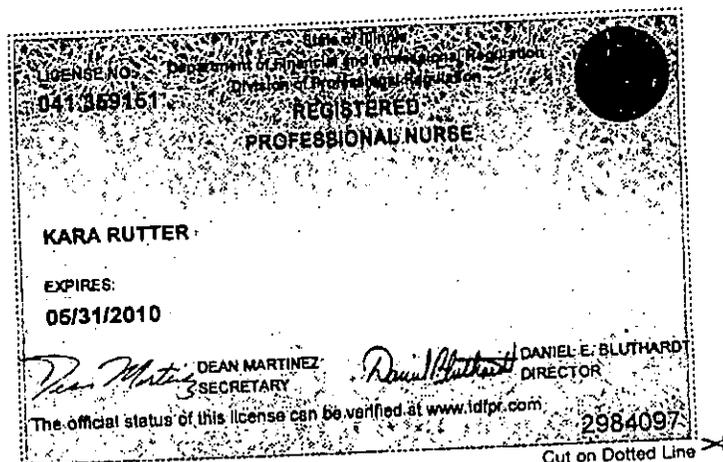
Dean Martinez
DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt
DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

2984097

Cut on Dotted Line



LICENSE NO.
041-359151

Department of Financial and Professional Regulation
Division of Professional Regulation

**REGISTERED
PROFESSIONAL NURSE**

KARA RUTTER

EXPIRES:
05/31/2010

Dean Martinez
DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt
DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

2984097

Cut on Dotted Line

20080320-1/05470

ATTACHMENT 25

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

The Association of Boards of Accountancy, which is a member of the International Board of Standards and Practices for Certified Public Accountants, is authorized to suspend CPAs active as indicated below.

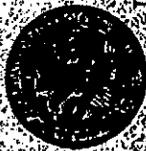
LICENSE NO. 041-330467

EXPIRES

05/31/2010

REGISTERED
PROFESSIONAL NURSE

ANGELA M. VIECELI PILON
907 ARROWHEAD DR
ELWOOD, IL 60421



DEAN MARTINEZ
SECRETARY

Dean Martinez
DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.dps.state.il.us

3078520

Cut on Dotted Line

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO. 041 344477
EXPIRES 05/31/2010

REGISTERED
PROFESSIONAL NURSE

JOSHUA C VIZE
620 ARMSTRONG ST
MORRIS, IL 60450



DEAN MARTINEZ
SECRETARY

Dean Martinez

DANIEL E. BLUTHARDT
DIRECTOR

2007-2010

The official status of this license can be verified at www.idpr.com

Cut on Dotted Line

COPY

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
041.351054

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
05/31/2010

**REGISTERED
PROFESSIONAL NURSE**

ROBIN M WARD
825 W EUREKA LN
BRAIDWOOD, IL 60408



Dean Martinez

DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3289498

Cut on Dotted Line ✂

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

This is a non-commercial, non-profit corporation of the State of Illinois, organized under the laws of the State of Illinois under the rules and regulations of the State of Illinois. It is not subject to the provisions of the Illinois Non-Profit Code, Chapter 170, Illinois Compiled Statutes (CS).

EXPIRES
05/31/2010

LICENSE NO.
041-296883

REGISTERED
PROFESSIONAL NURSE

SARAH A WHITE
884 REDWOOD DR
ELWOOD, IL 60421



DEAN MARTINEZ
SECRETARY

Dean Martinez

DANIEL E. BULLHARDT
DIRECTOR

3286082

The official status of this license can be verified at www.idfpr.com

Cut on Dotted Line

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO:
041.365862

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
05/31/2010

**REGISTERED
PROFESSIONAL NURSE**

**FRENNY N CHRISTIAN
3 ALEXANDER CT
BOLINGBROOK, IL 60490**



Deann Martinez
DEANN MARTINEZ
SECRETARY

Daniel E. Balthasar
DANIEL E. BALTHASAR
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3200325

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041.189998

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
05/31/2010

REGISTERED
PROFESSIONAL NURSE

KAREN IRENE ALDORTH
710 CAMBRIDGE
SHOREWOOD, IL 60404



Dean Martinez

DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3071354

Cut on Dotted Line

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041-270395

The person or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
05/31/2010

REGISTERED
PROFESSIONAL NURSE

LAURIE A ALBERICO
14210 HIGH RD
LOCKPORT, IL 60441



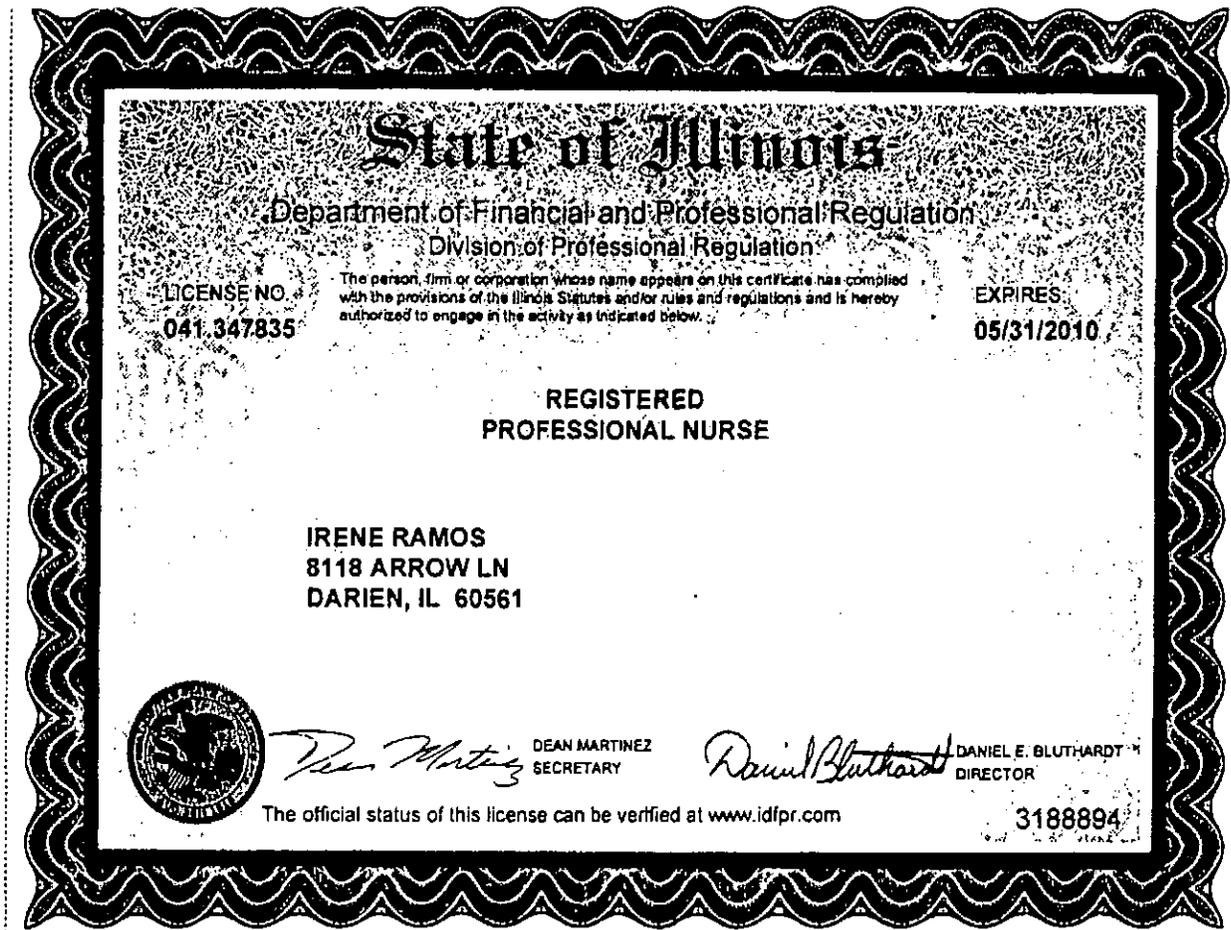
Dean Martinez
DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt
DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idpr.com

2994700

Cut on Dotted Line



State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041-347835

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
05/31/2010

REGISTERED
PROFESSIONAL NURSE

IRENE RAMOS
8118 ARROW LN
DARIEN, IL 60561



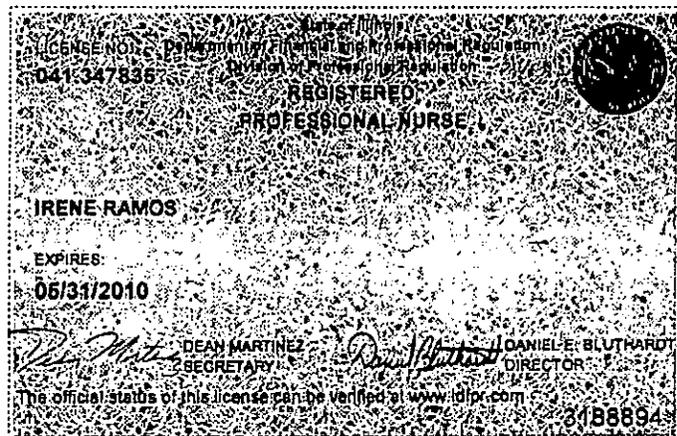
Dean Martinez DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3188894

Cut on Dotted Line ✂



LICENSE NO.
041-347835

REGISTERED
PROFESSIONAL NURSE

IRENE RAMOS

EXPIRES:
05/31/2010

Dean Martinez DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3188894

Cut on Dotted Line ✂

20080417-1/02418

ATTACHMENT 25



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 22, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino:

RE: Project to Relocate and Expand Silver Cross Hospital Renal Center

Dear Mr. Constantino:

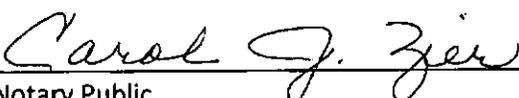
Pursuant to 77 Ill. Admin. Code § 1110.1430(e)(5), Silver Cross Hospital & Medical Centers and Silver Cross Health System – the applicants to the project referenced above – certify that the proposed facility will maintain an open medical staff.

Sincerely,

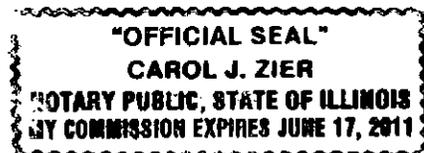


Mary Bakken
Chief Operating Officer

Subscribed and sworn before me
this 22nd day of February, 2010.



Notary Public



Section VII
Attachment 26
Category of Service Review Criteria

SUPPORT SERVICES

A letter certifying the following is attached at ATTACHMENT-26:

- participation in a dialysis system
- make available support services including clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric and social services, and
- provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 22, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino:

RE: Project to Relocate and Expand Silver Cross Hospital Renal Center

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code § 1110.1430(f)(1),(2), and (3), Silver Cross Hospital & Medical Centers and Silver Cross Health System – the applicants to the project referenced above – certify to the following:

- The proposed facility (a relocation and expansion of an existing facility) will participate in a dialysis data system
- Clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric and social services will be continue to be available at the proposed facility
- Training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training will be provided at the proposed facility

Sincerely,

Keith Nelson
Administrative Director, Dialysis and Lab

Subscribed and sworn before me
this 22nd day of February, 2010.

Notary Public

Section VII
Category of Service Review Criteria

MINIMUM NUMBER OF STATIONS

According to Ill. Adm. Code § 1110.1430(g), the minimum number of in-center hemodialysis stations for an End Stage Renal Disease (ESRD) facility is eight for a facility within an MSA. The proposed facility will meet this criterion – as it will have 19 stations and it will be located within an MSA.

Section VII
Attachment 26
Category of Service Review Criteria

CONTINUITY OF CARE

As this facility will be located on the same campus as Silver Cross Hospital, inpatient and other hospital services will be immediately available. A signed, written affiliation arrangement between Silver Cross Renal Center-East and Silver Cross Hospital is attached at ATTACHMENT-26.



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 22, 2010

Mr. Keith Nelson
Administrative Director
Silver Cross Hospital Renal Center East
1200 Maple Road
Joliet, IL 60432

Dear Mr. Nelson

Silver Cross Hospital will provide emergency treatment or hospitalization, as medically determined by the attending physician, for patients with end-stage renal disease at Silver Cross Hospital Renal Center East. The Hospital will provide the needed diagnostic or any other physician ordered hospital-based service, which would include acute care dialysis, rehabilitation, blood bank, psychiatric and pathological laboratory services.

Transfer or referral of patients between Silver Cross Hospital Renal Center East and Silver Cross Hospital will continue with this agreement, until one of the parties notifies the other in writing of a change. This notice will be made 30 days prior to termination of the agreement.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Gricus".

Peggy Gricus,
Vice President, Patient Care Services
Silver Cross Hospital

Section VII
Attachment 26
Category of Service Review Criteria

RELOCATION OF FACILITIES

According to Ill. Adm. Code § 1110.1430(i), this criterion may only be used to justify the relocation of a facility from one location in the planning area to another in the same planning area and **may not be used** to justify any additional stations. As the proposed project includes the addition of five stations of an existing facility in a new location, this criterion does not apply.

Section VII
Attachment 26
Category of Service Review Criteria

ASSURANCES

A letter certifying the achievement of target utilization by the second year of operation and that outcome measures will meet or exceed required standards is attached at ATTACHMENT-26.



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

February 22, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino:

RE: Project to Relocate and Expand Silver Cross Hospital Renal Center

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code § 1110.1430(fj)(1) and (2), Silver Cross Hospital & Medical Centers and Silver Cross Health System – the applicants to the project referenced above – certify to the following:

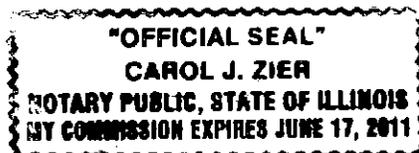
- By the second year of operation after the project completion, the proposed facility will achieve and maintain target utilization of 80% at the proposed facility, and
- Hemodialysis outcome measures will be achieved and maintained as follows:
 - ≥ 85% of hemodialysis patients will achieve a urea reduction ratio (URR) of 65% or better and
 - ≥ 85% of hemodialysis patients will achieve Kt/V Daugirdas II.1.2.

Sincerely,

Paul Pawlak
President & CEO

Subscribed and sworn before me
this 17th day of February, 2010.

Notary Public



Section IX
Attachment 75
Financial Feasibility

A) Financial Viability

1) Viability Ratios - On May 19, 2009, Fitch assigned a "BBB+" rating to approximately \$250 million of Illinois Finance Authority revenue bonds issued by Silver Cross to finance the construction of the replacement hospital. Fitch has also assigned a "Stable" ratings outlook for the hospital. It is important to note that Silver Cross had an "A" bond rating during the years prior to issuing the replacement hospital bonds in May 2009. According to Fitch, the rationale for the "BBB+" rating reflects the anticipated weakening of Silver Cross' financial position during the construction of the replacement hospital. Fitch ultimately concluded that Silver Cross' "historical profitability has been solid over the past four years" and that a "return to historical levels is expected once operations stabilize upon opening the new facility" in 2012. The viability ratios in the table below are consistent with Fitch's outlook and support Silver Cross' decision to engage a developer to construct the MSB – where the proposed project will be located. Worksheets and supporting documentation (FY07, FY08 and FY09 audited financial statements and a Fitch Ratings report) are attached at ATTACHMENT-75.

Silver Cross Hospital Viability Ratios (FY06 - FY15)						
RATIO	Actual Results (FY ends Sep 30)			Projected Results (FY ends Sep 30)		
	FY07	FY08	FY09	FY13	FY14	FY15
Current Ratio	1.06	1.56	1.59	1.13	1.23	1.19
Net Margin Percentage	13.9%	-0.4%	0.7%	-1.0%	2.3%	4.1%
Percent Debt to Total Capitalization	40.9%	41.6%	66.4%	62.9%	61.6%	59.5%
Projected Debt Service Coverage	4.79	2.15	1.18	1.68	2.14	2.45
Days Cash on Hand	198	198	203	112	128	151
Cushion Ratio	10.75	11.64	11.87	3.70	4.44	5.61

It is important to note that the hospital's actual FY09 results exceeded budget even during a year of continued economic downturn. Careful expense management combined with ongoing revenue growth contributed to these favorable results. It is also significant to note that the expense management was not due to layoffs – as Silver Cross has made a 'no-layoff pledge' to their employees for the second consecutive year and which continues through December 31, 2010.

2) Variances – Silver Cross anticipates that this project will be completed on or before October 31, 2010 (or fiscal year 2013). The chart below indicates that Silver Cross' financial position should begin to return to historical levels as soon as the replacement hospital is complete.

Financial Feasibility Variance Analysis (Actual Results)									
RATIO	FY07			FY08			FY09		
	Actual	State Norm	Actual vs State Norm	Actual	State Norm	Actual vs State Norm	Actual	State Norm	Actual vs State Norm
Current Ratio	1.06	2.0	Fails	1.56	2.0	Fails	1.59	2.0	Fails
Net Margin Percentage	13.9%	3.0%	Satisfies	-0.4%	3.0%	Fails	0.7%	3.0%	Fails
Percent Debt to Total Capitalization	40.9%	30%	Fails	41.6%	30%	Fails	66.4%	30%	Fails
Projected Debt Service Coverage	4.79	2.5	Satisfies	2.15	2.5	Fails	1.18	2.5	Fails
Days Cash on Hand	198	75	Satisfies	198	75	Satisfies	203	75	Satisfies
Cushion Ratio	10.75	7.0	Satisfies	11.64	7.0	Satisfies	11.87	7.0	Satisfies

Financial Feasibility Variance Analysis (Projected Results)									
RATIO	FY13			FY14			FY15		
	Actual	State Norm	Actual vs State Norm	Actual	State Norm	Actual vs State Norm	Actual	State Norm	Actual vs State Norm
Current Ratio	1.13	2.0	Fails	1.23	2.0	Fails	1.19	2.0	Fails
Net Margin Percentage	-1.0%	3.0%	Fails	2.3%	3.0%	Fails	4.1%	3.0%	Satisfies
Percent Debt to Total Capitalization	62.9%	30%	Fails	61.6%	30%	Fails	59.5%	30%	Fails
Projected Debt Service Coverage	1.68	2.5	Fails	2.14	2.5	Fails	2.45	2.5	Fails
Days Cash on Hand	112	75	Satisfies	128	75	Satisfies	151	75	Satisfies
Cushion Ratio	3.70	7.0	Fails	4.44	7.0	Fails	5.61	7.0	Fails

As is readily apparent in the charts above, Silver Cross' financial ratios will dip as the replacement hospital nears completion and then return to a strong position once the new facility is open. All of the negative ratio variances on this project are a direct result of the financing of the replacement hospital and the resultant timing issues associated with that project (e.g., capital being spent in the short-term as the replacement hospital is built and those same dollars being returned in the long-term as the new facility starts generating revenues). As stated by Fitch, once the replacement hospital is complete and open, Silver Cross financial ratios will return to normal. It is important to emphasize that the "days cash on hand" ratio – perhaps the most important measure of liquidity – never falls below the State norm. Even at its lowest level in FY13, this measure is projected to exceed the State norm by more than 35 days.

As noted in Silver Cross' application for permit for a Medical Services Building (CON# 09-066) (where the proposed project will be located), the hospital chose a developer to build the MSB with the express purpose of conserving capital and cash. As such, the Developer is responsible for raising capital for the construction of the facility – therefore protecting the hospital's capital position.

Additionally, Silver Cross' application for permit for the replacement hospital (CON# 07-148) specifically contemplated that all clinical services located at the current Joliet campus would be eventually relocated to the same campus as the new hospital. Silver Cross has expressly budgeted for projects that are to be located on the New Lenox campus. Fitch, in their bond rating addresses these projects and their resulting financial impacts. Because Fitch has accounted for these projects, Silver Cross bond rating and financial viability should not suffer as a result of the proposed 19 station dialysis facility.

It is important to reiterate that several costs associated with the proposed dialysis facility have already been included in the hospital's MSB CON application (#09-066). (That application – including project costs – was approved by the IHF&SRB on 03/02/10). The MSB CON application included construction costs of \$1,153,630.08, exclusive of prorated contingency costs, as well as roughly \$248,304 in lease costs for the proposed dialysis space.

B) Availability of Funds

Silver Cross intends to use cash on hand for the proposed dialysis relocation and expansion. As noted in the financial viability charts above and as noted in the attached documents, Silver Cross will have sufficient cash on hand to fund the proposed project. Silver Cross has attached at ATTACHMENT-75 an affidavit of William Brownlow as support.

C) Operating Start-up Costs

Technically, this project involves the relocation of an existing service from the hospital's Joliet campus to the New Lenox campus. As a result, there are no start-up costs associated with this project. (The costs for the construction of the proposed dialysis facility (tenant improvements) and rent for that space have already been accounted for in the MSB CON application (#09-066) which was approved by the IHF&SRB on 03/02/10.)



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

March 15, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Availability of Funds

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.310(a)(1), that Silver Cross Health System and Silver Cross Hospital and Medical Centers have sufficient and readily accessible cash and cash equivalents to pay for the movable equipment and the consulting (and other) fees associated with the 8,685 square feet in the Medical Services Building for in-center hemodialysis services and that all aspects of the project as described in the Certificate of Need application will be funded and completed.

Sincerely

William Brownlow
Senior Vice President/Finance
Chief Financial Officer

Subscribed and sworn before me
this 15 day of March, 2010.

Notary Public

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidated Financial Statements and Schedules

September 30, 2009 and 2008

(With Independent Auditors' Report Thereon)



KPMG LLP
303 East Wacker Drive
Chicago, IL 60601-5212

Independent Auditors' Report

The Boards of Trustees
Silver Cross Health System
and Affiliates:

We have audited the accompanying consolidated balance sheets of Silver Cross Health System and affiliates as of September 30, 2009 and 2008, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of Silver Cross Health System and affiliates' management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Silver Cross Health System and affiliates' internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Silver Cross Health System and affiliates as of September 30, 2009 and 2008, and the consolidated results of their operations, changes in net assets, and cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

As discussed in note 2 to the consolidated financial statements, Silver Cross Health System and affiliates adopted the provisions of Accounting Standards Codification Subtopic 820-10, *Fair Value Measurements*, in 2009.

Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information included in schedules 1 through 3 is presented for purposes of additional analysis of the 2009 consolidated financial statements rather than to present the financial position, results of operations, and changes in net assets of the individual organizations. The 2009 consolidating information has been subjected to the auditing procedures applied in the audit of the 2009 consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the 2009 consolidated financial statements taken as a whole.

KPMG LLP

January 22, 2010

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative

ATTACHMENT 75

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidated Balance Sheets

September 30, 2009 and 2008

(Amounts in thousands)

Assets	<u>2009</u>	<u>2008</u>
Current assets:		
Cash and cash equivalents	\$ 46,843	35,895
Short-term investments	9,045	6,841
Assets whose use is limited or restricted, required for current liabilities	39	4
Patient accounts receivable, net of estimated uncollectibles of \$11,574 in 2009 and \$11,381 in 2008	29,534	27,908
Other receivables	1,852	2,911
Inventory of supplies, at lower of cost (first-in, first-out) or market value	180	177
Prepaid expenses and other	<u>2,359</u>	<u>3,002</u>
Total current assets	<u>89,852</u>	<u>76,738</u>
Assets whose use is limited or restricted, excluding assets required for current liabilities:		
By board for capital improvements, self-insurance, and other	98,329	106,988
Under bond indenture agreements – held by trustee	217,781	12,180
Pledges receivable	460	145
Donor-restricted investments	<u>7,504</u>	<u>7,594</u>
	324,074	126,907
Land, buildings, and equipment, net	222,050	173,185
Other assets:		
Land held for sale	25,938	25,520
Investment in joint ventures	2,519	2,442
Deferred finance charges and other	<u>6,798</u>	<u>3,064</u>
Total assets	<u>\$ 671,231</u>	<u>407,856</u>

See accompanying notes to consolidated financial statements.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidated Statements of Operations
Years ended September 30, 2009 and 2008
(Amounts in thousands)

	2009	2008
Revenue:		
Net patient service revenue	\$ 228,219	225,345
Other revenue	30,291	27,266
Total revenue	258,510	252,611
Expenses:		
Salaries and wages	84,834	82,919
Payroll taxes and fringe benefits	25,399	24,571
General and administrative	62,274	66,130
Supplies	41,336	37,498
Provision for bad debts	11,996	13,749
Depreciation	15,857	15,050
Interest	6,572	9,266
Total expenses	248,268	249,183
Income from operations before accelerated depreciation on existing hospital facility	10,242	3,428
Accelerated depreciation on existing hospital facility	9,924	—
Income from operations	318	3,428
Nonoperating gains (losses):		
Investment income (loss), net	1,213	(7,804)
Unrestricted contributions and other, net	172	452
Gain on sale of land held for sale	—	6,019
Loss on disposal of land, buildings, and equipment, net	(4)	—
Loss on early extinguishment of long-term debt	—	(3,077)
Total nonoperating gains (losses), net	1,381	(4,410)
Revenue and gains in excess (deficient) of expenses and losses	1,699	(982)
Other changes in unrestricted net assets:		
Change in fair value of derivative instruments	—	(519)
Net assets released from restriction for land, building, and equipment acquisitions financed by temporarily restricted net assets	474	1,255
Increase (decrease) in unrestricted net assets	\$ 2,173	(246)

See accompanying notes to consolidated financial statements.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2009 and 2008

(Amounts in thousands)

	<u>2009</u>	<u>2008</u>
Increase (decrease) in unrestricted net assets	\$ 2,173	(246)
Temporarily restricted net assets:		
Contributions for specific purposes	830	1,082
Net realized and unrealized gains and losses on temporarily restricted investments	(9)	(182)
Net assets released from restriction for operating purposes	(67)	(85)
Net assets released from restriction for land, building, and equipment acquisitions	(474)	(1,255)
Increase (decrease) in temporarily restricted net assets	<u>280</u>	<u>(440)</u>
Permanently restricted net assets:		
Net realized and unrealized gains and losses on permanently restricted investments	(54)	(696)
Change in net assets	2,399	(1,382)
Net assets at beginning of year	<u>200,661</u>	<u>202,043</u>
Net assets at end of year	<u>\$ 203,060</u>	<u>200,661</u>

See accompanying notes to consolidated financial statements.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidated Statements of Cash Flows
Years ended September 30, 2009 and 2008
(Amounts in thousands)

	2009	2008
Cash flows from operating activities:		
Change in net assets	\$ 2,399	(1,382)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	15,941	15,210
Accelerated depreciation on existing hospital facility	9,924	—
Provision for bad debts	11,996	13,749
Loss on early extinguishment of long-term debt	—	3,077
Equity loss (gain) in joint ventures, net of cash distributions received	(77)	69
Effective portion of change in fair value of derivative instruments	—	519
Loss on disposal of land, buildings, and equipment, net	4	—
Gain on sale of land held for sale	—	(6,019)
Net realized and unrealized gains and losses on permanently and temporarily restricted investments	63	878
Change in net unrealized gains and losses on unrestricted investments	746	16,465
Changes in assets and liabilities:		
Patient accounts receivable	(13,622)	(20,097)
Other assets	1,765	(1,606)
Estimated payables under third-party reimbursement programs	6,530	2,569
Accounts payable, accrued expenses, and other liabilities	(73)	(104)
Net cash provided by operating activities	35,596	23,328
Cash flows from investing activities:		
Acquisition of land, buildings, and equipment	(74,650)	(18,373)
Acquisition and development of land held for sale	(418)	—
Change in construction payables	5,000	3,072
Proceeds on sale of land held for sale	—	10,578
Net change in assets whose use is limited or restricted	(198,011)	(1,308)
Net change in short-term investments	(2,204)	955
Net cash used in investing activities	(270,283)	(5,076)
Cash flows from financing activities:		
Proceeds from issuance of long-term debt	252,872	106,514
Repayments of long-term debt	(3,299)	(103,313)
Payments for deferred financing costs	(3,938)	(1,070)
Net cash provided by financing activities	245,635	2,131
Net increase in cash and cash equivalents	10,948	20,383
Cash and cash equivalents at beginning of year	35,895	15,512
Cash and cash equivalents at end of year	\$ 46,843	35,895
Supplemental disclosure of cash flow information:		
Cash paid for interest, exclusive of income or loss on interest rate swap agreements and net of amounts capitalized	\$ 7,644	5,989

See accompanying notes to consolidated financial statements.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

(1) Organization and Purposes

Silver Cross Health System (Health System) was incorporated during 1981 for charitable, educational, and scientific purposes to support health and human services by providing management assistance, and in all other relevant ways. The accompanying consolidated financial statements include the accounts of the Health System and the following affiliates, which it controls (collectively referred to as the Corporations):

- Silver Cross Hospital and Medical Centers (Hospital), a not-for-profit acute care hospital of which the Health System is the sole member.
- Silver Cross Foundation (Foundation), a not-for-profit corporation of which the Health System is the sole member, which is dedicated to the advancement of healthcare in Will, Grundy, South Cook, and DuPage counties in Illinois.
- Health Service Systems, Inc. (HSSI), a wholly owned subsidiary of the Health System, which was incorporated to provide administrative and management services to its affiliates and other businesses.
- Midwest Community Real Estate Corporation (MCREC), a not-for-profit corporation of which the Health System is the sole member, which was incorporated to establish and maintain healthcare centers and other facilities for the benefit of the Health System and its affiliates.
- Silver Cross Managed Care Organization (SCMCO), a not-for-profit corporation of which the Health System is the sole member, which was incorporated to provide alternative forms of healthcare delivery services.
- Silver Cross Medical Associates, Inc. (SCMA), a not-for-profit corporation that operates medical practices in Joliet and surrounding areas. MCREC serves as the sole and exclusive manager and administrator for all matters relating to the operations of SCMA, including but not limited to the financial and management operations of SCMA.

On July 1, 2008, the Hospital received approval from the Illinois Health Facilities Planning Board to construct a replacement hospital facility on a parcel of land owned by the Hospital in New Lenox, IL. The replacement hospital facility is anticipated to have 289 licensed and staffed beds and is currently expected to be completed and ready for use in early 2012. The cost of the replacement hospital facility is expected to be approximately \$375 million; funding for which will be from the Series 2009 Bonds (note 9); existing cash and investments; proceeds from the sale of land held for sale; and cash generated from operations. Contractual commitments outstanding for the new hospital replacement facility aggregated approximately \$88 million as of September 30, 2009.

Upon completion and relocation of Hospital operations to the replacement hospital facility, the Health System may continue to own some facilities and provide medically related services at its current hospital location. Such facilities and services could possibly include a primary care health center, urgent care services, and medical offices. The Health System's Board of Trustees and management, with input from constituents of the local community, are currently evaluating all possible alternative uses for the existing Hospital campus post-relocation.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

The Corporations engage in transactions in the ordinary course of business with organizations with which members of management and the boards of directors are affiliated. Such transactions are conducted at arm's length and fully disclosed to the respective members of management and boards of directors.

All significant intercompany balances and transactions have been eliminated in the accompanying consolidated financial statements.

(2) Summary of Significant Accounting Policies

Significant accounting policies of the Corporations that conform to general practice within the healthcare industry are as follows:

- In June 2009, the Financial Accounting Standards Board (FASB) issued an accounting standard that established the Codification to become the single source of authoritative accounting principles. The standard also provides the framework for selecting the principles used in the preparation of financial statements of nongovernmental entities that are represented in conformity with generally accepted accounting principles in the United States. All guidance contained in the Codification carries an equal level of authority. The Codification is not intended to change generally accepted accounting principles, but is expected to simplify accounting research by reorganizing current generally accepted accounting principles into specific accounting topics. The Corporations adopted this accounting standard in the fourth quarter of 2009. The adoption of this accounting standard, which was subsequently codified in Accounting Standards Codification (ASC) Topic 105, *Generally Accepted Accounting Principles*, had no impact on the Corporations' results of operations, financial position, and liquidity.
- The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.
- The consolidated statements of operations include revenue and gains in excess (deficient) of expenses and losses. Transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as revenue and expenses. Transactions incidental to the provision of healthcare services are reported as gains and losses. Changes in unrestricted net assets, which are excluded from revenue and gains in excess (deficient) of expenses and losses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), and changes in the effective portion of derivative instruments designated as cash flow hedges.
- Assets whose use is limited or restricted include: assets set aside by the Corporations' boards of directors for future capital improvements, self-insurance funding, and for other purposes over which the boards retain control and may at their discretion use for other purposes; assets designated by the Foundation's board of directors for endowment development purposes; assets held by a trustee and limited as to use in accordance with the requirements of bond indenture agreements; pledges

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

receivable; and temporarily and permanently restricted investments. Assets whose use is limited required for current liabilities are reported as current assets.

- Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in revenue and gains in excess (deficient) of expenses and losses unless the income or loss is restricted by donors, in which case the investment income is recorded directly to temporarily or permanently restricted net assets. Investment income of unrestricted investments is reported as nonoperating gains. Unrealized gains and losses of permanently and temporarily restricted investments are recorded directly to permanently and temporarily restricted net assets.
- On October 1, 2008, the Corporations adopted the provisions of ASC Subtopic 820-10, *Fair Value Measurements*, for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Subtopic 820-10 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Subtopic 820-10 also establishes a framework for measuring fair value and expands disclosures about fair value measurements (note 7).
- On October 1, 2008, the Corporations also adopted the provisions of ASC Topic 825, *The Fair Value Option for Financial Assets and Financial Liabilities*. ASC Topic 825 gives the Corporations the irrevocable option to report most financial assets and financial liabilities at fair value on an instrument-by-instrument basis, with changes in fair value reported in earnings. The Corporations' management did not elect to measure any additional eligible financial assets or financial liabilities at fair value and as a result, adoption of ASC Topic 825 did not have an effect on the results of operations or financial position of the Corporations.
- The Corporations consider demand deposits with banks, cash on hand, and all highly liquid debt instruments (including repurchase agreements) purchased with terms of three months or less to be cash and cash equivalents, excluding those instruments classified as assets whose use is limited or restricted.
- Except as otherwise disclosed, the carrying value of all financial instruments of the Corporations approximates fair value.
- Land, buildings, and equipment are stated at cost, or if donated, at fair value at date of donation. Depreciation is provided over the estimated useful lives of depreciable assets and is computed on the straight-line method.
- Long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of are separately presented in the consolidated balance sheets and

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. Given the planned replacement hospital development project described in note 1, the Corporations evaluated existing Hospital campus land, buildings, and equipment for impairment. The estimated undiscounted cash flows expected to be generated by the Hospital prior to the date of relocation to the replacement hospital facility, inclusive of a terminal fair value estimate of existing Hospital campus land, buildings, and equipment, which will not be utilized at the replacement hospital or in the ongoing delivery of medical services to the community, were estimated to be in excess of the carrying value of land, buildings, and equipment at September 30, 2009 and 2008, which will not be utilized by the Hospital post-relocation. Accordingly, no impairment charge was recognized by the Hospital in 2009 or 2008 related to the planned replacement hospital project. However, the planned replacement hospital project resulted in the Hospital increasing its depreciation charges on land, buildings, and equipment by approximately \$9.9 million on an annualized basis for fiscal 2009 and subsequent periods through date of relocation. Although the ultimate use and redeployment of existing campus land, buildings, and equipment post-relocation has not been determined, management anticipates that any remaining net book value of such land, buildings, and equipment at the date of hospital relocation will be recognized as a contribution expense in the event that such land, buildings, and equipment are transferred to an unrelated not-for-profit or governmental entity for the betterment and use of the local community.

- All legal obligations, including those under the doctrine of promissory estoppel, associated with the retirement of tangible long-lived assets are recognized when incurred using management's best estimate of fair value. Management uses a discount rate of 3%, which approximates its credit adjusted risk-free rate, to estimate fair value of its asset retirement obligations at the measurement date.
- Unconditional promises to give cash or other assets are reported at fair value at the date the promise is received. All contributions are considered to be available for unrestricted use unless specifically restricted by donors. Contributions are reported as direct additions to permanently or temporarily restricted net assets if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as net assets released from restriction. Temporarily restricted net assets used for operating purposes are included in other operating revenue to the extent expended during the period. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted contributions. Expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. Donor-restricted contributions whose restrictions are met within the same year as received are reported directly within the consolidated statements of operations.
- Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Temporarily restricted net assets include the Hospital's interest in a charitable remainder trust. Investment income of the charitable remainder trust is distributable within specified limits to an unrelated party. All other temporarily restricted net assets are restricted primarily for land, building, and equipment acquisitions at both September 30, 2009 and 2008.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

- Permanently restricted net assets represent donor-restricted contributions, the principal amount of which may not be expended. Permanently restricted net assets include the Foundation's interest in a charitable remainder trust. Investment income of the charitable remainder trust is distributable within specified limits to an unrelated party. Investment income earned on permanently restricted net assets, to the extent it is restricted by a donor for a specific purpose, is recorded as a direct addition to temporarily restricted net assets. All other investment income on permanently restricted net assets is recorded directly to permanently restricted net assets unless specified otherwise by the donor.
- In August 2008, FASB issued ASC Subtopic 958, *Endowments for Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA), and Enhanced Disclosures for All Endowment Funds*. ASC Subtopic 958 provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of UPMIFA. ASC Subtopic 958 also enhances disclosures related to both donor-restricted and board-designated endowment funds (note 14).
- Provisions for estimated self-insured professional, general liability, workers' compensation, and employee healthcare risks include estimates of the ultimate cost of both reported losses and losses incurred but not reported as of the respective consolidated balance sheet dates.
- The Corporations account for derivatives and hedging activities in accordance with ASC Topic 815, *Accounting for Derivative Instruments and Hedging Activities*, which requires that all derivative instruments be recorded on the consolidated balance sheets at their respective fair values.

For all hedging relationships, the Corporations formally document the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the item, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking all derivatives that are designated as cash-flow hedges to specific assets and liabilities on the consolidated balance sheets. Derivatives not linked to specific assets and liabilities on the consolidated balance sheets are carried at fair value in the consolidated balance sheets and changes in fair value are recognized as a component of interest expense in the consolidated statements of operations.

The Corporations also formally assess, both at the hedge's inception and on a quarterly basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in cash flows of the hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded as other changes in unrestricted net assets to the extent that the derivative is effective as a hedge, until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a derivative instrument that qualifies as a cash-flow hedge is reported as a component of interest expense in the consolidated statements of operations.

The Corporations discontinue hedge accounting prospectively when it is determined that the derivative is no longer effective in offsetting changes in the cash flows of the hedged item, the

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

derivative expires or is sold, terminated, or exercised, or management determines that designation of the derivative as a hedging instrument is no longer appropriate. In situations in which hedge accounting is discontinued, the Corporations will continue to carry the derivative at its fair value in the consolidated balance sheets and recognize any subsequent changes in its fair value as an expense component in the consolidated statements of operations.

- Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Those adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- Deferred finance charges and unamortized bond discounts and premiums are amortized using the straight-line method over the periods the related obligations are outstanding.
- The Health System, the Hospital, MCREC, the Foundation, and SCMA are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. A provision for income taxes has not been recorded for HSSI as there are net operating losses of approximately \$17,871 available for carryforward, which expire at various future dates through 2023. SCMCO is a not-for-profit corporation, which is subject to federal and state income taxes. A provision for income taxes has not been recorded for SCMCO as there are net operating losses of approximately \$1,406 available for carryforward, which expire at various future dates through 2023. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible.
- On October 1, 2007, the Corporations adopted ASC Topic 740, *Accounting for Uncertainty in Income Taxes*. ASC Topic 740 clarifies the accounting for uncertainty in tax positions and also provides guidance on when the tax positions are recognized in an entity's financial statements and how the values of these positions are determined. The adoption of ASC Topic 740 had no impact on the consolidated financial statements.
- The Corporations incur expenses for the provision of healthcare services and related general and administrative activities.
- Certain prior year amounts have been reclassified to conform to the 2009 consolidated financial statement presentation.

Other significant accounting policies are set forth in the consolidated financial statements and in the following notes.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

(3) Third-Party Reimbursement Programs

The Hospital, HSSI, SCMCO, and SCMA (collectively referred to as the Providers) have agreements with third-party payors that provide for reimbursement at amounts different from their established rates. Estimated contractual adjustments arising under third-party reimbursement programs principally represent the differences between the Providers' billings at list price and the amounts reimbursed by Medicare, Blue Cross, and certain other contracted third-party payors; the difference between the Providers' billings at list price and the allocated cost of services provided to Medicaid patients; and any differences between estimated third-party reimbursement settlements for prior years and subsequent final settlements. A summary of the reimbursement methodologies with major third-party payors follows:

Medicare

The Hospital is paid for inpatient acute care, outpatient, rehabilitative, and home health services rendered to Medicare program beneficiaries under prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. The prospectively determined rates are not subject to retroactive adjustment. The Hospital's classification of patients under the prospective payment systems and the appropriateness of patient admissions are subject to validation reviews.

For certain services rendered to Medicare beneficiaries, the Providers' reimbursement is based upon cost or other reimbursement methodologies. The Providers are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Medicare reimbursement reports through September 30, 2006 have been audited and final settled by the Medicare fiscal intermediary.

Medicaid

The Hospital is paid for inpatient acute care services rendered to Medicaid program beneficiaries under prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Medicaid outpatient services are reimbursed based on fee schedules. Medicaid reimbursement methodologies may be subject to periodic adjustment, as well as to changes in existing payment levels and rates, based on the amount of funding available to the State of Illinois Medicaid program, and any such changes could have a significant effect on the Hospital's revenues.

During 2006, the State of Illinois (the State) enacted an assessment program to assist in the financing of its Medicaid program through June 30, 2008. During December 2008, the Centers for Medicare and Medicaid (CMS) granted approval of a new five-year Illinois Hospital Assessment Program retroactive to July 1, 2008. Pursuant to this program, hospitals within the State are required to remit payment to the State of Illinois Medicaid program under an assessment formula approved by CMS. The assessment program also provides hospitals within the State with additional Medicaid reimbursement based on funding formulas also approved by CMS. Included within net patient service revenue are the Hospital's assessments of \$8,735 and \$6,523 and its additional Medicaid reimbursement of \$18,855 and \$10,477, for the years ended September 30, 2009 and 2008,

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

respectively. Included in the Hospital's fiscal year 2009 net patient service revenue is approximately \$2,000 of net incremental Medicaid reimbursement related to the Illinois Hospital Assessment Program for the quarter ended September 30, 2008.

Blue Cross

The Hospital also participates as a provider of healthcare services under a reimbursement agreement with Blue Cross. The provisions of this agreement stipulate that services will be reimbursed at a tentative reimbursement rate and that final reimbursement for these services is determined after the submission of an annual cost report by the Hospital and a review by Blue Cross. The Blue Cross reimbursement reports for September 30, 2008 and prior years have been reviewed by Blue Cross.

Other

The Providers have also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements is negotiated by the Providers and includes prospectively determined rates-per-discharge, discounts from established charges, capitation, and prospectively determined per diem rates.

SCMCO is involved in various risk-based contracts with managed care organizations. Under these arrangements, SCMCO receives capitation payments based on the demographic characteristics of covered members in exchange for providing all primary care physician services, as well as certain outpatient diagnostic and specialist physician services. Additionally, SCMCO is eligible for incentive payments based on favorable utilization experience. Capitation revenue related to risk-based contracts totaled approximately \$18,846 and \$18,091 for 2009 and 2008, respectively, and is included with other revenue in the accompanying consolidated statements of operations. Pursuant to risk-based contracts, SCMCO estimates its liability for covered medical claims, including claims incurred but not reported as of the consolidated balance sheet dates, based upon historical costs incurred and payment processing experience. This liability approximated \$1,942 and \$1,672 at September 30, 2009 and 2008, respectively, and is included with accounts payable in the accompanying consolidated balance sheets.

Net patient service revenue for the years ended September 30, 2009 and 2008 include approximately \$0 and \$2,232, respectively, of favorable retrospectively determined prior year settlements with third-party payors.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

A summary of the Providers' utilization percentages based upon gross patient service revenue follows:

	2009	2008
Medicare	41.9%	42.0%
Medicaid	12.9	12.8
Managed care	36.8	36.7
Other	8.4	8.5
	100.0%	100.0%

(4) Concentration of Credit Risk

The Providers grant credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors as of September 30, 2009 and 2008 follows:

	2009	2008
Medicare	30.2%	28.5%
Medicaid	15.7	18.9
Blue Cross	7.0	8.8
Managed care	19.1	19.9
Patients	21.8	19.3
Other	6.2	4.6
	100.0%	100.0%

(5) Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. In addition, reimbursement for services provided to Medicaid program beneficiaries is substantially less than the cost to the Hospital for providing these services.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

The Hospital maintains records of the amount of charges forgone and related cost for services and supplies furnished under its charity care policy, as well as the estimated differences between the cost of services provided to Medicaid patients and the reimbursement under that program. The following information measures the level of charity care provided and unreimbursed cost under the Medicaid program during 2009 and 2008:

	2009	2008
Charity care costs for non-Medicaid patients	\$ 7,459	6,290
Excess of cost over reimbursement for services provided to Medicaid patients (1)	3,744	8,229

(1) Net impact of Medicaid assessment program has been allocated to each year based upon the State's fiscal year

(6) Investments

The Corporations report investments in equity securities with readily determinable fair values and all investments in debt securities at fair value. A summary of the composition of the Corporations' investment portfolio at September 30, 2009 and 2008 follows:

	2009	2008
Cash and cash equivalents	\$ 1,253	4,467
Certificates of deposit/repurchase agreements	156,764	14,459
Money market funds	57,019	5,782
Common stock	4,222	4,968
Mutual funds	44,154	47,126
U.S. Treasury securities	26,978	15,179
Corporate bonds and notes	42,308	41,626
	\$ 332,698	133,607

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

Investments are reported in the accompanying consolidated balance sheets at September 30 as follows:

	<u>2009</u>	<u>2008</u>
Short-term investments	\$ 9,045	6,841
Assets whose use is limited or restricted:		
Required for current liabilities	39	4
By board for capital improvements, self-insurance, and other	98,329	106,988
Under bond indenture agreements – held by trustee	217,781	12,180
Donor-restricted investments	7,504	7,594
	<u>\$ 332,698</u>	<u>133,607</u>

The composition of investment return on the Corporations' investment portfolio for 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Interest and dividend income, net of fees and expenses	\$ 1,864	7,845
Net realized losses on sale of investments	(166)	(202)
Net change in unrealized gains and losses during the holding period	(548)	(16,325)
	<u>\$ 1,150</u>	<u>(8,682)</u>

The Corporations have designated all unrestricted investments to be trading securities. Investment return is included in the accompanying consolidated financial statements for the years ended September 30, 2009 and 2008 as follows:

	<u>2009</u>	<u>2008</u>
Nonoperating gains – investment income (loss), net	\$ 1,213	(7,804)
Net realized and unrealized gains and losses on temporarily restricted investments	(9)	(182)
Net realized and unrealized gains and losses on permanently restricted investments	(54)	(696)
	<u>\$ 1,150</u>	<u>(8,682)</u>

The Corporations invest in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

(7) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by the Corporations in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated balance sheets for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, patient accounts receivable, accounts payable and accrued expenses, and estimated third-party payor settlements.
- Assets whose use is limited or restricted: Fair values are estimated based on prices provided by its investment managers and custodian banks. Common stocks, quoted mutual funds, and direct U.S. government obligations are measured using quoted market prices at the reporting date multiplied by the quantity held. Corporate bonds, notes, certain American Depository Receipts, U.S. Agency securities, money market funds, and repurchase agreements are measured using other observable inputs. The carrying value equals fair value.
- Interest rate swap agreements: The fair value of interest rate swaps is determined using pricing models developed based on the LIBOR swap rate and other observable market data. The value was determined after considering the potential impact of netting agreements, adjusted to reflect nonperformance risk of both the counterparty and the Corporations. The carrying value equals fair value.
- Beneficial interest in perpetual trusts: The assets held by third-party trustees, comprised of money market funds, corporate bonds and notes, U.S. government obligations, and U.S. Treasury notes are observable inputs used by the Corporations to estimate the fair value of its beneficial interests.
- Fair value of fixed rate long-term debt is estimated based on market indications for the same or similar debt issues.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

(b) Fair Value Hierarchy

The Corporations adopted ASC Subtopic 820-10 on October 1, 2008 for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC Subtopic 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Corporations have the ability to access at the measurement date. Level 1 investments include cash, common stock, quoted mutual funds, and U.S. Treasury securities.
- Level 2 inputs are observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 investments include certificates of deposit, repurchase agreements, money market funds, corporate bonds and notes, and beneficial interest in perpetual trusts.
- Level 3 inputs are unobservable inputs for the asset or liability. The Corporations have no Level 3 investments as of September 30, 2009.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

The following table presents assets and liabilities that are measured at fair value on a recurring basis at September 30, 2009:

	<u>Total</u>	<u>Quoted prices in active markets for identical assets (Level 1)</u>	<u>Significant other observable inputs (Level 2)</u>	<u>Significant unobservable inputs (Level 3)</u>
Assets:				
Cash and cash equivalents	\$ 46,843	1,390	45,453	—
Short-term investments	9,045	—	9,045	—
Assets whose use is limited or restricted, required for current liabilities	39	—	39	—
Assets whose use is limited or restricted, excluding assets required for current liabilities:				
By board for capital improvements, self-insurance, and other	98,329	50,148	48,181	—
Under bond indenture agreements—held by trustee	217,781	1,299	216,482	—
Donor-restricted investments	7,504	3,985	3,519	—
Beneficial interest in perpetual trusts	4,791	—	4,791	—
Total	<u>\$ 384,332</u>	<u>56,822</u>	<u>327,510</u>	<u>—</u>
Liabilities:				
Interest rate derivatives	\$ 407	—	407	—

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

(8) Land, Buildings, and Equipment

A summary of land, buildings, and equipment at September 30, 2009 and 2008 follows:

	2009		2008	
	Cost	Accumulated depreciation	Cost	Accumulated depreciation
Land	\$ 32,518	—	31,370	—
Land improvements	5,385	3,761	5,336	3,556
Buildings, building improvements, and fixed equipment	183,399	106,778	179,673	89,238
Major movable equipment	102,898	69,989	97,847	62,434
Construction in progress	78,378	—	14,187	—
	<u>\$ 402,578</u>	<u>180,528</u>	<u>328,413</u>	<u>155,228</u>

The Corporations are currently engaged in various construction and renovation projects, principally the construction of a new hospital replacement facility as discussed in note 1. Outstanding commitments related to these projects approximate \$87,806 at September 30, 2009. Interest cost is capitalized as a component cost of significant capital projects, net of any interest income earned on unexpended project-specific borrowed funds. During the year ended September 30, 2009 the Corporations capitalized \$5,073 of net interest cost, which is comprised of \$6,282 of interest cost less \$1,209 of interest earned on unexpended bond proceeds. The Corporations did not capitalize interest cost in 2008. The Corporations did not capitalize any interest cost in 2008.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

(9) Long-Term Debt

A summary of long-term debt at September 30, 2009 and 2008 follows:

	2009	2008
Illinois Finance Authority Revenue Bonds, Series 2009, at fixed effective interest rates of 6.75% to 7.25%, depending upon date of maturity through August 15, 2044	\$ 260,000	—
Illinois Finance Authority Revenue Refunding Bonds, Series 2008A, at fixed effective interest rates of 5.00% to 5.82%, depending upon date of maturity through August 15, 2030	86,095	86,660
Illinois Finance Authority Revenue Bonds, Series 2005A, at fixed effective interest rates from 4.00% to 5.25%, depending upon date of maturity through August 15, 2020	20,050	21,125
Illinois Finance Authority Fixed Rate Revenue Bonds, Series 2005C, at fixed effective interest rates of 2.85% to 5.58%, depending on date of maturity through August 15, 2025. Prior to the fixed rate conversion date of August 14, 2008, the Series 2005C bonds were operating as periodic auction rate revenue bonds with an effective interest rate of 5.02% in 2008	19,575	20,525
Illinois Finance Authority Revenue Refunding Bonds, Series 1999, at fixed effective interest rates of 5.43% to 5.65%, depending on date of maturity through 2019	6,945	7,480
Illinois Finance Authority Revenue Bonds, Series 1996, at fixed effective interest of 6.22%, retired in 2009	—	280
Total long-term debt	392,665	136,070
Less:		
Current installments	3,585	3,405
Unamortized net bond discounts and premiums	6,840	(236)
Long-term debt, excluding current installments, and unamortized bond discounts and premiums	\$ 382,240	132,901

The Hospital and the Health System (collectively known as the Obligated Group) entered into an Amended and Restated Master Trust Indenture (Master Trust Indenture) dated as of June 1, 1996, as subsequently supplemented and amended. The purpose of the Master Trust Indenture is to provide a mechanism for the efficient and economical issuance of notes by individual members of the Obligated Group using the collective borrowing capacity and credit rating of the Obligated Group. The Master Trust Indenture requires members of the Obligated Group to make principal and interest payments on notes issued for their benefit as well as other Obligated Group members, if the other members are unable to make such

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

payments. The Master Trust Indenture requires the Obligated Group comply with financial and other covenant requirements, including making deposits with the bond trustees for payment of principal and interest when due on the individual series of bonds. The Obligated Group pledged a security interest in their gross revenues as collateral on borrowings under the Master Trust Indenture. The Obligated Group also maintains a debt service reserve fund with the bond trustees for the benefit of the Series 2008A and Series 2009 bonds. The Obligated Group has executed mortgages on the real estate and improvements of the existing Hospital campus and the replacement facility campus (note 1). Upon relocation of Hospital operations to the replacement facility campus, the Master Trustee will release the mortgage on the existing Hospital campus real estate and improvements.

On December 8, 2005, the Illinois Finance Authority issued fixed rate revenue bonds, Series 2005A, and auction rate revenue bonds, Series 2005B, Series 2005C, and Series 2005D (collectively referred to as the Series 2005 bonds) in the aggregate amount of \$124,640 on behalf of the Hospital. A portion of the proceeds from the Series 2005 bond issuance was used to advance refund the outstanding revenue bonds Series 2002A and Series 2002B, and to advance refund portions of the revenue refunding bonds Series 1999 and the revenue bonds Series 1996. The remaining proceeds were used for the purposes of acquiring real property, constructing various healthcare facilities, providing debt service reserve funds, and paying issuance costs. On August 14, 2008, the Hospital converted the Series 2005C auction rate revenue bonds to fixed rate revenue bonds. Principal on the Series 2005A and 2005C bonds is payable on August 15th annually. Interest on the Series 2005A and Series 2005C bonds is payable semiannually. Payment of principal and interest when due on the Series 2005 bonds is guaranteed under a municipal bond insurance policy.

On June 18, 2008, the Illinois Finance Authority issued fixed rate revenue refunding bonds, Series 2008A (referred to as the Series 2008 bonds) in the aggregate amount of \$86,660 on behalf of the Hospital. A portion of the proceeds from the Series 2008 bond issuance was used to advance refund the Series 2005B and Series 2005D auction rate revenue bonds (Prior Bonds). The remaining proceeds were used for the purposes of establishing a debt service reserve fund and to pay certain expenses incurred in connection with the issuance of the Series 2008 bonds and refunding of the Prior Bonds. The Hospital recognized a loss on early extinguishment of debt on the refunding of the Prior Bonds, and fixed rate conversion of the Series 2005C bonds, in the aggregate amount of \$3,077 in 2008, which is reported as a nonoperating loss in the accompanying 2008 consolidated statement of operations. Principal on the Series 2008A bonds is due annually, beginning August 15, 2009 through 2030. Interest on the Series 2008 bonds is payable semiannually.

On May 28, 2009, the Illinois Finance Authority issued fixed rate revenue bonds, Series 2009 (referred to as the Series 2009 bonds) in the aggregate amount of \$260,000 on behalf of the Hospital. The proceeds from the Series 2009 bond issuance will be used to acquire, construct, renovate, and equip certain health facilities, including, but not limited to the construction of the replacement hospital facility. A portion of the proceeds was used for the purposes of establishing a debt service reserve fund and to pay certain expenses incurred in connection with the issuance of the Series 2009 Bonds.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

At September 30, 2009 and 2008, the fair value of total long-term debt was approximately \$416,595 and \$131,713, respectively. Fair value was estimated using quoted market prices based upon the Obligated Group's current borrowing rates for similar types of long-term debt securities.

Scheduled annual principal payments on long-term debt for the ensuing five years are as follows:

Year:		
2010	\$	3,585
2011		3,770
2012		3,960
2013		4,295
2014		4,520

(10) Derivative Instruments and Hedging Activities

The Hospital has interest rate related derivative instruments to manage its exposure on debt instruments. By using derivative financial instruments to hedge exposures to changes in interest rates, the Hospital exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivative contracts. When the fair value of a derivative contract is positive, the counterparty owes the Hospital, which creates credit risk for the Hospital. When the fair value of a derivative contract is negative, the Hospital owes the counterparty, and therefore, it does not possess credit risk. The Hospital attempts to minimize the credit risk in derivative instruments by entering into transactions with high-quality counterparties. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken. Hospital management also mitigates risk through periodic reviews of their derivative positions in the context of their total blended cost of capital.

2002 Interest Rate Swap Agreement

During 2002, the Hospital entered into an interest rate swap agreement to convert portions of its fixed rate debt portfolio from a fixed to variable rate. Under this agreement, the Hospital receives a variable rate of return, based upon 68.75% of the three-month USD-LIBOR-BBA rate on a notional amount of \$15,000, and is obligated to pay the financial institution a variable rate of return, based upon the weekly SIFMA Municipal Swap Index rate, on the same notional amount. The 2002 interest rate swap agreement has a maturity date of February 6, 2014.

The 2002 interest rate swap does not meet the criteria to qualify for hedge accounting; accordingly, the fair value of the interest rate swap derivative instrument is recognized within the consolidated balance sheets with changes in the fair value of the derivative instrument reported within income from operations. Payments equal to the differential between the amounts due to and due from the financial institution are computed and exchanged quarterly. The differential to be paid or received under the interest rate swap agreement is recognized within interest expense on a current basis. The net interest rate differential (paid) received by the Hospital as a result of the 2002 interest rate swap agreement during 2009 and 2008 of

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

approximately \$60 and \$(127), respectively, has been included as an (addition) reduction to interest expense in the accompanying consolidated statements of operations. Fair value of the interest rate swap agreement was a liability of \$144 and \$180 at September 30, 2009 and 2008, respectively, and is included in accrued expenses in the accompanying consolidated balance sheets. The change in fair value of the interest rate swap agreement of \$36 in 2009 and \$(264) in 2008 has been recorded as an (addition) reduction to interest expense. Fair value of the interest rate swap agreement was estimated using a discounted present value methodology and current projected interest rates.

2005 Interest Rate Swap Agreement

The Hospital previously maintained an interest rate swap agreement that changed the variable-rate cash flow exposure on the Series 2005B debt to fixed cash flows. The 2005 interest rate swap agreement was designated as a cash flow hedge instrument, but was terminated in June 2008 in conjunction with the extinguishment of the Series 2005B bonds. The change in fair value of derivative instruments reported in the 2008 consolidated statement of operations represents the reclassification from unrestricted net assets of amounts previously recognized within unrestricted net assets for the effective portion of this hedge. Included in 2008 interest expense is \$1,390 of expense related to the termination of, and settlement payments related to, the 2005 interest rate swap agreement.

2005B Basis Swap Agreements

The Hospital maintains interest rate basis swap agreements (Basis Swaps) with two commercial banks. The Basis Swaps were originally related to the Series 2005B bonds. The Basis Swaps each have a notional amount of \$34,675 whereby the Hospital will receive, on a monthly basis, 60.2854% of USD-ISDA Swap Rate, and will make monthly payments at 62.5% of one-month LIBOR plus 15 basis points. During 2008, the Basis Swap agreements were amended to suspend monthly cash payments until February 15, 2014. The Basis Swaps have notional amounts and maturity dates that correlate with the outstanding principal schedule on the Series 2005B debt, which was refunded in 2008. The Basis Swaps have remained in force subsequent to the refunding of the Series 2005B debt. Fair value of the Basis Swaps were liabilities of \$263 and \$424 at September 30, 2009 and 2008, respectively, and are included in other long-term liabilities in the accompanying consolidated balance sheets. The net interest rate differential received by the Hospital as a result of the Basis Swap agreements during 2009 and 2008 of approximately \$0 and \$255, respectively, has been recorded as a reduction of interest expense in the accompanying consolidated statements of operations. The change in fair value of the Basis Swaps of \$161 in 2009 and \$36 in 2008 has been recorded as a reduction of interest expense as the Basis Swaps do not qualify for hedge accounting.

Subsequent to September 30, 2009, the Hospital terminated one of the Basis Swap agreements, which had a fair value liability of \$129 at September 30, 2009. The Hospital was not required to make any settlement payment to the counterparty for the termination of this Basis Swap agreement.

(11) Pension Plans

The Health System, HSSI, and the Hospital sponsor various voluntary, defined contribution, and money purchase pension plans for all qualified full-time employees. Benefits for individual employees are the amounts that can be provided by the sums contributed and accumulated for each individual employee. The

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

Health System, HSSI, and the Hospital recognized expense under the terms of the plans in the amount of \$3,383 and \$3,149 for 2009 and 2008, respectively. The Health System, HSSI, and the Hospital fund the plans on a current basis.

The Health System also sponsors several supplemental retirement plans. Eligibility for these plans is limited to specified employees. The supplemental plans are defined benefit plans and are not qualified plans under Section 401 of the Code. The Health System has recognized expense under the terms of these supplemental retirement plans in the amount of \$519 and \$1,614 for 2009 and 2008, respectively. Amounts owed to specified employees under the supplemental retirement plans are included in accrued salaries and wages.

(12) Self-Insured Risks

Professional and General Liability

The Corporations maintain a self-insurance program for professional and general liability coverage. The self-insurance program includes varying levels of self-insured retention and excess malpractice insurance coverage purchased from commercial insurance carriers. In connection with the self-insurance program, the Corporations have engaged the services of a professional actuarial consultant to assist in the estimation of self-insurance provisions and claim liability reserves.

Provisions for estimated self-insured professional and general liability claims of \$5,023 in 2009 and \$11,229 in 2008 are included in general and administrative expenses in the accompanying consolidated statements of operations. It is the opinion of management that the estimated professional and general liabilities accrued at September 30, 2009 and 2008 are adequate to provide for the ultimate cost of potential losses resulting from pending or threatened litigation; however, such estimates may be more or less than the amounts ultimately paid when claims are resolved. The Corporations have also designated attorneys to handle legal matters relating to malpractice and general liability claims. No portion of the accrual for estimated self-insured professional and general liability claims has been reported as a current liability. The liability for estimated self-insured professional and general liability claims has been discounted at 3% and 4% as of September 30, 2009 and 2008, respectively.

Workers' Compensation

The Health System, HSSI, and the Hospital maintain a self-insurance program for workers' compensation coverage. This program limits the self-insured retention to \$500 per occurrence. Coverage from commercial insurance carriers is maintained for claims in excess of the self-insured retention. Provisions for workers' compensation claims amounted to \$1,981 and \$1,071 for 2009 and 2008, respectively, and are included in payroll taxes and fringe benefits expense. Management believes the estimated self-insured workers' compensation claims liability at September 30, 2009 and 2008 is adequate to cover the ultimate liability; however, such estimates may be more or less than the amounts ultimately paid when claims are resolved.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

Healthcare

The Health System, HSSI, and the Hospital also have a program of self-insurance for employee healthcare coverage. Stop-loss reinsurance coverage is maintained for claims in excess of stop-loss limits. Provisions for self-insured employee healthcare claims amounted to \$12,142 and \$11,338 for 2009 and 2008, respectively, and are included with payroll taxes and fringe benefits expense. It is the opinion of management that the estimated healthcare costs accrued at September 30, 2009 and 2008 are adequate to provide for the ultimate liability; however, final payouts as claims are paid may vary significantly from estimated claim liabilities.

(13) Investment in Joint Ventures

Orland Park Surgical Center, L.L.C.

On January 15, 2001, the Hospital became a founding member of Orland Park Surgical Center, L.L.C. (the Center) whose purpose is to develop and operate an ambulatory surgery center in Orland Park, Illinois. The Hospital provided the Center with an initial \$660 equity contribution, which satisfied the capital contribution provisions of the operating agreement. Pursuant to the operating agreement, profits and losses are allocated to the members in accordance with the proportion of their membership units to the aggregate membership units of the Center, of which the Hospital holds a 33% interest. Distributions will be made to members in accordance with the proportion of their membership units to the aggregate membership units of the Center. Distributions are payable by the Center at the discretion of the Center's board of managers to the extent of the availability of net cash flows. The Center became operational during 2002.

The Hospital accounts for its investment in the Center on the equity method of accounting. The Hospital has included its proportional share of the Center's net income of \$85 and \$125 in 2009 and 2008, respectively, within other operating revenue in the accompanying consolidated statements of operations. The Hospital received cash distributions from the Center of \$181 and \$212 in 2009 and 2008, respectively. As of and for the years ended September 30, 2009 and 2008, respectively, the Center had total assets of \$3,606 and \$3,831, members' equity of \$2,261 and \$2,622, revenue of \$7,291 and \$5,023, and net income of \$174 and \$464. The carrying value of the Hospital's investment in the Center is included in investment in joint ventures in the accompanying consolidated balance sheets.

Subsequent to September 30, 2009, the Hospital exercised its option to terminate its participation in Center and redeem 100% of its membership units. In exchange for its membership units, the Hospital will receive a total payment of approximately \$1,165 to be received in four equal quarterly payments beginning on January 7, 2010.

SCHCI, L.L.C.

On February 14, 2002, the Hospital became a founding member of SCHCI, L.L.C. (SCHCI) whose purpose is to provide cardiovascular services jointly with a physician group. The Hospital provided SCHCI with an initial \$275 equity contribution during 2003, which satisfied the capital contribution provisions of the operating agreement. The Hospital provided SCHCI with an additional \$275 equity contribution during 2004. Pursuant to the operating agreement, profits and losses are allocated to the members in accordance

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

with the proportion of their membership units to the aggregate membership units of SCHCI, of which the Hospital holds a 49.5% interest. Distributions are payable by SCHCI at the discretion of the Center's management board to the extent of the availability of net cash flows as defined in the agreement. The Center became operational during 2004.

The Hospital accounts for its investment in SCHCI on the equity method of accounting. The Hospital has included its proportional share of SCHCI net income of \$569 and \$513 in 2009 and 2008, respectively, as other operating revenue in the accompanying consolidated statements of operations. The Hospital received cash distributions from SCHCI of \$396 and \$495 in 2009 and 2008, respectively. As of and for the years ended September 30, 2009 and 2008, respectively, SCHCI had total assets of \$2,872 and \$2,819, members' equity of \$2,499 and \$2,151, revenue of \$3,223 and \$3,947, and net income of \$1,245 and \$1,038. The carrying value of the Hospital's investment in SCHCI is included in investment in joint ventures in the accompanying consolidated balance sheets. Included in other receivables are \$8 and \$595 of advances due from SCHCI as of September 30, 2009 and 2008, respectively.

Subsequent to September 30, 2009, approval was received from the Illinois Health Facilities Planning Board for discontinuance of SCHCI operations, which occurred effective December 18, 2009.

Wilmington Building Enterprises, L.L.C.

On June 1, 2007, MCREC sold property, including a parcel of land and a medical office building, located in Wilmington, Illinois to Harris N.A. Concurrently with the sale of property, MCREC became a founding member of Wilmington Building Enterprises, L.L.C. (Wilmington) whose purpose is to lease the medical office building. Harris N.A. serves as the trustee for Wilmington. MCREC provided Wilmington with an initial \$500 equity contribution during 2007, which satisfied the capital contribution provisions of the operating agreement. Pursuant to the operating agreement, profits and losses are allocated to the members in accordance with the proportion of their membership units to the aggregate membership units of Wilmington, of which MCREC holds a 50% interest. Effective July 1, 2007, Harris N.A. entered into an agreement with a physician to lease the medical office building.

MCREC accounts for its investment in Wilmington on the equity method of accounting; however, MCREC has not recognized its proportional share of Wilmington income in the accompanying consolidated statements of operations. Wilmington net income was \$60 in 2009 and \$103 in 2008. Wilmington made cash distributions of \$114 in 2009 and \$0 in 2008. As of and for the years ended September 30, 2009 and 2008, respectively, Wilmington had total assets and members' equity of \$1,046 and \$1,103. The carrying value of MCREC's investment in Wilmington is included in investment in joint ventures in the accompanying consolidated balance sheets.

(14) Endowments

Effective October 1, 2008 the Corporations adopted the guidance in ASC Subtopic 958 on the net asset classification and disclosures for funds subject to an enacted version of UPMIFA.

The Corporations have donor-restricted endowment funds (collectively referred to as the Funds), the principal of which may not be expended. The interest and dividend income from investment of the Funds is

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

to be used for a variety of purposes consistent with the intent of the donor. The interest and dividend income earned on the Funds are transferred to temporarily restricted net assets until appropriated for expenditure by the Corporations. All other changes in the Funds, including unrealized and realized gains and losses, are recorded directly to the Funds, which are classified as permanently restricted net assets.

The Corporations also have beneficial interests in trusts (collectively referred to as the Trusts). The Corporations have recorded their share of the principal of the Trusts as permanently restricted net assets. Distributions from the Trusts are recorded within unrestricted net assets if unrestricted; otherwise they are classified as temporarily restricted net assets until appropriated for expenditure.

The activity of the Funds and Trusts for the year ended September 30, 2009 is as follows:

	Total	Donor- restricted endowment funds	Beneficial interest in trusts
Beginning fair value	\$ 5,375	584	4,791
Current year contributions	—	—	—
Income:			
Interest and dividends	182	6	176
Realized losses, net	(253)	(25)	(228)
Unrealized gains, net	212	29	183
Disbursements:			
Fees and expenses	(51)	(19)	(32)
Assets released from restriction	(144)	—	(144)
Ending fair value	\$ <u>5,321</u>	<u>575</u>	<u>4,746</u>

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

The activity of the Funds and Trusts for the year ended September 30, 2008 is as follows:

	<u>Total</u>	<u>Donor- restricted endowment funds</u>	<u>Beneficial interest in trusts</u>
Beginning fair value	\$ 6,071	656	5,415
Current year contributions	—	—	—
Income:			
Interest and dividends	205	10	195
Realized gains, net	42	3	39
Unrealized losses, net	(724)	(61)	(663)
Disbursements:			
Fees and expenses	(62)	(24)	(38)
Assets released from restriction	(157)	—	(157)
Ending fair value	<u>\$ 5,375</u>	<u>584</u>	<u>4,791</u>

The principal of the Funds was approximately \$584 at September 30, 2009 and 2008. The fair value of assets associated with individual donor-restricted endowment funds may fall below the amount of the original donation as a result of unfavorable market conditions. There were no such deficiencies as of September 30, 2009 or 2008.

(15) **Contingencies**

Medicare Reimbursement

The Hospital recognized approximately \$79,563 of net patient service revenue during 2009 from services provided to Medicare beneficiaries. Federal legislation routinely includes provisions to modify Medicare payments to healthcare providers. Changes in Medicare reimbursement as a result of the CMS implementation of the provisions of Medicare legislation may have an adverse effect on the Hospital's net patient service revenues.

Litigation

The Corporations are involved in litigation arising in the normal course of business. In consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Corporations' financial position or results of operations.

Regulatory Investigations

The U.S. Department of Justice and other federal agencies routinely conduct regulatory investigations and compliance audits of healthcare providers. The Corporations are subject to these regulatory efforts. Management is currently unaware of any regulatory matters, which may have a material adverse effect on the Corporations' financial position or results of operations.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Notes to Consolidated Financial Statements

September 30, 2009 and 2008

(Amounts in thousands)

(16) Subsequent Events

In connection with the preparation of the consolidated financial statements and in accordance with the recently issued ACS Topic 855, *Subsequent Events*, the Corporations evaluated subsequent events after the consolidated balance sheet date of September 30, 2009 through January 22, 2010, which was the date the financial statements were available to be issued.

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidating Schedule - Balance Sheet Information
September 30, 2009
(Amounts in thousands)

Assets	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Silver Cross Medical Associates, Inc.	Eliminations	Consolidated
Current assets:									
Cash and cash equivalents	\$ 910	1,018	36,017	151	220	8,227	—	—	46,843
Short-term investments	—	—	9,045	—	—	—	—	—	9,045
Assets whose use is limited or restricted, required for current liabilities	—	—	39	—	—	—	—	—	39
Patient accounts receivable, net	401	1,283	38,251	—	—	—	—	—	29,534
Due from affiliates	—	—	21,590	2,299	60	—	262	(24,612)	—
Other receivables	423	23	765	—	84	557	—	—	1,852
Inventory of supplies	—	—	180	—	—	—	—	—	180
Prepaid expenses and other	115	8	2,040	3	23	46	124	—	2,359
Total current assets	1,849	2,332	97,927	2,453	387	9,130	386	(24,612)	89,852
Assets whose use is limited or restricted, excluding assets required for current liabilities									
By board for capital improvements, self-insurance and other	25,362	—	72,987	—	—	—	—	—	98,329
Under bond indenture agreements - held by trustee	—	—	217,781	—	—	—	—	—	217,781
Pledges receivable	—	—	460	—	—	—	—	—	460
Non-restricted investments	—	—	2,262	242	—	—	—	—	7,564
Total non-current assets	25,362	—	298,470	242	—	—	—	—	324,074
Land, buildings, and equipment, net	8,702	279	177,696	—	35,373	—	—	—	222,050
Other assets:									
Due from affiliates	4,560	—	26,467	—	—	—	—	(31,027)	—
Land held for sale	—	—	25,938	—	—	—	—	—	25,938
Investments	22,650	—	—	—	—	—	—	(22,650)	—
Investment in joint ventures	—	—	2,019	—	500	—	—	—	2,519
Deferred finance charges and other	—	—	6,798	—	—	—	—	—	6,798
Total assets	\$ 63,123	2,611	633,315	2,695	36,760	9,130	386	(78,289)	671,231

(Continued)

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidating Schedule - Balance Sheet Information

September 30, 2009

(Amounts in thousands)

	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Silver Cross Medical Associates, Inc.	Eliminations	Consolidated
Liabilities and Net Assets									
Current liabilities:									
Current installments of long-term debt	\$ —	\$ —	\$ 3,585	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 3,585
Accounts payable	693	238	5,592	—	—	5,946	—	—	12,469
Accrued salaries and wages	3,439	128	9,211	—	—	—	386	—	13,164
Accrued expenses	9	12	3,463	—	2,448	—	—	—	5,932
Estimated payables under third-party reimbursement programs	—	—	21,413	—	—	—	—	—	21,413
Due to affiliates	22,080	2,125	387	—	—	20	—	(24,612)	—
Total current liabilities	26,221	2,503	43,651	—	2,448	5,966	386	(24,612)	56,563
Construction payables	—	—	8,072	—	—	—	—	—	8,072
Estimated self-insured professional and general liability claims	20,142	—	—	—	—	—	—	—	20,142
Long-term debt, excluding current installments on unauthorized bond discounts and premiums	—	—	382,240	—	—	—	—	—	382,240
Due to affiliates	—	—	—	—	31,027	—	—	(31,027)	—
Other long-term liabilities	—	—	1,154	—	—	—	—	—	1,154
Total liabilities	46,363	2,503	435,117	—	33,475	5,966	386	(55,639)	468,171
Net assets:									
Unrestricted	16,760	108	192,476	2,432	2,785	3,164	—	(22,650)	195,095
Temporarily restricted	—	—	2,644	—	—	—	—	—	2,644
Permanently restricted	—	—	5,078	243	—	—	—	—	5,321
Total net assets	16,760	108	200,198	2,695	2,785	3,164	—	(22,650)	203,060
Total liabilities and net assets	\$ 63,123	\$ 2,611	\$ 635,315	\$ 2,695	\$ 36,260	\$ 9,130	\$ 386	\$ (78,289)	\$ 671,231

See accompanying independent auditors' report.

SILVER CROSS HEALTH SYSTEM
AND AFFILIATES

Consolidating Schedule - Statement of Operations Information

Year ended September 30, 2009

(Amounts in thousands)

	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Silver Cross Medical Associates, Inc.	Eliminations	Consolidated
Revenue									
Net patient service revenue	7,962	1,202	227,744		3,003		2,803	(1,530)	228,219
Other revenue	7,962	1,170	2,652		3,003	23,115	67	(8,673)	30,291
Total revenue	7,962	2,372	230,396		3,003	23,115	2,870	(12,208)	258,510
Expenses									
Salaries and wages	5,069	1,021	77,401				1,481	(138)	84,834
Payroll taxes and fringe benefits	1,312	270	21,835				152		25,399
General and administrative	2,034	1,306	43,258		2,615	23,783	1,158	(15,070)	62,274
Supplies		192	41,144						41,336
Provision for bad debts		12	11,905				79		11,996
Depreciation	820	124	13,343		1,560				15,857
Interest			6,372						6,372
Total expenses	9,065	3,015	217,559		5,181	23,783	2,870	(12,208)	248,268
Income (loss) from operations before accelerated depreciation on existing hospital facility	(1,103)	(643)	12,837		(1,181)	332			10,242
Accelerated depreciation on existing hospital facility			9,924						9,924
Income (loss) from operations	(1,103)	(643)	22,761		(1,181)	332			318
Nonoperating gains (losses)	1,312		(83)		(16)				1,213
Investment income (loss), net			150	22					172
Unrestricted contributions and other, net			(4)						(4)
Loss on disposal of land, buildings, and equipment, net									
Total nonoperating gains (losses), net	1,312		63	22	(16)				1,381
Revenue and gains in excess (deficiency) of expenses and losses	209	(643)	2,976	22	(1,197)	332			1,699
Other changes in unrestricted net assets									
Net assets released from restrictions for land, building, and equipment acquisition financed by temporarily restricted net assets			474						474
Increase (decrease) in unrestricted net assets	209	(643)	3,450	22	(1,197)	332			2,173

See accompanying independent auditors' report

**SILVER CROSS HEALTH SYSTEM
AND AFFILIATES**

Consolidating Schedule - Changes in Net Assets Information
Year ended September 30, 2009
(Amounts in thousands)

	Silver Cross Health System	Health Service Systems, Inc.	Silver Cross Hospital and Medical Centers	Silver Cross Foundation	Midwest Community Real Estate Corporation	Silver Cross Managed Care Organization	Silver Cross Medical Associates, Inc.	Eliminations	Consolidated
Increase (decrease) in unrestricted net assets	\$ 209	(613)	3,450	22	(1,197)	332	—	—	2,173
Temporarily restricted net assets:									
Contributions for specific purposes	—	—	830	—	—	—	—	—	830
Net realized and unrealized gains and losses on temporarily restricted investments	—	—	(9)	—	—	—	—	—	(9)
Net assets released from restriction for operating purposes	—	—	(67)	—	—	—	—	—	(67)
Net assets released from restriction for land, building, and equipment acquisitions	—	—	(174)	—	—	—	—	—	(174)
Decrease in temporarily restricted net assets	—	—	280	—	—	—	—	—	280
Permanently restricted net assets:									
Net realized and unrealized gains and losses on permanently restricted investments	—	—	(45)	(9)	—	—	—	—	(54)
Change in net assets	209	(613)	3,685	13	(1,197)	332	—	—	2,399
Net assets at beginning of year	16,551	751	196,513	2,682	3,982	2,832	—	(22,650)	200,661
Net assets at end of year	\$ 16,760	108	200,198	2,695	2,785	3,164	—	(22,650)	203,060

See accompanying independent auditors' report.

Section XXVI
 Attachment 76
Economic Feasibility

A) Reasonableness of Financing Arrangements

This criterion is not applicable because the project will be funded with cash and cash equivalents. William Brownlow's affidavit in support of this criterion is attached as ATTACHMENT-76.

B) Conditions of Debt Financing

This criterion is not applicable because the project will be funded with cash and cash equivalents.

C) Reasonableness of Project and Related Costs

1) Cost and Square Footage by Department

The in-center hemodialysis facility will be located in 8,685 square feet. Total project costs equal \$51.77 per square foot.

Department	A	B	C	D	E	F	G	H	Total
(list below)	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$	Mod. \$	Cost
	NEW	MOD	NEW	CIRC	MOD	CIRC	(A x C)	(B x E)	(G + H)
In-Center Hemodialysis	\$0.00	-	8685	-	-	-	\$0.00*	-	\$0.00*

*\$1,153,630.08 in construction costs (or \$132.83/sq ft) for the dialysis space – exclusive of prorated contingency costs – were included in the hospital's MSB CON application (#09-066) which was approved by the IHF&SRB on 03/02/10.

2) Major Medical Equipment

The project contains no major medical equipment.

3) The following project costs will be incurred:

PROJECT COSTS	CLINICAL
Preplanning Costs	\$0
Site Survey & Soil Preparation	\$0
Site Preparation	\$0
Off Site Work	\$0
New Construction Contracts	\$0*
Modernization Contracts	\$0
Contingencies	\$0*
Architectural/Engineering Feeds	\$0*
Consulting and Other Fees	\$2,500
Movable and Other Equipment	\$447,121
Bond Issuance Expense (project related)	\$0

PROJECT COSTS	CLINICAL
Net Interest Expense during Construction (project related)	\$0
Fair Market Value of Leased Space or Equipment	\$0
Other Costs to Be Capitalized	\$0
Acquisition of Building or Other Property (excluding land)	\$0
Total Project Costs	\$449,621

As indicated below, all cost components attributable to the project are well within Section 1120 norms:

PROJECT COSTS	CLINICAL COSTS	SECTION 1120 NORM	PROJECT COST COMPARED TO SECTION 1120 NORM
Preplanning Costs	\$0	1.8% * (Construction + Contingencies + Equipment) = 1.8% * \$447,121 = \$8,048	Below Section 1120 Norm
Site Survey, Soil Investigation and Site Preparation	\$0	5% * (Construction Costs + Contingencies) = 5% * \$0 = \$0	N/A
Construction Contracts and Contingencies	\$0*	\$207 per GSF	Below Section 1120 Norm
Contingencies	\$0*	Schematics phase = 10% * Construction Costs = 10% * \$0 = \$0	N/A
Architectural/Engineering Fees	\$0*	Under \$100,000 = 9.75%-14.63% * (Construction Costs + Contingencies) = 9.75% * \$0 = \$0	N/A
Consulting and Other Fees	\$2,500	No Section 1120 Norm	Reasonable as compared to other projects
Movable and Other Equipment	\$447,121 (or \$23,532.68 per station)	\$39,945 per station	Below Section 1120 Norm

*new construction, contingencies and architectural/engineering fees for the dialysis space were included and approved as part of the hospital's MSB CON application (#09-066).

D) Projected Operating Costs

The projected operating costs for the first full fiscal year when the project achieves target utilization (2014) are as follows:

Estimated number of patients = 94

Estimated number of treatments per year (94 patients * 3 visits per week * 52 weeks per year) = 14,664

Projected operating costs = $\frac{\$3,240,744}{14,664} = \$221/\text{treatment}$

E) Total Effect of the Project on Capital Costs

Total projected annual capital costs in target utilization year (2014) = \$0

Total projected annual capital costs per procedure = \$0

F) Non-Patient Related Services

The project does not involve non-patient related services. This criterion is not applicable.



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

March 15, 2010

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Availability of Funds

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § 1120.310(a)(1), that Silver Cross Health System and Silver Cross Hospital and Medical Centers have sufficient and readily accessible cash and cash equivalents to pay for the movable equipment and the consulting (and other) fees associated with the 8,685 square feet in the Medical Services Building for in-center hemodialysis services and that all aspects of the project as described in the Certificate of Need application will be funded and completed.

Sincerely

William Brownlow
Senior Vice President/Finance
Chief Financial Officer

Subscribed and sworn before me
this 15 day of March, 2010.

Notary Public

Section XXX

Attachment 77

Safety Net Impact Statement

1) Silver Cross believes that the proposed facility will have no negative impact on the essential safety net services. In fact, it is expected that the proposed facility will improve essential safety net services as more stations will be available for patients needing dialysis services. Other area facilities that did provide impact statements (ATTACHMENT-9) indicated that the proposed facility would not impact access to care.

2) For the last three fiscal years, Silver Cross' cost of charity care, charity care as a percentage of net revenue and Total Community Benefit were as follows:

Community Benefit Information	FY07	FY08	FY09
Charity Care (at cost)	\$2,743,000	\$6,290,000	\$7,459,000
As percent of Net Revenue	1.3%	2.8%	3.3%
Total Community Benefit (\$)	\$17,461,000	\$24,874,000	\$23,793,000

Source: Community Benefit Report for FY07, FY08 and FY09

Charity care (at cost) has more than doubled between FY07 and FY09 – and demonstrates the hospital's continued and growing commitment to serving the needs of the community. Charity Care as a percentage of net revenue has also steadily grown since 2007. Copies of Community Benefit Reports filed for the last three fiscal years are attached at ATTACHMENT-77.

The hospital also continues to serve a large number of Medicaid patients – and this is expected to continue with the proposed facility. According to the last three Annual Hospital Questionnaires filed with the Illinois Department of Public Health, the hospital's Medicaid revenues, percent of total revenues, and number/percentage of patients were as follows:

Medicaid	2006	2007	2008
Medicaid Revenues (Inpatient & Outpatient)	\$13,350,000	\$24,627,000	\$18,333,000
Medicaid Revenues (as percent of total)	7.25%	11.84%	8.22%
Number of Inpatients	3,281	3,260	2,849
Percent of Inpatients	19.9%	19.0%	17.1%
Number of Outpatients	12,045	27,394	29,891
Percent of Outpatients	10.2%	16.1%	16.7%

Source: Hospital Profile - Annual Hospital Questionnaires (IDPH) - all hospital patients, not just ESRD

The total number of Medicaid patients (inpatient and outpatient combined) treated at Silver Cross Hospital have increased from 15,326 patients in 2006 to 32,740 patients in 2008 – more than doubling over the three-year period. Copies of the Silver Cross' Annual Hospital Questionnaires for the last three years are attached at ATTACHMENT-77.

Ownership, Management, and Other General Information:

Ownership: Silver Cross Hospital & Medical Centers
 Operator: Silver Cross Hospital & Medical Centers
 Management: Non-Government Other Non-Profit
 Facility Type:
 Address: 1200 Maple Street IDPH Number: 2170
 City: Joliet HPA A-13
 County: Will County HSA 9

Patients by Race

White 79.6%
 Black 18.2%
 American Indian 0.0%
 Asian 0.1%
 Hawaiian/ Pacific 0.0%
 Unknown: 1.1%

Patients by Ethnicity

Hispanic or Latino: 12.5%
 Not Hispanic or Latino 86.5%
 Unknown: 1.1%

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds	Beds Setup 10/1/2008	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Beds Occupancy Rate %
Medical/Surgical	184	165	165	165	11,252	43,408	3,674	4.2	129.0	70.1	78.2
0-14 Years					0	0					
15-44 Years					2,613	7,298					
45-64 Years					3,470	12,628					
65-74 Years					2,017	8,735					
75 Years +					3,152	14,747					
Pediatric	39	20	20	20	527	1,012	649	3.2	4.6	11.7	22.8
Intensive Care	16	18	18	18	1,633	4,087	1	2.5	11.1	81.9	81.0
Direct Admission					1,233	2,807					
Transfers					400	1,260					
Obstetric/Gynecology	26	22	22	22	2,318	5,503	76	2.4	15.3	58.8	69.5
Maternity					2,221	5,267					
Clean Gynecology					97	236					
Neonatal	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds					0	0		0.0	0.0		
Acute Mental Illness	20	14	14	14	794	3,672	0	4.6	10.1	50.3	71.9
Rehabilitation	17	17	17	17	388	4,813	0	12.4	13.2	77.6	77.6
Dedicated Observation	0						0				
Facility Utilization	304	266			16,612	62,475	4,400	4.1	183.2	60.3	

(Includes ICU Direct Admissions Only)

Inpatient and Outpatient Information by Payer Source

	Medicare	Medicaid	Other Public	Other Insurance	Private Pay	Charity Care	Totals
	43.7%	19.9%	0.1%	29.2%	4.4%	2.8%	
Inpatients	7208	3281	22	4824	722	455	16512
Outpatients	25.6%	10.2%	0.1%	60.9%	2.7%	0.6%	
	30269	12045	88	72038	3195	716	118351

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	0	0	104	122	273	255	528	2.6	2.1
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	7	7	1364	1347	2446	1732	4178	1.8	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	118	9	614	12	626	5.3	1.3
OB/Gynecology	0	0	0	0	371	440	674	520	1194	1.8	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	6	484	10	502	512	1.7	1.0
Orthopedic	0	0	0	0	828	768	1878	1040	2918	2.3	1.4
Otolaryngology	0	0	0	0	144	365	293	433	726	2.0	1.2
Plastic Surgery	0	0	0	0	33	138	83	170	253	2.5	1.3
Podiatry	0	0	0	0	5	178	10	285	295	2.0	1.6
Thoracic	0	0	0	0	26	0	66	0	66	2.5	0.0
Urology	0	0	1	1	202	257	477	386	863	2.4	1.6
Totals	0	0	8	8	3187	4096	8824	5335	12159	2.1	1.3

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

13

Stage 2 Recovery Stations

21

Sumical Utilization - Procedure Rooms

Room Type	Inpatient Rooms	Outpatient Rooms	Combined Rooms	Total Rooms	Inpatient Cases	Outpatient Cases	Inpatient Hours	Outpatient Hours	Total Hours
Gastrointestinal	0	0	3	3	1190	3669	939	2813	3752
Laser Eye Procedures	0	0	1	1	0	110	0	31	31
Pain Management	0	0	0	0	0	0	0	0	0
C-Section Procedures	0	0	0	0	0	0	0	0	0
Cystoscopy	0	0	0	0	0	0	0	0	0
Other Procedure1	0	0	0	0	0	0	0	0	0
Other Procedure2	0	0	0	0	0	0	0	0	0

Birthing Data

Number of Deliveries:	2,008
Number of Live Births:	1,991
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0

Newborn Nursery Utilization

Level 1 Patient Days	4,112
Level 2 Patient Days	598
Level 2+ Patient Days	167
Total Nursery Patientdays	4877

Emergency Service Data

Emergency Service Type:	Comprehensive
Persons Treated by Emergency Services:	51,268
Patients Admitted from Emergency:	10,203

Outpatient Service Data

Persons Treated by Outpatient Services:	117,635
Patients Admitted from Outpatient Services:	0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Cardiac Catheterization Labs

Multi-Purpose Catheterization Labs	1
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1
Total Catheterization Labs	2

Cardiac Catheterization Utilization

Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	466
Interventional Catheterizations (0-14)	0
Interventional Catheterization (15+)	0
EP Catheterizations	129

Cardiac Surgery Data

Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Total:	0
Coronary Artery Bypass Grafts (CABGs):	0

Trauma Care

Level of Trauma Service	Level 2
Operating Rooms Dedicated for Trauma Care	0

Laboratory Studies

Inpatient Studies	481,576
Outpatient Studies	937,338
Studies Performed Under Contract	0

Diagnostic and Therapeutic Equipment

Equipment	Hospital Owned	Shared	Contracted
General Radiography/Fluoroscopy	14	0	0
Nuclear Medicine	4	0	0
Mammography	3	0	0
Ultrasound	6	0	0
Angiography	1	0	0
Positron Emission Tomography (PET)	0	0	1
Computerized Axial Tomography (CAT)	2	0	0
Magnetic Resonance Imaging	2	1	0

Examinations

Inpatient	Outpatient	Contractual
12,499	42,078	0
3,023	2,826	0
0	7,225	0
5,669	17,804	0
173	321	0
0	0	288
4,708	17,897	0
2,278	5,251	0

Treatment Courses

Lithotripsy	0	0	0	0
Radiation Therapy Equipment:				
Linear Accelerator	0	0	0	0
	0	0	0	0

Contractors for Equipment

Type of Equipment	Contractor
GE MRI	REMEDY MEDICAL
GE PET	MEDICAL OUTSOURCING

Source: Data based on 2006 Annual Hospital Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Paul Pawlak	White	78.3%	Hispanic or Latino:	12.4%
ADMINSTRATOR PHONE	815-740-7001	Black	17.3%	Not Hispanic or Latino:	80.9%
OWNERSHIP:	Silver Cross Hospital and Medical Centers	American Indian	0.0%	Unknown:	6.7%
OPERATOR:	Silver Cross Hospital and Medical Centers	Asian	0.2%	IDPH Number:	2170
MANAGEMENT:	Non-Government Other Non-Profit	Hawaiian/ Pacific	0.0%	HPA	A-13
FACILITY DESIGNATION/	Disproportionate Share Hospital	Unknown:	4.2%	HSA	9
CERTIFICATION:					
ADDRESS	1200 Maple Street	CITY:	Joliet	COUNTY:	Will County

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
Number of Deliveries:	2,075	Level 1 Patient Days	4,311	Kidney:	0
Number of Live Births:	2,068	Level 2 Patient Days	643	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	227	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	6,181	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	8			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0			Total:	0
C-Section Rooms:	2				
CSections Performed:	623				

Facility Utilization Data by Category of Service												
Clinical Service	Authorized CON Beds	Beds Setup 10/1/2007	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %	
Medical/Surgical	184	156	168	168	12,057	45,847	4,002	4.1	138.6	74.2	81.3	
0-14 Years					0	0						
15-44 Years					2,814	7,694						
45-64 Years					3,784	13,786						
65-74 Years					2,044	8,761						
75 Years +					3,415	15,606						
Pediatric	39	20	20	13	521	989	792	3.4	4.9	12.5	24.4	
Intensive Care	18	18	18	16	1,575	4,227	1	2.7	11.6	64.4	72.4	
Direct Admission					1,226	2,950						
Transfers					349	1,277						
Obstetric/Gynecology	26	22	22	22	2,274	5,448	364	2.6	15.9	61.2	72.4	
Maternity					2,212	5,287						
Clean Gynecology					62	159						
Neonatal	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Long Term Care	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	
Swing Beds					0	0		0.0	0.0			
Acute Mental Illness	20	14	14	14	749	3,609	0	4.8	9.9	49.4	70.6	
Rehabilitation	17	17	17	17	314	3,788	0	12.1	10.4	61.0	61.0	
Dedicated Observation	0						0					
Facility Utilization	304	245			17,141	63,906	5,159	4.0	189.2	62.2		

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source												
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals					
Inpatients	43.7%	19.0%	0.1%	29.7%	5.0%	2.5%	17,141					
	7493	3280	11	5093	854	430						
Outpatients	22.5%	16.1%	0.0%	54.6%	6.0%	0.7%	169,990					
	38328	27394	69	92786	10165	1248						
Financial Year Reported: 10/1/2006 to 9/30/2007												
Inpatient and Outpatient Net Revenue by Payer Source												
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense				
Inpatient Revenue (\$)	60.9%	13.4%	0.0%	29.2%	6.5%	100.0%	1,667,744	2,743,000				
	53,041,000	13,951,000	0	30,470,000	6,738,000	104,198,000						
Outpatient Revenue (\$)	22.5%	10.3%	0.0%	68.6%	10.7%	100.0%	1,075,256					
	23,363,000	10,876,000	0	58,727,000	11,077,000	103,843,000						
									Totals: Charity Care as % of Net Revenue			
									1.3%			

Source: 2007 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development. Published: July 23, 2008

Surgical Specialty	Surgery and Operating Room Utilization										
	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	119	117	289	226	515	2.4	1.9
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	7	7	1600	1564	2838	1947	4785	1.8	1.2
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	584	130	323	189	492	0.6	1.3
OB/Gynecology	0	0	0	0	615	569	736	653	1389	1.2	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	3	544	4	520	524	1.3	1.0
Orthopedic	0	0	0	0	814	887	1772	1334	3106	2.2	1.5
Otolaryngology	0	0	0	0	122	294	285	323	578	2.1	1.1
Plastic Surgery	0	0	0	0	20	128	58	148	206	2.9	1.2
Podiatry	0	0	0	0	3	189	4	242	246	1.3	1.6
Thoracic	0	0	0	0	35	0	100	0	100	2.9	0.0
Urology	0	0	1	1	250	289	576	434	1010	2.3	1.5
Totals	0	0	8	8	4166	4661	6955	6996	12951	1.7	1.3
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		13	Stage 2 Recovery Stations		21		

Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization										
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	1345	3977	1060	3093	4153	0.8	0.8
Laser Eye Procedures	0	0	1	1	0	129	0	32	32	0.0	0.2
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
None	0	0	0	0	0	0	0	0	0	0.0	0.0
None	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Labs	1
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	672
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	441
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	131

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>
Level of Trauma Service	Level 1 N/A Level 2 Adult
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	1289
Patients Admitted from Trauma	1128
Emergency Service Type:	Comprehensive
Persons Treated by Emergency Services:	53,558
Patients Admitted from Emergency:	9,808
Total ED Visits (Emergency+Trauma):	54,847

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	169,990
Outpatient Visits at the Hospital/ Campus:	189,990
Outpatient Visits Offsite/off campus	0

Equipment	Diagnostic and Therapeutic Equipment			Examinations		
	Hospital Owned	Shared	Contracted	Inpatient	Outpatient	Contractual
General Radiography/Fluoroscopy	13	0	0	13,310	43,367	0
Nuclear Medicine	4	0	0	2,531	2,593	0
Mammography	3	0	0	0	7,831	0
Ultrasound	6	0	0	4,935	18,218	0
Angiography	1	0	0	914	641	0
Positron Emission Tomography (PET)	0	0	1	0	0	311
Computerized Axial Tomography (CAT)	3	0	0	5,010	20,885	0
Magnetic Resonance Imaging	1	0	1	2,278	4,904	0
Treatment Courses						
Lithotripsy	0	0	0	0	0	0
Radiation Therapy Equipment:						
Linear Accelerator	0	0	0	0	0	0
	0	0	0	0	0	0

HOSPITAL PROFILE - Calendar year 2008 Silver Cross Hospital

Joliet

Page 1

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Paul Pawlak	White	78.1%	Hispanic or Latino:	11.1%
ADMINISTRATOR PHONE:	815.740.7001	Black	17.3%	Not Hispanic or Latino:	78.3%
OWNERSHIP:	Silver Cross Hospital and Medical Centers	American Indian	0.1%	Unknown:	10.6%
OPERATOR:	Silver Cross Hospital and Medical Centers	Asian	0.3%	IDPH Number:	2170
MANAGEMENT:	Non-Government Other Non-Profit	Hawaiian/ Pacific	0.0%	HPA	A-13
CERTIFICATION:	None	Unknown:	4.2%	HSA	9
FACILITY DESIGNATION:	Disproportionate Share Hospital	CITY:	Joliet	COUNTY:	Will County
ADDRESS:	1200 Maple Street				

<u>Clinical Service</u>	<u>Facility Utilization Data by Category of Service</u>											
	Authorized CON Beds 4/22/2008	Authorized CON Beds 12/31/2008	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate % as of 12/31/2008	CON Occupancy Rate % as of 4/22/2008	Staff Bed Occupancy Rate %
Medical/Surgical	194	0	168	168	11,774	45,806	4,551	4.3	138.0	0.0	71.1	82.1
0-14 Years					0	0						
15-44 Years					2,585	7,201						
45-64 Years					3,799	14,102						
65-74 Years					2,043	8,854						
75 Years +					3,347	15,649						
Pediatric	8	0	20	14	388	717	636	3.5	3.7	0.0	46.3	0.0
Intensive Care	22	0	16	16	1,624	4,119	13	2.5	11.3	0.0	51.5	70.8
Direct Admission					1,241	3,024						
Transfers					383	1,095						
Obstetric/Gynecology	30	0	22	22	2,057	4,978	343	2.6	14.6	0.0	46.6	68.2
Maternity					1,993	4,818						
Clean Gynecology					64	158						
Neonatal	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Swing Beds					0	0		0.0	0.0			
Acute Mental Illness	20	0	14	14	838	3,939	0	4.7	10.8	0.0	54.0	77.1
Rehabilitation	15	0	17	17	323	4,010	0	12.4	11.0	0.0	73.2	64.6
Long-Term Acute Care	0											
Dedicated Observation		0					0					
Facility Utilization	289	0			16,621	63,567	5,643	4.2	189.3	0		

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.6%	17.1%	0.1%	30.4%	1.9%	6.0%	16,621
	7390	2848	16	5049	315	1002	
Outpatients	22.6%	16.7%	0.1%	53.4%	6.4%	1.9%	179,184
	40367	29891	86	95665	9701	3464	

<u>Financial Year Reported:</u>	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>							<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	10/1/2007 to	9/30/2008	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		
Inpatient Revenue (\$)	57,589,000	10,133,000	0	38,552,000	2,578,000	106,850,000	3,673,360	6,290,000	
	63.9%	9.5%	0.0%	34.2%	2.4%	100.0%			
Outpatient Revenue (\$)	24,428,000	8,200,000	0	72,802,000	10,861,000	116,291,000	2,616,640	2.8%	
	21.0%	7.1%	0.0%	62.6%	9.3%	100.0%			

<u>Birthing Data</u>		<u>Newborn Nursery Utilization</u>		<u>Organ Transplantation</u>	
Number of Deliveries:	1,911	Level 1 Patient Days	3,969	Kidney:	0
Number of Live Births:	1,901	Level 2 Patient Days	618	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	185	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	4,772	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	8			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	<u>Laboratory Studies</u>			
C-Section Rooms:	2	Inpatient Studies	508,472		
CSections Performed:	668	Outpatient Studies	1,042,885	Total:	0
		Studies Performed Under Contract	0		

* Note: Project #07-148 approved on 7/1/2008 received permit to discontinue entire existing hospital and to construct a replacement hospital in New Lenox. Project completion date is 3/30/2012. Current utilization is based on the existing beds at the current location.

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	0	0	107	116	292	266	558	2.7	2.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	1455	2069	2698	2773	5471	1.9	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	141	36	786	92	878	5.6	2.6
OB/Gynecology	0	0	0	0	317	711	758	950	1708	2.4	1.3
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	1	611	1	623	624	1.0	0.9
Orthopedic	0	0	0	0	580	1171	1363	2062	3425	2.4	1.8
Otolaryngology	0	0	0	0	59	349	140	445	585	2.4	1.3
Plastic Surgery	0	0	0	0	7	152	14	231	245	2.0	1.5
Podiatry	0	0	0	0	1	209	5	338	343	5.0	1.6
Thoracic	0	0	0	0	38	0	95	0	95	2.5	0.0
Urology	0	0	1	1	208	321	497	535	1032	2.4	1.7
Totals	0	0	10	10	2912	6746	6649	8216	14864	2.3	1.4

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 13 Stage 2 Recovery Stations 21

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	3	3	1207	4146	710	2244	2954	0.6	0.5
Laser Eye Procedures	0	0	1	1	0	128	0	16	16	0.0	0.1
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	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

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Labs	1
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	854
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	481
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	373

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>
Level of Trauma Service	Level 1 (Not Answered)
	Level 2 Adult
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	1,184
Patients Admitted from Trauma	913
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	38
Persons Treated by Emergency Services:	57,677
Patients Admitted from Emergency:	10,418
Total ED Visits (Emergency+Trauma):	68,881

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	179,184
Outpatient Visits at the Hospital/ Campus:	179,184
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment

Examinations

	Owned	Contract	Inpatient	Outpatient	Contract
General Radiography/Fluoroscopy	13	0	13,317	43,709	0
Nuclear Medicine	4	0	1,977	2,830	0
Mammography	3	0	0	7,889	0
Ultrasound	6	0	5,090	18,599	0
Diagnostic Angiography	1	0	670	670	0
Interventional Angiography	0	0	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	378
Computerized Axial Tomography (CAT)	3	0	4,970	22,672	0
Magnetic Resonance Imaging	1	1	2,278	5,836	0

Radiation Equipment

	Owned	Contract	Treatments
Lithotripsy	0	0	0
Radiation Therapy Equipment			
Linear Accelerator	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2008 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: <u>Silver Cross Hospital</u>																							
Mailing Address: <u>1200 Maple Road</u> <small>(Street Address/P.O. Box)</small>		<u>Joliet, IL 60432</u> <small>(City, State, Zip)</small>																					
Physical Address (if different than mailing address): _____																							
<small>(Street Address/P.O. Box)</small>		<small>(City, State, Zip)</small>																					
Reporting Period: <u>10 / 01 / 06</u> through <u>09 / 30 / 07</u> Taxpayer Number: <u>36-2174832</u> <small>Month Day Year Month Day Year</small>																							
<p>If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Hospital Name</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Address</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>FEIN #</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>																		
<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>																					
<p>1. ATTACH Mission Statement: The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.</p>																							
<p>2. ATTACH Community Benefits Plan: The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:</p> <ol style="list-style-type: none"> 1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care. 2. Identify the populations and communities served by the hospital. 3. Disclose health care needs that were considered in developing the plan. 																							
<p>3. REPORT Charity Care: Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.</p> <p>Charity Care <u>\$2,743,000</u></p> <p>ATTACH Charity Care Policy: Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.</p>																							

4. **REPORT Community Benefits actually provided other than charity care:**
 See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services \$ 83,000
 Government Sponsored Indigent Health Care (unreimbursed Medicaid at cost*) \$ 4,202,000
 Donations \$ 265,000
 Volunteer Services
 a) Employee Volunteer Services \$ 61,200
 b) Non-Employee Volunteer Services \$ 143,800
 c) Total (add lines a and b) \$ 205,000
 Education \$ 412,000
 Government-sponsored program services (unreimbursed Medicare at cost*) \$ 2,937,000
 Research \$ _____
 Subsidized health services \$ 1,169,000
 Bad debts** (at cost*) \$ 5,445,000
 Other Community Benefits \$ _____

*Prior years reported at charges

Attach a schedule for any additional community benefits not detailed above.

**76% of patients classified as bad debt are uninsured. At cost=\$4,138,000

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

William Browlow CFO
 Name / Title (Please Print)

(815) 740-7028
 Phone: Area Code / Telephone No.

William Browlow
 Signature

3/25/08
 Date.

Ruth A. Colby
 Name of Person Completing Form

815-740-7002
 Phone: Area Code / Telephone No.

rcolby@silvercross.org
 Electronic / Internet Mail Address

815-740-7047
 FAX: Area Code / FAX No.

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Silver Cross Hospital

Mailing Address: 1200 Maple Road Joliet, IL 60432
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):
(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 10 / 01 / 07 through 09 / 30 / 08 Taxpayer Number: 36-2174832
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>

1. **ATTACH Mission Statement:**
 The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**
 The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**
 Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care \$ 6,290,000

ATTACH Charity Care Policy:
 Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits actually provided other than charity care:**
 See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services	\$ <u>99,000</u>
Government Sponsored Indigent Health Care	(unreimbursed Medicaid at cost) \$ <u>8,229,000</u>
Donations	\$ <u>229,000</u>
Volunteer Services	
a) Employee Volunteer Services	\$ <u>310,000</u>
b) Non-Employee Volunteer Services	\$ <u>415,000</u>
c) Total (add lines a and b)	\$ <u>725,000</u>
Education	\$ <u>584,000</u>
Government-sponsored program services	(unreimbursed Medicare at cost) \$ <u>3,207,000</u>
Research	\$ _____
Subsidized health services	\$ <u>1,120,000</u>
Bad debts*	(at cost) \$ <u>4,343,000</u>
Other Community Benefits	\$ <u>48,000</u>

Attach a schedule for any additional community benefits not detailed above.

*72% of patients classified as bad debt are uninsured. At cost=\$3,127,000

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

WILLIAM BROWNLOW - CFO
 Name / Title (Please Print)

[Signature]
 Signature

Beth A. Ryan
 Name of Person Completing Form

bryan@silvercross.org
 Electronic / Internet Mail Address

Phone: Area Code / Telephone No.

1-8-09
 Date.

815/740-1100
 Phone: Area Code / Telephone No.

FAX: Area Code / FAX No.

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Silver Cross Hospital

Mailing Address: 1200 Maple Road Joliet, IL 60432
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 10 / 01 / 08 through 09 / 30 / 09 Taxpayer Number: 36-2174832
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. **ATTACH Mission Statement:**
 The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**
 The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**
 Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care \$ 7,459,000

ATTACH Charity Care Policy:
 Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits actually provided other than charity care:**
 See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services \$ 69,000
 Government Sponsored Indigent Health Care (unreimbursed Medicaid at cost) \$ 3,744,000
 Donations \$ 285,000
 Volunteer Services
 a) Employee Volunteer Services \$ 304,792
 b) Non-Employee Volunteer Services \$ 597,224
 c) Total (add lines a and b) \$ 902,000
 Education \$ 265,000
 Government-sponsored program services (unreimbursed Medicare at cost) \$ 6,038,000
 Research \$ _____
 Subsidized health services \$ 1,332,000
 Bad debts* (at cost) \$ 3,644,000
 Other Community Benefits \$ 56,000

Attach a schedule for any additional community benefits not detailed above.

*67% of patients classified as bad debt are uninsured. At cost=\$2,441,000

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

William Brownlow-CFO
 Name / Title (Please Print)

William Brownlow
 Signature

Beth A. Ryan
 Name of Person Completing Form

bryan@silvercross.org
 Electronic / Internet Mail Address

815.740.1100
 Phone: Area Code / Telephone No.

3.8.2010
 Date.

815.740.1100
 Phone: Area Code / Telephone No.

815.740.3561
 FAX: Area Code / FAX No.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification	11-13
2	Site Ownership	14
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	15-17
4	Flood Plain Requirements	18-20
5	Historic Preservation Act Requirements	21-22
6	Description of Project	
7	Project and Sources of Funds Itemization	23
8	Cost Space Requirements	24
9	Discontinuation	25-114
10	Background of the Applicant	115-121
11	Purpose of the Project	122-125
12	Alternatives to the Project	126-132
13	Size of the Project	133-134
14	Project Service Utilization	
15	Unfinished or Shell Space	
16	Assurances for Unfinished/Shell Space	
17	Master Design Project	
18	Mergers, Consolidations and Acquisitions	
	Categories of Service:	
19	Planning Area Need	135-143
20	Service Demand – Establishment of Category of Service	144-165
21	Service Demand – Expansion of Existing Category of Service	166-185
22	Service Accessibility – Service Restrictions	186-206
23	Unnecessary Duplication/Maldistribution	207-214
24	Category of Service Modernization	215
25	Staffing Availability	216-244
26	Assurances	245-252
	Service Specific:	
27	Comprehensive Physical Rehabilitation	
28	Neonatal Intensive Care	
29	Open Heart Surgery	
30	Cardiac Catheterization	
31	In-Center Hemodialysis	
32	Non-Hospital Based Ambulatory Surgery	
	General Long Term Care:	
33	Planning Area Need	
34	Service to Planning Area Residents	
35	Service Demand-Establishment of Category of Service	
36	Service Demand-Expansion of Existing Category of Service	
37	Service Accessibility	
38	Description of Continuum of Care	
39	Components	
40	Documentation	
41	Description of Defined Population to be Served	

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
42	Documentation of Need	
43	Documentation Related to Cited Problems	
44	Unnecessary Duplication of Service	
45	Maldistribution	
46	Impact of Project on Other Area Providers	
47	Deteriorated Facilities	
48	Documentation	
49	Utilization	
50	Staffing Availability	
51	Facility Size	
52	Community Related Functions	
53	Zoning	
54	Assurances	
	Service Specific (continued...):	
55	Specialized Long Term Care	
56	Selected Organ Transplantation	
57	Kidney Transplantation	
58	Subacute Care Hospital Model	
59	Post Surgical Recovery Care Center	
60	Children's Community-Based Health Care Center	
61	Community-Based Residential Rehabilitation Center	
	Clinical Service Areas Other than Categories of Service:	
62	Need Determination - Establishment	
63	Service Demand	
64	Referrals from Inpatient Base	
65	Physician Referrals	
66	Historical Referrals to Other Providers	
67	Population Incidence	
68	Impact of Project on Other Area Providers	
69	Utilization	
70	Deteriorated Facilities	
71	Necessary Expansion	
72	Utilization- Major Medical Equipment	
73	Utilization-Service or Facility	
	FEC:	
74	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
75	Financial Feasibility	253-292
76	Economic Feasibility	293-296
77	Safety Net Impact Statement	297-309