

Original

12-078

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SEP 07 2012

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Adventist Cancer Institute
Street Address: 421 East Ogden Avenue
City and Zip Code: Hinsdale IL 60521
County: DuPage Health Service Area: 07 Health Planning Area: A-05

Applicant /Co-Applicant Identification

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

Exact Legal Name: Adventist Hinsdale Hospital
Address: 120 North Oak Street, Hinsdale IL 60521
Name of Registered Agent: Anne Herman
Name of Chief Executive Officer: Michael J. Goebel
CEO Address: 120 North Oak Street, Hinsdale IL 60521
Telephone Number: 630-856-6003

Type of Ownership of Applicant/Co-Applicant

<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.

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

Primary Contact

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

Name: Cristina Ruiz Moyer
Title: Regional Director, Strategic Planning
Company Name: Adventist Midwest Health
Address: 120 North Oak Street, Hinsdale IL 60521
Telephone Number: 630-856-2350
E-mail Address: cristina.ruiz@ahss.org
Fax Number: 630-655-3324

Additional Contact

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

Name: Michael I. Copelin
Title: President
Company Name: Copelin Consulting
Address: 42 Birch Lake Drive, Sherman IL 62684
Telephone Number: 217-496-3712
E-mail Address: micbball@aol.com
Fax Number: 217-496-3097

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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Adventist Cancer Institute		
Street Address: 421 East Ogden Avenue		
City and Zip Code: Hinsdale IL 60521		
County: Cook	Health Service Area: 07	Health Planning Area: A-04

Applicant /Co-Applicant Identification

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

Exact Legal Name: Adventist Health System/Sunbelt, Inc. d/b/a Adventist La Grange Memorial Hospital
Address: 5101 South Willow Springs Road, La Grange IL 60525
Name of Registered Agent: Anne Herman
Name of Chief Executive Officer: Lary A. Davis
CEO Address: 5101 South Willow Springs Road, La Grange IL 60525
Telephone Number: 708-245-6001

Type of Ownership of Applicant/Co-Applicant

<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.

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Title: Regional Director, Strategic Planning
Company Name: Adventist Midwest Health
Address: 120 North Oak Street, Hinsdale IL 60521
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Title: President
Company Name: Copelin Consulting
Address: 42 Birch Lake Drive, Sherman IL 62684
Telephone Number: 217-496-3712
E-mail Address: micbball@aol.com
Fax Number: 217-496-3097

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name: Cristina Ruiz Moyer
Title: Regional Director, Strategic Planning
Company Name: Adventist Midwest Health
Address: 120 North Oak Street, Hinsdale IL 60521
Telephone Number: 630-856-2350
E-mail Address: cristina.ruiz@ahss.org
Fax Number: 630-655-3324

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Adventist Hinsdale Hospital
Address of Site Owner: 120 North Oak Street, Hinsdale IL 60521
Street Address or Legal Description of Site: 421 East Ogden Avenue, Hinsdale IL 60521
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
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: Adventist Hinsdale Hospital
Address: 120 North Oak Street, Hinsdale IL 60521
<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. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, 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.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT-5**, 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-6**, 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>
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2. 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.

The proposed project is a collaborative effort between Adventist Hinsdale Hospital (AHH) and Adventist La Grange Memorial Hospital (ALMH) for the construction of a free-standing comprehensive cancer institute to be located at 421 East Ogden Ave in Hinsdale, Illinois. The institute will be operated as a department of AHH.

The project will consolidate and replace the outpatient cancer services being provided at AHH, the existing free-standing cancer treatment pavilion, currently located on the ALMH campus, and an existing imaging center, located in leased space at 908 Elm Street in Hinsdale, Illinois. This will create a one-stop cancer treatment facility for patients to schedule multiple appointments in one day.

The vacated space will be used at zero cost for the following purposes: 1) the existing outpatient cancer center will be used as storage; 2) the Hinsdale Imaging center will be vacated and re-leased by third party owner; 3) the lab space will also be vacated and re-leased by third party owner; 4) the linear accelerator space at Adventist Hinsdale Hospital will be used as a waiting area for the Radiology Department. The total amount of vacated space is 30,715 gross square feet (GSF).

The proposed facility will have a total of 53,588 GSF (29,603 GSF of clinical space and 23,985 GSF of non-clinical space) and will house the following clinical services: radiation oncology, medical oncology, diagnostic imaging, pharmacy, a laboratory and exam rooms. In addition, the building will have the following non-clinical areas: public space (stairs, elevators, lobby, and public corridors), a retail gift shop, café, patient education resource center, conference rooms and offices for physicians and key staff.

The facility will have two new linear accelerators that replace two existing linear accelerators and will include the leasing of a PET/MRI. No individual piece of equipment exceeds the capital expenditure minimum.

The total project cost is \$50,609,245.

This is a non-substantive project based upon the fact that it does not constitute the establishment of a licensed healthcare facility.

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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
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 Yes 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 \$ _____.

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): June 30, 2015

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.

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

State Agency Submittals

Are the following submittals up to date as applicable:

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

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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
REVIEWABLE							
Exam Suite							
Medical Oncology							
Radiation Oncology							
Lab							
Diagnostic Imaging							
Pharmacy							
Equipment							
Total Clinical							
NON REVIEWABLE							
Administrative/Education							
Staff Area							
Public Area							
Maintenance							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS **ATTACHMENT-9**, 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**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Adventist Hinsdale Hospital		CITY: Hinsdale, IL			
REPORTING PERIOD DATES: From: 07/01/2011 to: 06/30/2012					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	131	7,736	29,740	0	131
Obstetrics	37	2,162	6,046	0	37
Pediatrics	18	329	576	0	18
Intensive Care	45	1,190	5,325	0	45
Comprehensive Physical Rehabilitation	15	361	4,190	0	15
Acute/Chronic Mental Illness	17	807	5,341	0	17
Neonatal Intensive Care	14	184	4,653	0	14
General Long Term Care	-	-	-	-	-
Specialized Long Term Care	-	-	-	-	-
Long Term Acute Care	-	-	-	-	-
Other ((identify))	-	-	-	-	-
TOTALS:	277	12,769	55,871	0	277

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**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Adventist La Grange Memorial Hospital			CITY: La Grange, IL		
REPORTING PERIOD DATES: From: 07/01/2011 to: 06/30/2012					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	165	6,419	29,901	0	165
Obstetrics	13	618	1,512	0	13
Pediatrics	-	-	-	-	-
Intensive Care	27	1,507	7,726	0	27
Comprehensive Physical Rehabilitation	-	-	-	-	-
Acute/Chronic Mental Illness	-	-	-	-	-
Neonatal Intensive Care	-	-	-	-	-
General Long Term Care	-	-	-	-	-
Specialized Long Term Care	-	-	-	-	-
Long Term Acute Care	-	-	-	-	-
Other ((identify)	-	-	-	-	-
TOTALS:	205	8,544	39,139	0	205

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 Adventist Hinsdale Hospital* 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.

Michael J. Goebel
SIGNATURE

Rebecca Mathis
SIGNATURE

Michael J. Goebel
PRINTED NAME

Rebecca Mathis
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of July, 2012

Notarization:
Subscribed and sworn to before me
this 17th day of July, 2012

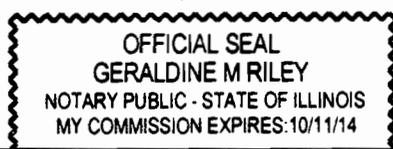
Geraldine M Riley
Signature of Notary

Geraldine M Riley
Signature of Notary

Seal



Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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Lary A. Davis
SIGNATURE

Lary A. Davis
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Rebecca Mathis
SIGNATURE

Rebecca Mathis
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of July, 2012

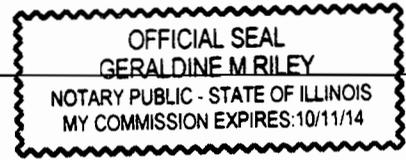
Mary L. Pirc
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 17 day of July, 2012

Geraldine M. Riley
Signature of Notary

Seal



*Insert EXACT Seal Here of the applicant

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SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

R. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT-37</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>		

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

Since this is not an inpatient project we cannot calculate the equivalent patient day, therefore the total projected operating costs for 2015 are \$6.5 million.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

Since this is not an inpatient project we cannot calculate the equivalent patient day, therefore the total effect of the project on capital costs for 2015 are \$2.64 million.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

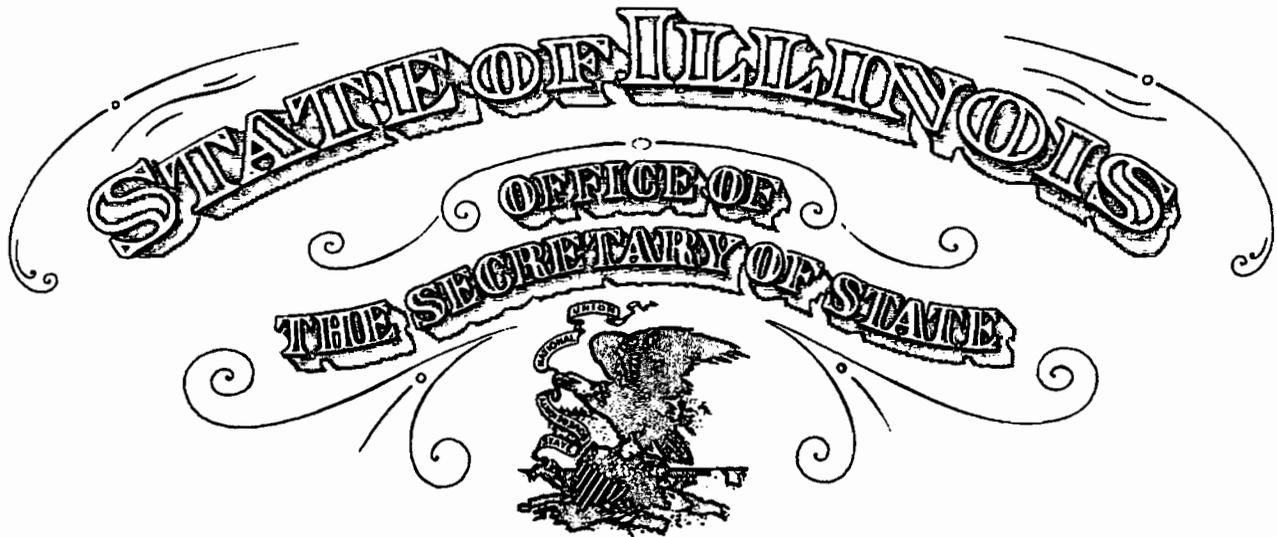
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HINSDALE HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, 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.



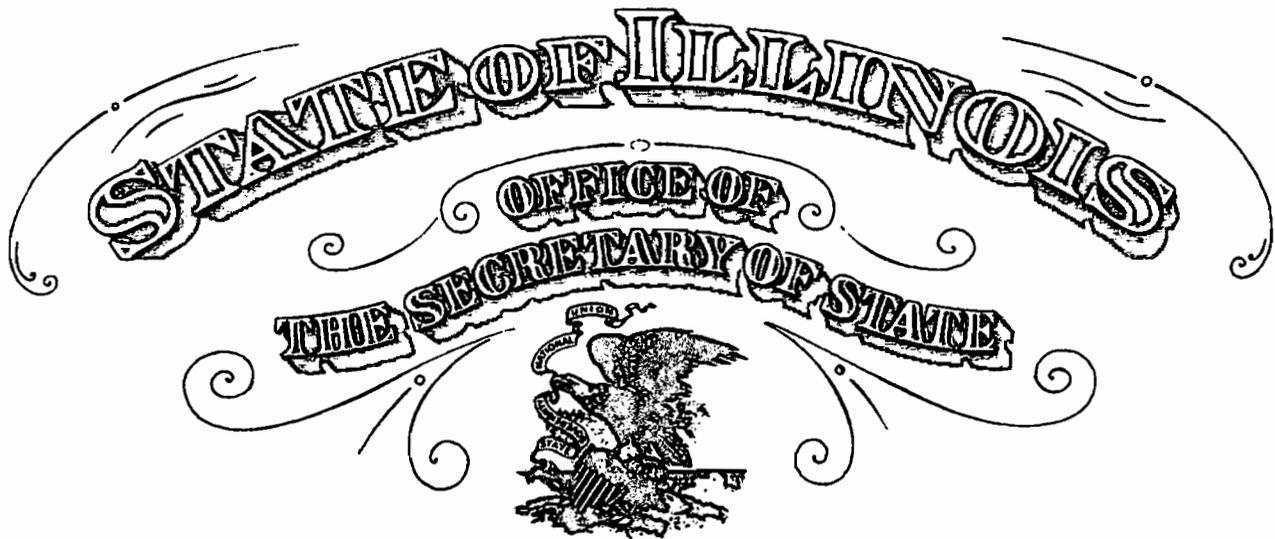
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JUNE A.D. 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1218101942

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



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HEALTH SYSTEM/SUNBELT, INC., INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JUNE A.D. 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1218101950

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

4/5/79

ATTORNEYS AND COUNSELORS
SCOFIELD AND MAIN
THE LAW CENTER
ONE FIFTEEN EAST FIRST STREET
HINSDALE, ILLINOIS 60521
(312) 323-6600

LOUIS R. MAIN

CHARLES J. SCOFIELD (1902-1970)
OF COUNSEL
FRANK E. MORETICK

April 3, 1979

Hinsdale Sanitarium & Hospital
120 N. Oak
Hinsdale, Illinois 60521

Attn: Mr. Lawrence E. Schalk

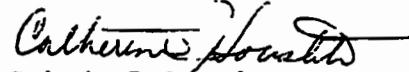
Re : Purchase of Spinning Wheel Property

Dear Mr. Schalk:

Enclosed herewith please find certified copy of the Deed by which the Hinsdale Sanitarium & Hospital took title to the Spinning Wheel property.

We are still working with the title company to locate the file and secure the original documents for you.

Very truly yours,



Catherine J. Soustek
for Louis R. Main

Enclosure

Attachment 2

26

586420

6- Change DuPage & New

THIS INDENTURE, Made this 4th day of April A. D. 19 78 between

LA SALLE NATIONAL BANK, a national banking association, Chicago, Illinois, as Trustee under the provisions of a Deed or Deeds in Trust, duly recorded and delivered to said Bank in pursuance of a trust agreement dated 6th day of October 19 75, and known as Trust Number 49565, party of the first part, and HINSDALE SANITARIUM & HOSPITAL, an Non Profit Illinois Corporation party of the second part.

(Address of Grantee(s): 120 North Oak, Hinsdale, Illinois)

WITNESSETH, that said party of the first part, in consideration of the sum of TEN AND NO/100-----Dollars, (\$10.00-----) and other good and valuable considerations in hand paid, does hereby grant, sell and convey unto said party of the second part, the following described real estate, situated in DuPage County, Illinois, to wit:

SEE RIDER ATTACHED HERETO AND MADE A PART HEREOF

Exempt under provisions of Paragraph 6, Section 4, Real Estate Transfer Tax Act. 4/11/78 Date Louis Romain Buyer, Seller or Representative

together with the tenements and appurtenances thereunto belonging.

TO HAVE AND TO HOLD the same unto said party of the second part as aforesaid and to the proper use, benefit and behoof of said party of the second part forever.

SUBJECT TO: Matters and conditions as shown in real estate contract.

This Deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said Trustee by the terms of said Deed or Deeds in Trust delivered to said Trustee in pursuance of the trust agreement above mentioned. This Deed is made subject to the lien of every Trust Deed or Mortgage (if any there be) of record in said county affecting the said real estate or any part thereof given to secure the payment of money and remaining unreleased at the date of the delivery hereof.

IN WITNESS WHEREOF, said party of the first part has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its Assistant Vice President and attested by its Assistant Secretary, the day and year first above written.

ATTEST LaSalle National Bank as Trustee as aforesaid, By Joseph W. Lang Assistant Vice President Assistant Secretary

This instrument was prepared by: Joseph W. Lang LaSalle National Bank 135 S. LaSalle St CHICAGO, IL LaSalle National Bank Real Estate Trust Department 135 S. La Salle Street Chicago, Illinois 60690

R 78 - 30393

Attachment 2 (27)

STATE OF ILLINOIS }
COUNTY OF COOK } ss:

I, Cheryl Larkin a Notary Public in and for said County,

in the State aforesaid, DO HEREBY CERTIFY that Joseph W. Lang

~~Assistant~~ Vice President of LA SALLE NATIONAL BANK, and T. Hirsh

Assistant Secretary thereof, personally known to me to be the same persons whose names are subscribed to the foregoing instrument as such ~~Assistant~~ Vice President and Assistant Secretary respectively, appeared before me this day in person and acknowledged that they signed and delivered said instrument as their own free and voluntary act, and as the free and voluntary act of said Bank, for the uses and purposes therein set forth; and said Assistant Secretary did also then and there acknowledge that he as custodian of the corporate seal of said Bank did affix said corporate seal of said Bank to said instrument as his own free and voluntary act, and as the free and voluntary act of said Bank for the uses and purposes therein set forth.



GIVEN under my hand and Notarial Seal this 4th day of April A. D. 1978

Cheryl Larkin
NOTARY PUBLIC

My Commission Expires 11/19/81

RECORDER
DU PAGE COUNTY

R78- 30393

1978 APR 12 PM 1:45

George W. [Signature]

DEED

of Property

ational Bank
USTEE
TO

Name: CHICAGO TITLE AND TRUST COMPANY

Address: 111 WEST WASHINGTON

City: CHICAGO, ILLINOIS 60602

Form 104 R 3/78 ATTN: Maria Byron-0165 533.

LaSalle National Bank
135 South La Salle Street
CHICAGO, ILLINOIS 60690
8028-A AP (6-74)

28

Attachment 2

Parcel One:

That part of the Northeast Quarter of Section 1, Township 38 North, Range 11, East of the Third Principal Meridian, and that part of the Southeast quarter of Section 36, Township 39 North, Range 11, East of the Third Principal Meridian, described as follows: Beginning at a point on the East section line of said Section 36 a distance of 671.49 feet North of the Southeast corner of said Section 36, thence West at right angles with said East line of said Section 36 for a distance of 419.58 feet, thence South parallel with the East line of said Section 36 and parallel with the East line of Section 1 Township 38 North, Range 11, East of the Third Principal Meridian for a distance of 958.82 feet more or less to the North line of Ogden Avenue; thence North 79 degrees, 52.5 minutes East (record is North 80 degrees East) along the North line of Ogden Avenue to the East line of said Section 1; thence North along the East line of said Section 1 and the East line of said Section 36 to the point of beginning.

Parcel Two:

Easement for the benefit of Parcel 1 as created by Trustee Deed made by Frederick K. Castle, as Trustee under Trust Agreement dated June 5, 1961 to Alfred N. Koplin, dated May 19, 1967 and recorded on June 2, 1967 as Document R67-17789 and by Trustees Deed made by LaSalle National Bank, as Trustee under Trust Agreement known as Trust No. 15564 to Alfred N. Koplin, dated November 6, 1967 and recorded on December 18, 1967 as Document R67-51476 for ingress and egress over the following described premises:

That part of the Southeast Quarter of Section 36, Township 39 North, Range 11, East of the Third Principal Meridian, and that part of Section 1, Township 38 North, Range 11, East of the Third Principal Meridian, described by Commencing at a point on the East line of said Section 36 that is 671.49 feet North, measured along said East line, from the Southeast corner of said Section and running thence West, at right angles with said East line of Section 36 for a distance of 419.58 feet for a Place of Beginning, then South, parallel with the East line of said Section 36 and parallel with the East line of Section 1, Township 38 North, Range 11, East of the Third Principal Meridian, for a distance of 958.82 feet to the North line of Ogden Avenue; thence South 79 degrees, 52.5 minutes (Record is South 80 degrees West), 60.95 feet to a line that is South 80 degrees West, 487.08 feet (7.38 chains) from and parallel with the East line of said Section 1; thence North along said parallel line and parallel with the East line of said Section 36, 969.53 feet to a point that is 60 feet West of the Place of Beginning of the tract of land herein described; thence East, at right angles with the East line of said Section 36, 60.0 feet to the Place of Beginning, in the Village of Hinsdale and in Downers Grove and York Townships, DuPage County, Illinois.

R78 - 30393

PLAT ACT AFFIDAVIT

R78 - 30393

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

ARTHUR W. MAIN JR being duly sworn on
oath states that he resides at 2139 N. Cleveland Ave
Chicago Ill. That the attached deed is not
in violation of Section 1 of Chapter 109 of the Illinois Revised
Statutes for one of the following reasons:

1. Said Act is not applicable as the grantors own no adjoining property to the premises described in said deed; existing Parcel **-OR-** the conveyance falls in one of the following exemptions as shown by Amended Act which became effective July 17, 1959.
2. The division or subdivision of land into parcels or tracts of 5 acres or more in size which does not involve any new streets or easements of access.
3. The division of lots or blocks of less than 1 acre in any recorded subdivision which does not involve any new streets or easements of access.
4. The sale or exchange of parcels of land between owners of adjoining and contiguous land.
5. The conveyance of parcels of land or interest therein for use as right of way for railroads or other public utility facilities, which does not involve any new streets or easements of access.
6. The conveyance of land owned by a railroad or other public utility which does not involve any new streets or easements of access.
7. The conveyance of land for highway or other public purposes or grants or conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with a public use.
8. Conveyances made to correct descriptions in prior conveyances.
9. The sale or exchange of parcels or tracts of land existing on the date of the amendatory Act into no more than 2 parts and not involving any new streets or easements of access.

R78 - 30393

CIRCLE NUMBER ABOVE WHICH IS APPLICABLE TO ATTACHED DEED.

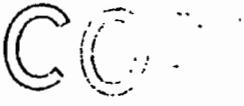
AFFIDAVIT further states that he makes this affidavit for the purpose of inducing the Recorder of Deeds of Cook County, Illinois, to accept the attached deed for recording.

SUBSCRIBED and SWORN to before me
this 17th day of April, 1978
Arthur W. Main Jr.

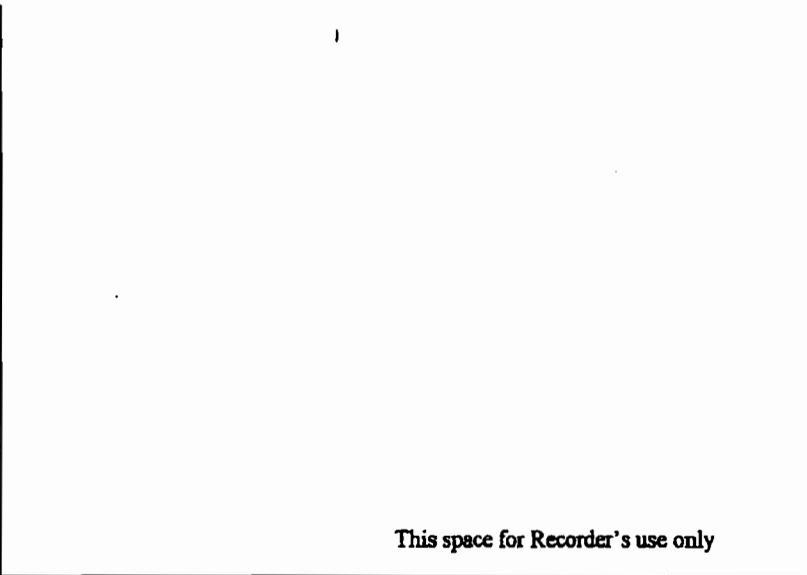
Charles H. Huebner
CLERK OF DEEDS
PUBLIC
COOK CO. ILL.

30

0624



TRUSTEE'S DEED



This space for Recorder's use only

21005457 / 2905324 20 July

THIS INDENTURE made this 13th day July, 2010 between **FIRSTMERIT BANK, N.A.**, national banking association organized under the laws of the United States of America, successor Trustee to Midwest Bank and Trust Company, as Trustee, not personally, but solely as trustee under the provisions of a Deed or Deeds in Trust duly recorded and delivered to said association in pursuance of a certain Trust Agreement dated November 8, 2001 and known as Trust Number 01-1-7933 in consideration of Ten and 00/100 Dollars (\$10.00), and other valuable considerations paid, conveys and quit claims unto **Adventist Hinsdale Hospital, an Illinois not for profit corporation**-----
Grantee's address: 120 North Oak Street, Hinsdale, IL 60521-----
of DuPage County, Illinois, the following describe: real estate in DuPage County, Illinois:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Property: Lots 8 & 9 in Office Park of Hinsdale, Salt Creek Lane, Hinsdale, IL 60521
Permanent Index Number: 09-01-207-013 (part of lot 8) & 06-36-405-024 (part of lot 8)
06-36-405-023 (lot 9)

Together with the appurtenances attached hereto:

IN WITNESS WHEREOF, Grantor has caused its corporate seal to be hereunto affixed, and name to be signed by its Trust Officer and attested by its Vice President this 13th day of July, 2010.

FIRSTMERIT BANK, N.A., successor trustee to Midwest Bank and Trust Company, as Trustee, as aforesaid, and not personally

BY: 
Trust Officer

ATTEST: 
Vice President

CHARGE C.T.I.C. DuPAGE

EXHIBIT "A"

LEGAL DESCRIPTION

PARCEL 1:

LOTS 8 AND 9 IN OFFICE PARK OF HINSDALE, BEING A SUBDIVISION OF PART OF SECTION 36, TOWNSHIP 39 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF SECTION 1, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 20, 2002, AS DOCUMENT R2002-243817, IN DU PAGE COUNTY, ILLINOIS.

PARCEL 2:

NON-EXCLUSIVE, PERPETUAL EASEMENTS FOR THE BENEFIT OF PARCEL 1 AS CREATED BY AGREEMENT RECORDED JUNE 11, 1973 AS DOCUMENT R73-33823 AS AMENDED BY DOCUMENTS R73-35331, R81-2365 AND R2001-197280, DESCRIBED IN RIDER DESCRIPTIONS 2, 4 AND 6 ATTACHED THERETO, AND BY EASEMENT GRANT RECORDED JANUARY 18, 1989 AS DOCUMENT R89-006821 AS AMENDED BY DOCUMENT R89-072896, AND AS CREATED BY EASEMENT GRANT RECORDED JUNE 20, 1989 AS DOCUMENT R89-072897, DESCRIBED IN EXHIBITS C1 THROUGH C5 ATTACHED THERETO, FOR THE PURPOSES OF INGRESS AND EGRESS OVER, UPON AND ACROSS EASEMENT PREMISES.

PARCEL 3:

A NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF LOTS 8 AND 9 OF PARCEL 1, (EXCEPT THAT PART OF SAID LOTS FALLING IN SALT CREEK LANE), AS CREATED BY THAT CERTAIN CROSS EASEMENT AGREEMENT DATED MAY 16, 2001 AND RECORDED MAY 21, 2001 AS DOCUMENT R2001-95641, FOR PEDESTRIAN AND VEHICULAR INGRESS AND EGRESS OVER, UPON AND ACROSS THAT PORTION OF SPINNING WHEEL ROAD BOUNDED ON THE SOUTH BY THE NORTHERLY BOUNDARY LINE OF OGDEN AVENUE AND ON THE NORTH BY THE NORTHERNMOST BOUNDARY LINE OF THE NEW ROAD LAND EXTENDED EASTERLY TO ITS INTERSECTION WITH THE EAST LINE OF SPINNING WHEEL ROAD, WHICH PEDESTRIAN AND VEHICULAR INGRESS AND EGRESS MAY BE TRAVELED SOLELY (I) IN A NORTH AND SOUTH DIRECTION ALONG SAID PORTION OF SPINNING WHEEL ROAD, AND (II) IN AN EAST AND WEST DIRECTION ONLY IN THOSE LOCATIONS WHERE CURB CUTS (x) CURRENTLY EXIST AT THE INTERSECTIONS OF SPINNING WHEEL ROAD AND THE HOSPITAL PROPERTIES (AS SPECIFICALLY DESCRIBED IN SECTION 1.4, THEREIN).



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HINSDALE HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, 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.



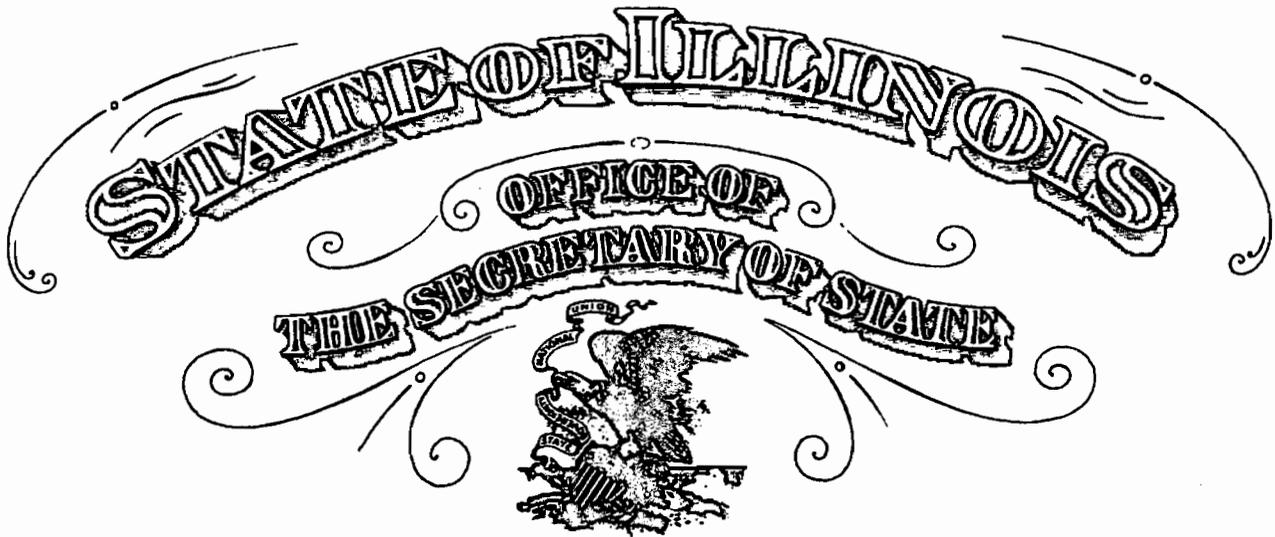
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JUNE A.D. 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1218101942

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



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HEALTH SYSTEM/SUNBELT, INC., INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JUNE A.D. 2012 .

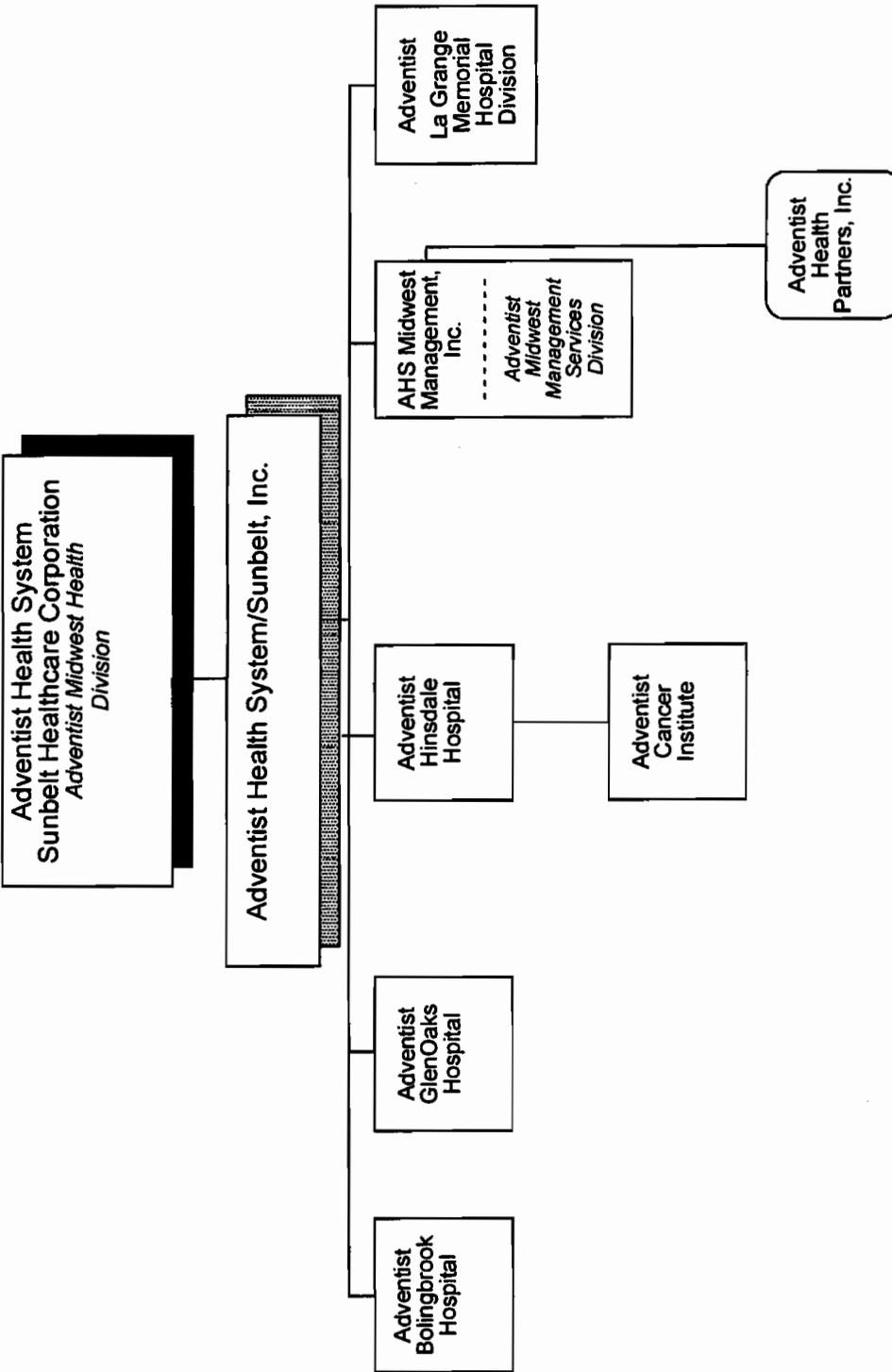
Jesse White

SECRETARY OF STATE

Authentication #: 1218101950

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

**Adventist Midwest Health
Organization Chart – July 2012**



i:\negativ\Region\Doc\HW Org CI 082408.rsd & .jpg & pdf
Created: 08/22/08, 01:10:10, 12/03/10, 07/10/12

NATIONAL FLOOD INSURANCE PROGRAM at 1-800-636-8620.



MAP SCALE 1" = 500'



PANEL 0609H

FIRM FLOOD INSURANCE RATE MAP
 DuPAGE COUNTY,
 ILLINOIS
 AND INCORPORATED AREAS

PANEL 0609 OF 1006

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
OAK BROOK VILLAGE OF	17024	0609	H
WESTMONT VILLAGE OF	17020	0609	H

Notes to User: The Map Number shown below should be used when placing map orders; the Community shown above should be used on insurance applications for the subject community.

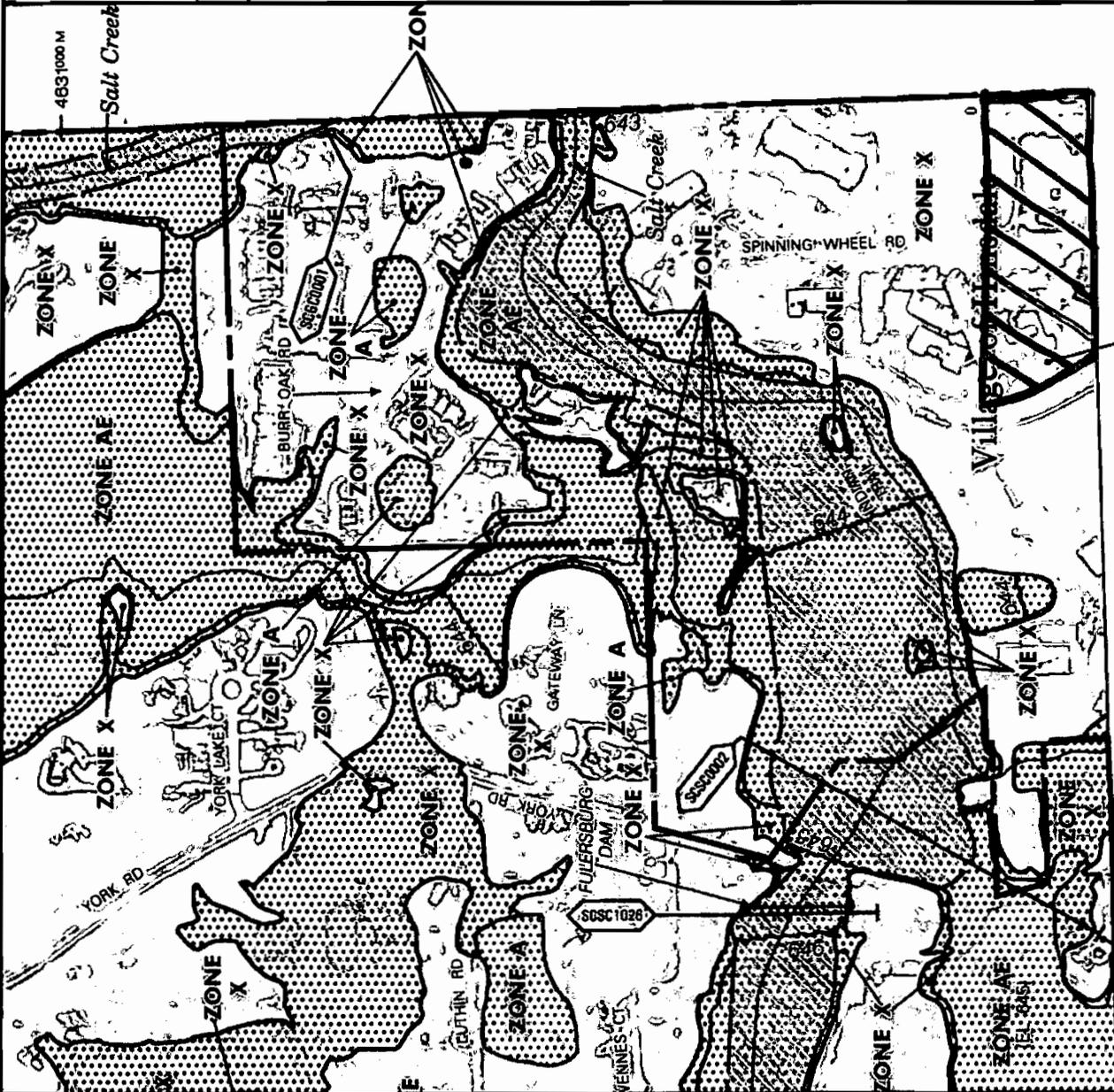


MAP NUMBER
17043C0609H

EFFECTIVE DATE
DECEMBER 16, 2004

Federal Emergency Management Agency

NATIONAL FLOOD INSURANCE PROGRAM



FLOOD HAZARD INFORMATION IS SHOWN WITHIN THE VILLAGE OF HINSDALE

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

DuPage County
Hinsdale

Open Burn - Firefighting Instruction also Demolition and New Construction of
Health Care Building for Adventist Cancer Institute
421 E. Ogden Ave
EEA - 12036.00
IHPA Log #005062912

August 8, 2012

John Giannelli, Lt.
Hinsdale Fire Department
121 Symonds Dr.
Hinsdale, IL 60512

Dear Lt. Giannelli:

This letter is to inform you that we have reviewed the additional 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

c: Floyd McKinney, Illinois Environmental Protection Agency
Kevin Camino, Eriksson Engineering Associates, Ltd.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$ 24,863	\$ 20,137	\$ 45,000
Site Survey and Soil Investigation	\$ 19,338	\$ 15,662	\$ 35,000
Site Preparation	\$ 662,900	\$ 536,929	\$ 1,199,829
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ 15,634,959	\$ 6,245,608	\$ 21,880,567
Modernization Contracts	\$ -	\$ -	\$ -
Contingencies	\$ 1,079,668	\$ 874,312	\$ 1,953,980
Architectural/Engineering Fees	\$ 733,179	\$ 593,841	\$ 1,327,020
Consulting and Other Fees	\$ 968,828	\$ 784,707	\$ 1,753,535
Movable or Other Equipment (not in construction contracts)	\$ 17,333,648	\$ 500,000	\$ 17,833,648
Bond Issuance Expense (project related)	\$ -	\$ -	\$ -
Net Interest Expense During Construction (project related)	\$ 453,054	\$ 366,954	\$ 820,008
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 2,077,764	\$ 1,682,894	\$ 3,760,658
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 38,988,201	\$ 11,621,044	\$ 50,609,245
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 33,988,201	\$ 11,621,044	\$ 45,609,245
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (project related)	\$ -	\$ -	\$ -
Mortgages	\$ -	\$ -	\$ -
Leases (fair market value)*	\$ 5,000,000	\$ -	\$ 5,000,000
Governmental Appropriations	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Other Funds and Sources	\$ -	\$ -	\$ -
TOTAL SOURCES OF FUNDS	\$ 38,988,201	\$ 11,621,044	\$ 50,609,245
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

* Leasing of PET/MRI equipment

Project Status and Completion Schedules

The project will be obligated after the permit is issued.

Dept. / Area	Cost	Gross Square Feet			Amount of Proposed Total Gross Square Feet That is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space*	
REVIEWABLE								
Diagnostic Imaging	\$ 5,615,715	10,985	7,677	7,677			10,985	
Exam Suite	\$ 2,650,951	-	3,624	3,624			0	
Lab	\$ 580,078	504	793	793			504	
Medical Oncology	\$ 5,657,410	-	7,734	7,734			0	
Movable or Other Equipment (not in construction contracts)	\$ 17,333,648						0	
Pharmacy	\$ 823,667		1,126	1,126			0	
Radiation Oncology	\$ 6,326,731	19,226	8,649	8,649			19,226	
Total Clinical=	\$ 38,988,201	30,715	29,603	29,603			30,715	
NON-REVIEWABLE								
Admissions/Education	\$ 1,270,393		2,622	2,622				
Public Areas	\$ 2,746,704		5,669	5,669				
Mechanical	\$ 3,720,091		7,678	7,678				
Staff Area	\$ 3,883,856		8,016	8,016				
Total Non-clinical=	\$ 11,621,044	-	23,985	23,985			-	
TOTAL=	\$ 50,609,245	30,715	53,588	53,588			30,715	

* The vacated space will be used for waiting areas within the hospital, the existing outpatient cancer center will be used as storage and the leased lab space will be released to the leasing organization.

**ADVENTIST HEALTH SYSTEM –MIDWEST REGION
FACILITY INFORMATION**

Facilities Covered Under This Agreement:	Address & General Phone Number	Claims Payment Address Phone Number	Facility's Tax ID Number & TIN Name
HINSDALE			
Adventist Hinsdale Hospital	120 N. Oak Street Hinsdale, IL 60521 (630) 856-9000	Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	36-2276984 Adventist Hinsdale Hospital NPI# 1265465439 (GAC) NPI# 1710907175 (Rehab) NPI# 1447270780 (Psych)
Adventist Hinsdale Hospital Outpatient Imaging Center - Hinsdale	908 N. Elm Street, Suite 404 Hinsdale, IL 60521 (630) 323-9729	Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	36-2276984 Adventist Hinsdale Hospital
Adventist Health Care at Home	5101 Willow Springs Road La Grange, IL 60525 Ph (708) 245-6901 Fax (708) 245-6919	Health Care at Home 18501 Murdock Circle, Ste 501 Port Charlotte, FL 33948-1065 PH: (941) 255-9296 FX: (941) 255-9297	36-2276984 Adventist Hinsdale Hospital NPI# 1457397317
Adventist St. Thomas Hospice	119 E. Ogden Av., Suite 111 Hinsdale, IL 60521 (630) 856-6990	Adventist St. Thomas Hospice 18501 Murdock Circle, Ste 501 Port Charlotte, FL 33948-1065 PH: (941) 255-9296 FX: (941) 255-9297	36-2276984 Adventist Hinsdale Hospital NPI# 1821020132
Adventist Hinsdale Hospital New Day Center	Brush Hill Office Court 740 Pasquinelli Dr., Suite 104 Westmont, IL 60559 (630) 856-7701	Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	36-2276984 Adventist Hinsdale Hospital
Adventist Hinsdale Hospital O.P.T.I.O.N.S.	Brush Hill Office Court 740 Pasquinelli Dr., Suite 104 Westmont, IL 60559 (630) 856-7717	Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	36-2276984 Adventist Hinsdale Hospital
Adventist Paulson Center	120 N. Oak Street Hinsdale, IL 60521 (630) 856-7900	Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 (630) 856-8473	36-2276984 Adventist Hinsdale Hospital
Adventist Hinsdale Hospital Outpatient Imaging Center - Westmont	6311 South Cass Avenue Westmont, IL 60559 (630) 856-4060	Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	36-2276984 Adventist Hinsdale Hospital
Adventist Heart and Vascular	11 Salt Creek Lane Hinsdale, IL 60521 Phone (630) 789-3422 Fax (630) 789-9093	Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	Tax-ID # 362276984
BOLINGBROOK			
Adventist Bolingbrook Hospital	500 Remington Blvd. Bolingbrook, IL 60440 (630) 312-5000	Adventist Bolingbrook Hospital 39537 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	65-1219504 Adventist Bolingbrook Hospital NPI# 1164530465
Adventist Plainfield Imaging & Outpatient Center	15720 South Route 59 Plainfield, Illinois 60544 (815) 436-8831 ext. 210	Adventist Bolingbrook Hospital 39537 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	65-1219504 Adventist Bolingbrook Hospital NPI# 1164530465

LA GRANGE

Adventist La Grange Memorial Hospital	5101 Willow Springs Road La Grange, IL 60525 (708) 245-9000	Adventist La Grange Hospital 33866 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	36-4257550 Adventist Health System/Sunbelt, Inc. d/b/a Adventist La Grange Memorial Hospital NPI# 1407889652 (GAC)
Adventist La Grange Treatment Pavillon	1325 Memorial Drive La Grange, IL 60525 (708) 579-3200	Adventist La Grange Hospital 33866 Treasury Center Chicago, IL 60694-3800	36-4257550 Adventist Health System/Sunbelt, Inc. d/b/a Adventist La Grange Memorial Hospital
Adventist Paulson Outpatient Rehab Network	5101 Willow Springs Drive La Grange, IL 60525 (708) 245-7900 420 Medical Center Drive, Suite 135 Bolingbrook, IL 60440 (630) 312-5900 222 E. Ogden Avenue Hinsdale, IL 60521 (630) 856-2600 619 Plainfield Road Willowbrook, IL 60514 (630) 856-8200	Adventist La Grange Hospital 33866 Treasury Center Chicago, IL 60694-3800 Adventist Bolingbrook Hospital 39537 Treasury Center Chicago, IL 60694-3800 Adventist Hinsdale Hospital 33835 Treasury Center Chicago, IL 60694-3800 Adventist La Grange Hospital 33866 Treasury Center Chicago, IL 60694-3800	36-4257550 d/b/a Adventist La Grange Mem. Hospital 65-1219504 Adventist Bolingbrook Hospital 36-2276984 Adventist Hinsdale Hospital 36-4257550 d/b/a Adventist La Grange Mem. Hospital

GLENOAKS

Adventist GlenOaks Hospital	701 Winthrop Avenue Glendale Heights, IL 60139 (630) 545-8000	Adventist GlenOaks Hospital 33850 Treasury Center Chicago, IL 60694-3800 (630) 856-8400	36-3208390 Adventist GlenOaks Hospital NPI# 1760415939 (GAC) NPI# 1477572949 (Psych)
GlenOaks Sport, Spine and Physical Rehabilitation	303 East Army Trail Road Bloomingdale, IL 60108 (630) 894-0606	Adventist GlenOaks Hospital 33850 Treasury Center Chicago, IL 60694-3800	36-3208390 Adventist GlenOaks Hospital

WISCONSIN

Chippewa Valley Hospital	1220 Third Avenue, West Durand, WI 54736 (715) 672-4211	P.O. Box 224 1220 Third Avenue, West Durand, WI 54736	39-1365168 NPI# 1194737817 (CAH) NPI# 1659471068 (Urgent Care) NPI# 1285747519 (Swing Bed)
Oakview Care Center	1220 Third Avenue, West Durand, WI 54736 (715) 672-4211	P.O. Box 224 1220 Third Avenue, West Durand, WI 54736	39-1365168 NPI# 1093828329 (Skilled Nsg Services)

December 2011



July 9, 2012

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

Dear Ms. Avery:

Please accept this letter as attestation that neither Adventist Hinsdale Hospital, nor any facility owned by Adventist Hinsdale Hospital has been the recipient of any adverse actions taken by IDPH or DHHS during the past three years.

Furthermore, the Illinois Health Facilities Planning Board and/or its staff is herein granted authorization to review the records of Adventist Hinsdale Hospital and it's affiliated organizations as related to licensure and certification.

Sincerely,

Michael J. Goebel
Chief Executive Officer

Notarized:



Geraldine M. Riley
7-17-12

45



July 9, 2012

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

Dear Ms. Avery:

Please accept this letter as attestation that neither Adventist La Grange Memorial Hospital, nor any facility owned by Adventist La Grange Memorial Hospital has been the recipient of any adverse actions taken by IDPH or DHHS during the past three years.

Furthermore, the Illinois Health Facilities Planning Board and/or its staff is herein granted authorization to review the records of Adventist La Grange Memorial Hospital and it's affiliated organizations as related to licensure and certification.

Sincerely,

Lary A. Davis
Chief Executive Officer

Notarized:



Mary L. Pirc
7/19/12

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation which transacts on this certificate has complied with the provisions of the Illinois Statutes relating to public health and is hereby authorized to engage in the activity as indicated below.

Based on the authority of the State of Illinois Department of Public Health

CRAIG CONOVER, M.D.
ACTING DIRECTOR

12/31/12	8600	0000976
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/12		

BUSINESS ADDRESS:

HINSDALE HOSPITAL
120 NORTH OAK STREET
HINSDALE IL 60521

State of Illinois 2065050

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

12/31/12	8600	0000976
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/12		

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/12

11/08/11

HINSDALE HOSPITAL
120 NORTH OAK STREET

HINSDALE IL 60521

FEE RECEIPT NO.

Adventist Hinsdale Hospital

Hinsdale, 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

February 18, 2012

Accreditation is customarily valid for up to 36 months.

Handwritten signature of Isabel V. Hoverman in black ink.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #: 7359
Print/Reprint Date: 05/04/12

Handwritten signature of Mark R. Chassin in black ink.

Mark R. Chassin, MD, FACP, MPP, MPH
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.



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

State of Illinois 2067192
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

KENNETH SOYEMIA M.D. M.P.H.
ACTING DIRECTOR
EXPIRATION DATE CATEGORY TO NUMBER

01/31/13	PGSD	0005017
----------	------	---------

Issued under the authority of
The State of Illinois
Department of Public Health

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 02/01/12

BUSINESS ADDRESS

ADVENTIST LA GRANGE MEMORIAL HOSPITAL
5101 SOUTH WILLOW SPRINGS ROAD
LA GRANGE IL 60525

The face of this license has a colored background. Printed by Authority of the State of Illinois • 487 •

← **DISPLAY THIS PART IN A CONSPICUOUS PLACE**

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION →

State of Illinois 2067192
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ADVENTIST LA GRANGE MEMORIAL HOSPITAL
EXPIRATION DATE CATEGORY TO NUMBER

01/31/13	PGSD	0005017
----------	------	---------

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 02/01/12

12/03/11
ADVENTIST LA GRANGE MEMORIAL HOSP
5101 SOUTH WILLOW SPRINGS ROAD
LA GRANGE IL 60525

FEE RECEIPT NO.



Adventist La Grange Memorial Hospital La Grange, 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

February 3, 2012

Accreditation is customarily valid for up to 36 months.

Handwritten signature of Isabel V. Hoverman in black ink.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #: 7370
Print/Reprint Date: 05/15/12

Handwritten signature of Mark R. Chassin in black ink.

Mark R. Chassin, MD, FACP, MPP, MPH
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.



AMA



AHA

This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 2067196
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ADVENTIST BOLINGBROOK HOSPITAL
EXPIRATION DATE: 01/10/13
CATEGORY: B68D
ID NUMBER: 0005496

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/11/12

12/03/11

ADVENTIST BOLINGBROOK HOSPITAL
500 REMINGTON BOULEVARD
500 REMINGTON BOULEVARD
BOLINGBROOK IL 60440 4906

FEE RECEIPT NO.

State of Illinois 2067196
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.

KENNETH SOYER, M.D., M.P.H.
ACTING DIRECTOR
Department of Public Health

EXPIRATION DATE: 01/10/13
CATEGORY: B68D
ID NUMBER: 0005496

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/11/12

BUSINESS ADDRESS

ADVENTIST BOLINGBROOK HOSPITAL
500 REMINGTON BOULEVARD

BOLINGBROOK IL 60440 4906

Adventist Bolingbrook Hospital

Bolingbrook, 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

February 3, 2011

Accreditation is customarily valid for up to 36 months.

A handwritten signature in black ink, appearing to read "Isabel V. Hoverman".

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #454359
Print/Reprint Date: 9/16/11

A handwritten signature in black ink, appearing to read "Mark R. Chassin".

Mark R. Chassin, MD, FACP, MPP, MPH
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.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 2087327

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION
ADVENTIST GLENOAKS

EXPIRATION DATE	CATEGORY	ISSUER
06/30/13	BGBD	0003814

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/12

05/05/12

ADVENTIST GLENOAKS
701 HINTHROP AVENUE

GLENDALE HEIGHTS IL 60139

FEE RECEIPT NO.

State of Illinois 2087327

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.

LA HAR HASBROUCK, MD, MPH
DIRECTOR

EXPIRATION DATE	CATEGORY	ISSUER
06/30/13	BGBD	0003814

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/12

BUSINESS ADDRESS

ADVENTIST GLENOAKS
701 HINTHROP AVENUE

GLENDALE HEIGHTS IL 60139

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May 14, 2012

Bruce Christian
CEO
Adventist GlenOaks Hospital
701 Winthrop Avenue
Glendale Heights, IL 60139

Joint Commission ID #: 5192
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 04/27/2012

Dear Mr. Christian:

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 Hospitals

This accreditation cycle is effective beginning February 10, 2012. 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 36 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 black ink that reads "Ann Scott Blouin RN, PhD".

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

Background of Applicant

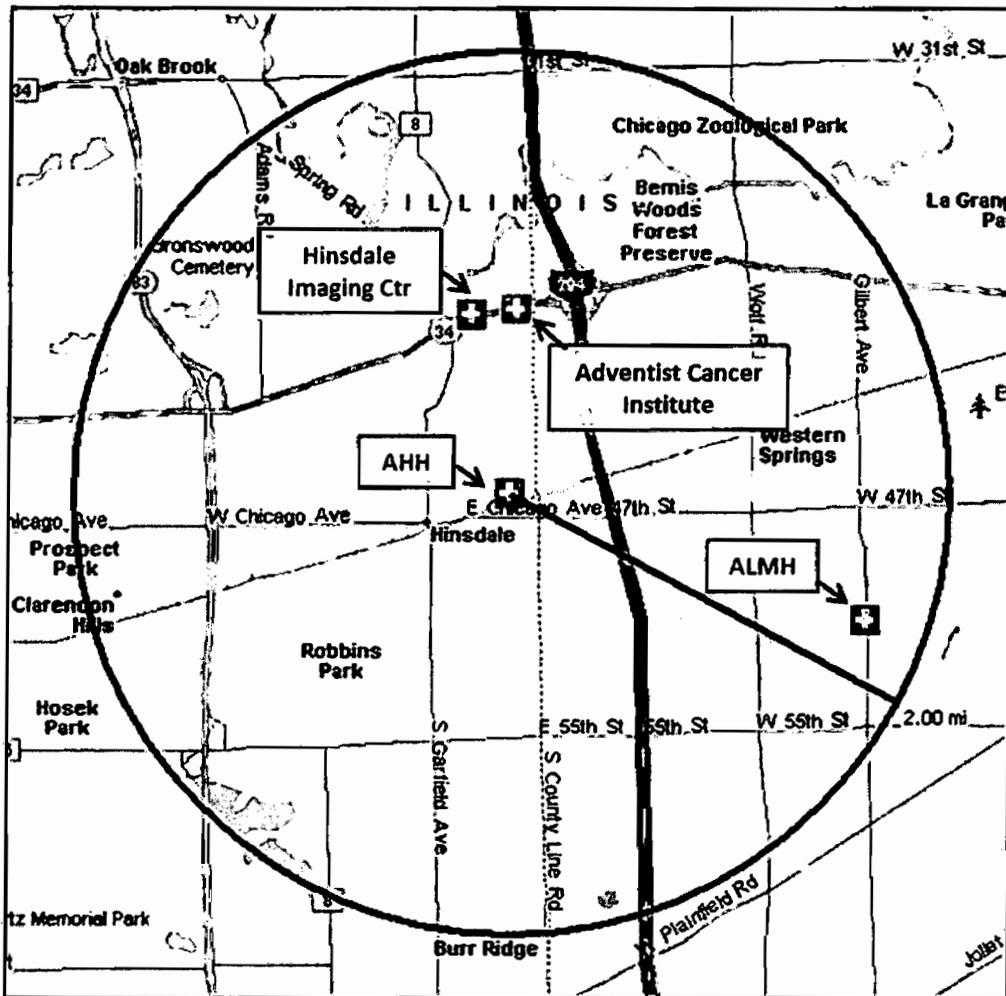
This is the only application we have submitted within the last 12 months.

Purpose of Project

The purpose of the proposed project is to enhance the care for the residents of Planning Area A-05 and A-04, DuPage and Western Cook Counties, and the communities surrounding the hospitals by providing a modern, efficient health care facility, which meets the health care needs of the patient population of Adventist Hinsdale and Adventist La Grange Memorial Hospitals.

The project is proposed for the following reasons:

- **Consolidate cancer care into one building**
Currently outpatient cancer care is provided at three locations all within a couple miles from each other: 1) Adventist Hinsdale Hospital, 2) Adventist La Grange Treatment Pavilion and 3) Hinsdale Imaging Center. Consolidating services into one building will allow our physicians to provide state-of-the-art care while improving access for our patients by providing them a one-stop location for all of their cancer care.



- **Prepare for projected increase in cancer treatment**
Cancer has been listed as the leading cause of death in DuPage County by the Illinois Department of Public Health*. In fact, Sg2 has projected that outpatient cancer services are expected to grow by 31% over the next 10 years*. The current spaces at each location are land locked and cannot be expanded. The proposed project will provide 22,873 gsf of additional space for equipment, treatment and consultation of patients.
- **Improve quality by creating best practices in cancer care**
Adventist Hinsdale and Adventist La Grange Memorial Hospitals have a coordinated medical staff and by consolidating our cancer care in one building our physicians will be able to collaborate to create best practices for the treatment of cancer patients.

The goals of the proposed project are 1) to provide a modern health care facility capable of meeting the needs of the residents of DuPage and Cook Counties well into the future; 2) decrease duplication of resources/services and decrease costs; 3) to be in the 90th percentile for patient satisfaction, physician satisfaction, and employee satisfaction by 2015.

*Supporting documents are included

Deaths and Percentage of Total deaths for the 10 Leading Causes of Death by Race and Ethnicity: DuPage County, 2008

Cause of Death	White		Black		Asian		Hispanic	
	Rank* Deaths	Percent of Total Deaths						
All Causes	5493	100.0%	139	100.0%	213	100.0%	160	100.0%
Cancer Malignant Neoplasms	1394	25.4%	32	23.0%	49	23.0%	51	31.9%
Diseases of the Heart	1318	24.0%	32	23.0%	55	25.8%	25	15.6%
Chronic Lower Respiratory Disease	316	5.8%	4	2.9%	3	1.4%	2	1.3%
Cerebrovascular Disease	314	5.7%	9	6.5%	19	8.9%	8	5.0%
Unintentional Injuries (Accidents)	222	4.0%	3	2.2%	1	0.5%	2	1.3%
Alzheimer's Disease	181	3.3%	6	4.3%	10	4.7%	3	7.5%
Nephritis and Nephrosis	145	2.6%	6	4.3%	9	4.2%	5	3.8%
Pneumonia	143	2.6%	3	2.2%	5	2.3%	7	1.9%
Diabetes Mellitus	90	1.6%	3	2.2%	4	1.9%	3	1.9%
Septicemia	79	1.4%	3	2.2%	2	0.9%	4	2.5%

*Based on number of deaths

Source: Illinois Department of Public Health, Vital Statistics Section, DuPage County 2008 Death File.
 Developed by P. Iverson
 Last Updated: 3/8/2012

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Cancer Service Line Snapshot

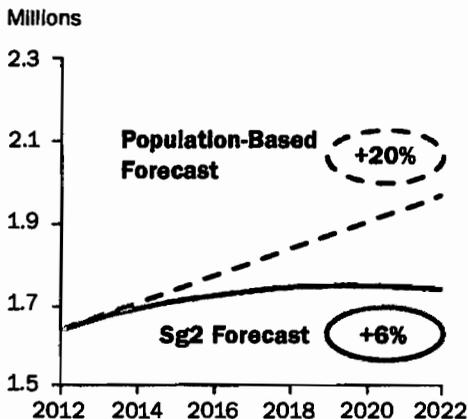
TOP TRENDS in

Cancer

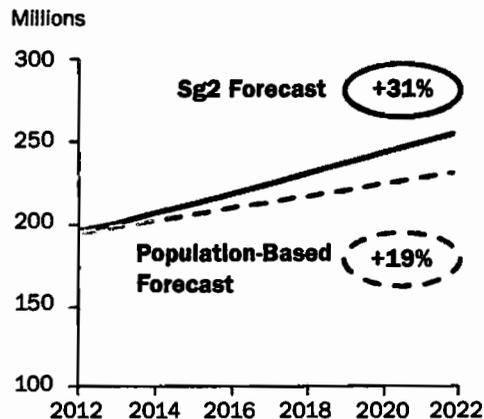
- The growing, aging population results in increased cancer prevalence and demand for oncology services.
- Demand for select inpatient surgical procedures, including lung and colon surgery, continues to grow.
- Prostatectomy volumes decline as less invasive treatment and disease management options rise.
- Oncology medical homes reduce hospitalizations for adverse events in chemotherapy patients.
- Hypofractionated radiation therapy requiring fewer treatment sessions per patient gains acceptance.
- Hospitals are pressured to improve infusion suite efficiency as demand for chemotherapy increases.
- Oncology drug shortages strain pharmacies and providers across the country.
- Self-pay, low-dose CT lung screening programs expand; insurers are slow to offer coverage.
- Improved access to palliative and hospice services becomes a key part of the cancer care path.
- New Commission on Cancer accreditation standards require programs to offer survivorship care plans, patient navigation, genetic services and access to palliative care.
- Effective hospital/oncologist alignment continues to be key to program growth and performance.
- Partnerships between academic and community cancer centers continue to multiply.
- Oncology bundled payment pilots expand despite challenges posed by the high complexity of cancer care.

Forecast

 **Inpatient Cancer Discharges
US Market, 2012-2022**



 **Outpatient Cancer Volumes
US Market, 2012-2022**



Note: Cancer discharges and volumes exclude ages 0-17.

CT = computed tomography; ALOS = average length of stay; MRI = magnetic resonance imaging; PET = positron emission tomography.

Sources: Impact of Change® v12.0; NIS; PharMetrics; CMS; Sg2 Analysis, 2012.

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Action Steps to Drive Value

- Evaluate your patients' journey through the cancer care continuum as they move from screening through diagnosis, treatment and post-acute care. Identify strategies to fill service and quality gaps that impair the patient experience, threaten quality and lead to patient leakage.
- Create a patient-centered, coordinated cancer program through patient navigation, ancillary support services, survivorship programs and integrated palliative/hospice care.
- Build alignment models with cancer specialists that support tumor-specific multidisciplinary care.
- Implement physician-developed cancer clinical pathways to improve quality and reduce variability.

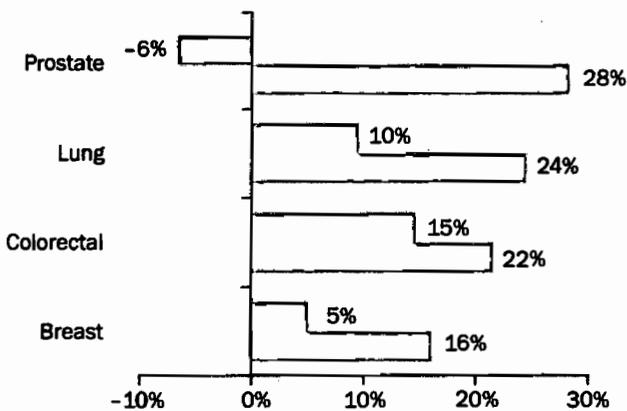
Benchmarks

Standard Performer Benchmarks for Value Indicators for Select Tumor Types, Large Community Hospital Peer Group

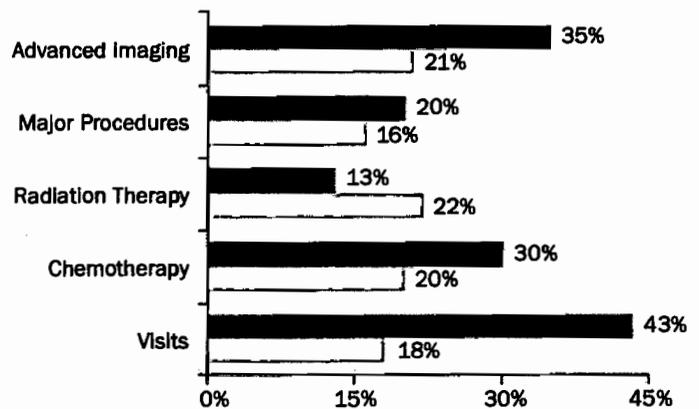
	ALOS (Days)	Variable Direct Cost per Case	30-Day Readmissions
Overall Cancer	5.8	\$7,839	13.0%
Breast Cancer	2.4	\$5,283	5.7%
Colorectal Cancer	7.9	\$10,161	12.5%
Lung Cancer	7.0	\$8,063	15.5%
Prostate Cancer	3.0	\$5,271	4.1%

Note: Performance metrics described in these benchmarks are based on large community hospitals within the Sg2 Comparative Database. Standard Performer indicates the median hospital in the database. Sources: Sg2 Comparative Database, 2012; Sg2 Analysis, 2012.

 Inpatient Cancer Discharges for Select Tumor Types, US Market, 2012-2022



 Outpatient Cancer Volumes for Key Services, US Market, 2012-2022



□ Sg2 Inpatient Forecast □ Population-Based Forecast ■ Sg2 Outpatient Forecast

Note: Analysis excludes ages 0-17. Advanced Imaging includes CT, MRI and PET. Visits includes outpatient evaluation and management, urgent, emergent and observation visits.

Anticipate the Impact of Change

Sg2's analytics-based health care expertise helps hospitals and health systems integrate, prioritize and drive growth and performance across the continuum of care. Over 1,200 organizations around the world rely on Sg2's analytics, intelligence, consulting and educational services.

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MK-544-E-0512



Alternatives

The goals for the Adventist Cancer Institute are to 1) improve patient access; 2) decrease variability of care between AHH and ALMH; 3) minimize disruptions to hospital services; 4) improve patient, physician and employee satisfaction; 5) improve efficiency/productivity and quality; 6) expend less than \$55 million. There were limited locations where an outpatient center could be added due to the existing space constraints on each hospital campus. Alternatives were considered based on the above criteria and the proposed project was selected.

Preferred Alternative – Proposed Project

The proposed project will consolidate and replace cancer and imaging services currently provided at Adventist Hinsdale, Adventist La Grange Memorial and Hinsdale Imaging Center. The cancer center will be located in close proximity to each of the locations listed above and will provide comprehensive outpatient care for cancer patients. Consolidating services in one building will allow our physicians to provide state-of-the-art care while improving access for our patients by providing them a one-stop location for all of their cancer care.

This alternative was chosen because it met all of our goals while being the most cost effective solution.

Total cost for this option = \$50,609,245

Alternative 1 – Consolidation of cancer services at the existing cancer treatment pavilion on the Adventist La Grange Memorial campus

The existing building cannot support additional floors and, because it is currently landlocked by necessary parking areas, horizontal expansion is not possible. This alternative would require demolition of the existing cancer treatment center and building atop of its current location.

This option was not selected because it would be too disruptive to patients of the hospital and the cancer center.

The cost to demolish and rebuild = approximately \$57,857,745

Alternative 2 – Consolidation of cancer services by adding leased space to the Hinsdale Imaging Center

This option consists of leasing space contiguous to the Hinsdale Imaging Center.

This alternative was not selected because there is no space immediately available and leasing space is very expensive. The estimated cost for the amount of square footage needed based on existing leasing terms would pay for a whole new building in about 3 years.

Lease + equipment = approximately \$20,000,000/annually

Alternative 3 – Demolish an existing building and consolidate cancer services across the street from Adventist Hinsdale Hospital

This option involves demolishing an antiquated building and constructing the cancer center on that land.

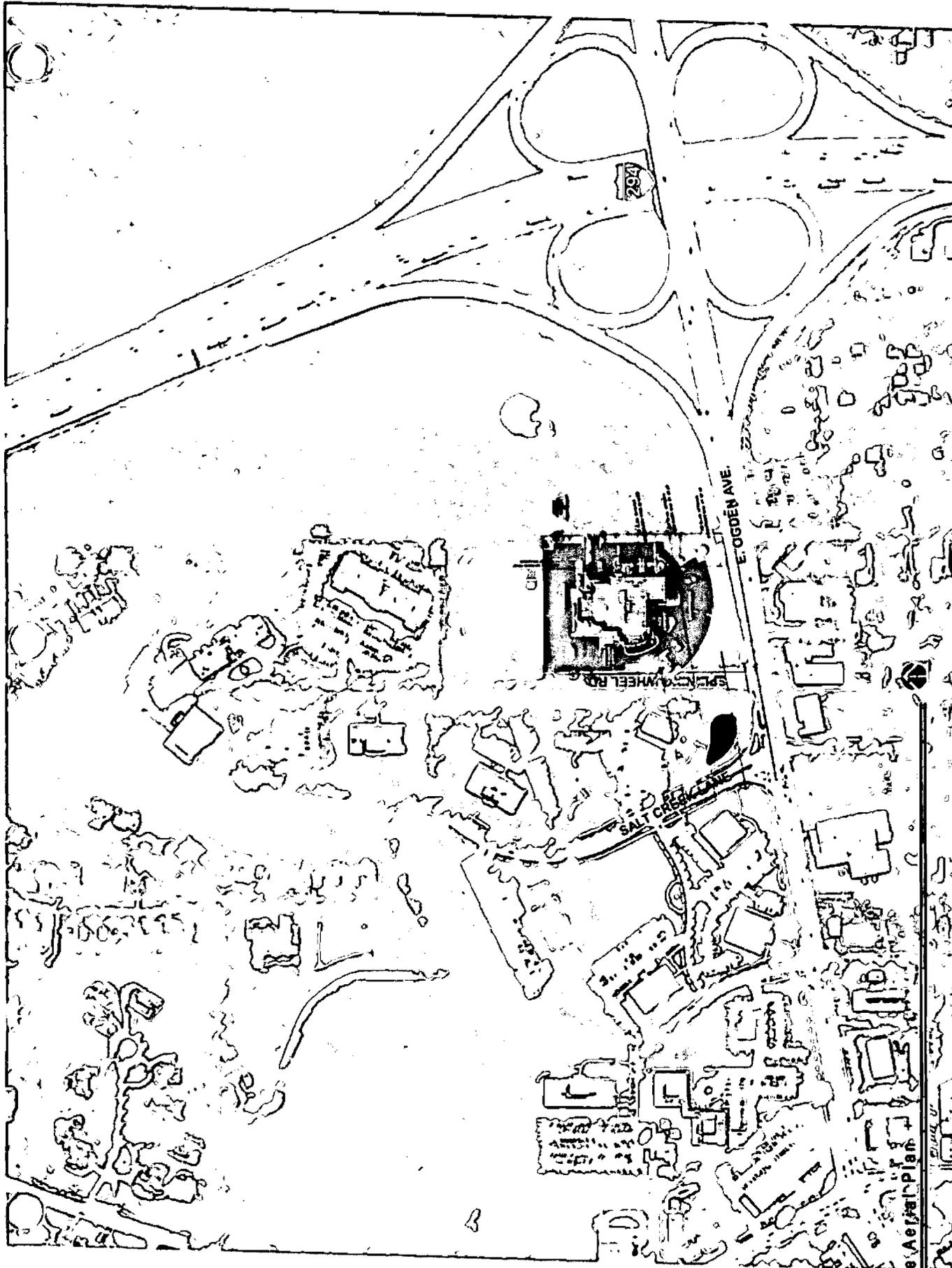
This alternative was not selected because the space would not allow the entire program to fit on two floors. Rather, the building would have to be made taller, which adds much more expense for elevators and circulation. Furthermore, the project would be disruptive to the employees that currently have offices in the building, the hospital campus and its existing patient base.

The cost to demolish and rebuild a taller building = \$60,859,245

The table below summarizes each option based on the criteria AHH and ALMH list as priorities:

Criteria	Proposed Project	Alt 1	Alt 2	Alt 3	Do Nothing
Improved patient access	X				
Decrease variability of care between AHH and ALMH	X	X	X	X	
Minimal disruption of hospital services	X		X		
Improved patient, physician and employee satisfaction	X	X	X	X	
Improved efficiency/productivity and quality	X	X	X	X	
Total cost ≤ \$55,000,000	X				X

The proposed project made the most sense based on the project cost and the goals of AHH and ALMH.



Attachment 13

Site Aerial Plan
13

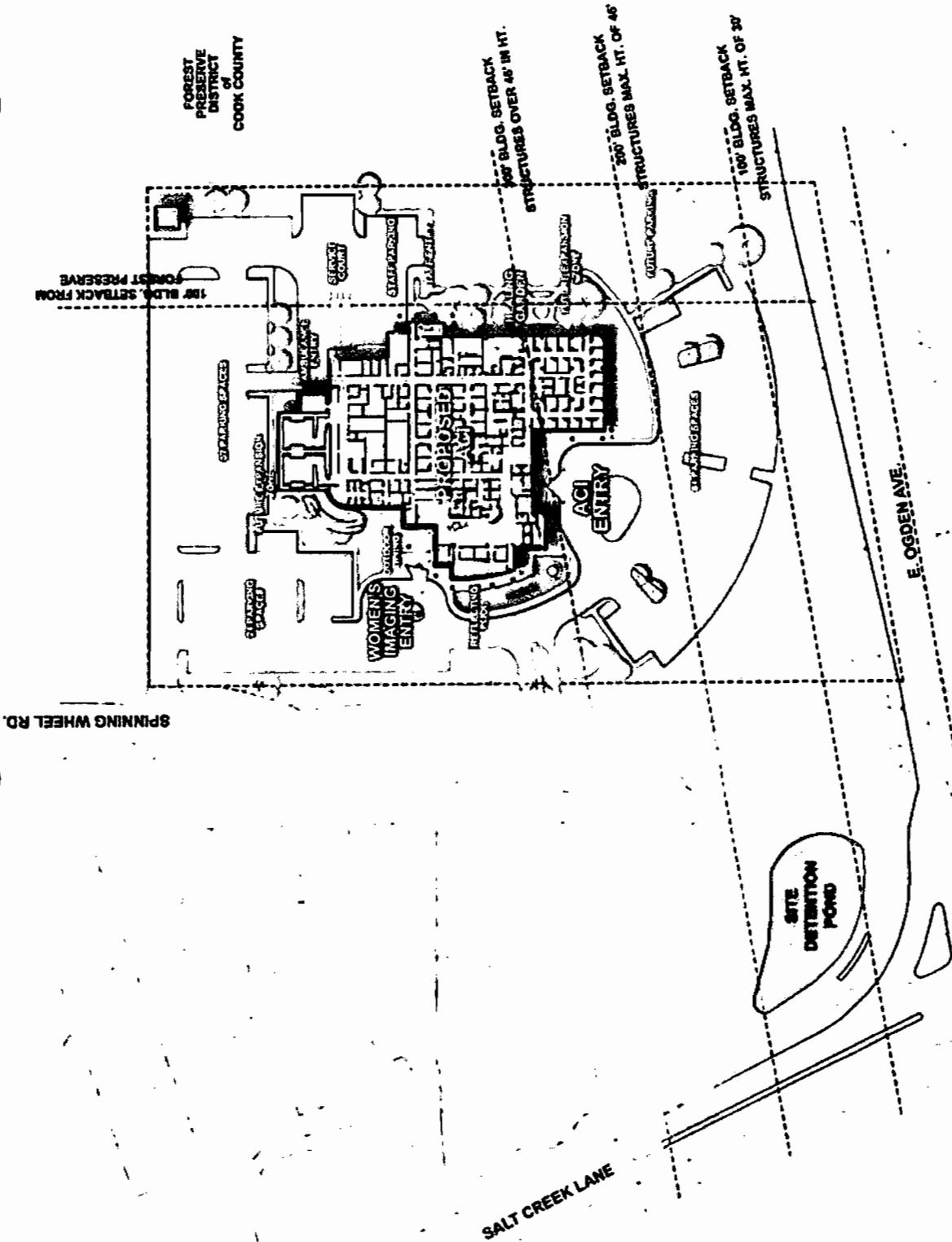


Adventist Cancer Institute - Ogden Campus Phase 1

HINSDALE, ILLINOIS

08/23/2012





FOREST PRESERVE DISTRICT OF COOK COUNTY

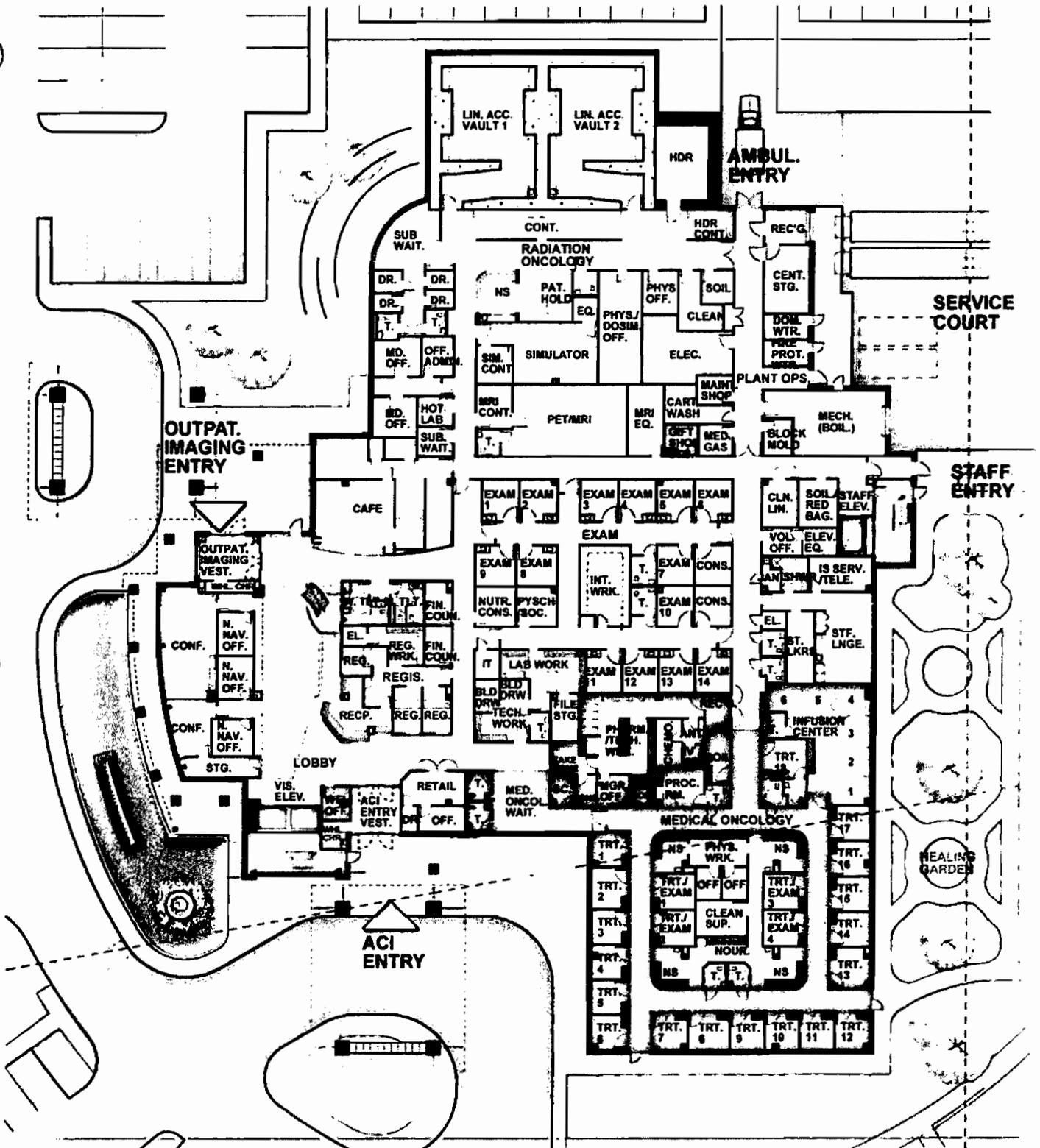


Adventist Cancer Institute - Ogden Campus Phase 1

HINSDALE, ILLINOIS
08/23/2012



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First Floor Plan



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Attachment 13

Adventist Cancer Institute - Ogden Campus Phase 1

HINSDALE, ILLINOIS

08/23/2012



Criterion 1110.234 - Project Scope, Utilization and Unfinished/Shell Space

Service	Proposed GSF	State Standard	Difference	Met Standard
Medical Oncology	7,734 GSF	None	N/A	N/A
Radiation Oncology	8,649 GSF	8,400	+249	No
Exam Suite	3,624 GSF	None	N/A	N/A
Diagnostic Imaging	7,677 GSF	12,800	-5,123	Yes
Laboratory	793 GSF	None	N/A	N/A
Pharmacy	1,126 GSF	None	N/A	N/A

Medical Oncology

The State Board currently does not have utilization standards for this department. It is difficult to determine the number of treatment spaces needed due to the large variation in the amount of time an individual patient undergoes treatment. The treatment time can vary from one hour per visit to eight or more hours depending on the type of treatment being received, the patient's tolerance of the treatment, and its side effects.

The size of this department was determined by 1) working with staff and physicians to determine the future direction of cancer treatment options and by 2) reviewing other area and national programs that offer this type of service. Based upon this information, it was determined that 22 private exam/treatment spaces were needed for patients receiving care requiring isolation and extended treatments. Six infusion stations are needed for patients receiving shorter duration infusion therapy. This is only a slight increase in the number of current exam/treatment rooms.

Radiation Oncology

The proposed department will have two linear accelerators to replace two existing linear accelerators which are currently located at separate locations. It will also have one room for High Dose Radiation Therapy (Brachytherapy), CT/Simulator and a PET/MRI, which will be capable of MRI-directed biopsies.

The State Board currently has size requirements for a simulator (1,800 GSF), a PET scanner (1,800 GSF) and a linear accelerator (2,400 GSF per unit or 4,800 GSF for the two proposed). These standards allow the applicant a total of 8,400 GSF which is 249 GSF less than proposed. However, the High Dose Radiation Therapy area is included in this proposal for which the Board does not have a standard. If this area is considered, the space proposed is justified under the Board's standards.

Criterion 1110.234 - Project Scope, Utilization and Unfinished/Shell Space

Exam Suite

The goal for this space is to have at least 18 cancer-related specialist physicians caring for patients in these exam rooms at various times of the day and on various days of the week. The State Board has not developed a standard for physician office visits. We collaborated with physicians to determine the number of exam rooms needed for this facility. We concluded that our physicians need the 14 exam rooms in order to make the most efficient use of their time and see the maximum number of patients during their hours at the facility. These rooms are smaller than traditional ambulatory care rooms in a hospital. The space amounts to 259 GSF per room compared to the State Norm for Ambulatory care rooms at 800 GSF per room.

Diagnostic Imaging

The department will have: 1) one general X-ray unit, 2) one chest X-ray unit, 3) five ultrasound machines, one of which will have vascular imaging capability, 4) four mammography units, 5) one stereotactic biopsy unit, and 6) one bone density unit.

The State Board has developed space standards for each of these pieces of equipment. A chest X-ray unit is allowed 900 GSF; a general X-ray unit is allowed 1,300 GSF; a mammography unit (including the stereotactic unit) is allowed 900 GSF per unit (5 X 900 = 4,500 GSF); an ultrasound unit is allowed 900 GSF per unit (5 X 900 = 4,500 GSF); and a bone density scanner (Nuclear Medicine) is allowed 1,200 GSF for a total of 12,400 GSF which is well in excess of the 7,677 GSF proposed in the new facility.

Laboratory

The laboratory will be a small satellite lab. It will consist of blood draw stations and a work area for STAT tests and general blood work such as blood counts and drug levels to support the cancer treatment services provided at this facility. This department is necessary in order for the physicians to monitor and adjust the dosages as needed.

The department will have a total of 6.5 FTEs to cover the functions required on site. The total square footage for this department is 793 GSF, which amounts to only 122 GSF/FTE. This is below prior State Board standard of 225 GSF/FTE. The proposed square footage is the minimum amount necessary to perform the blood draws and testing required for this facility.

Pharmacy

This department will prepare the IV infusion packets and dispense the various medications used by medical oncologists for the treatment of their patients. This department will also prepare any prescriptions needed by patients for their home use prior to their leaving the facility, which continues the one-stop goal of the facility. It is essential that the pharmacy be available to prepare the treatment packets for chemotherapy and IV infusion treatments on site in order for the drugs to have their maximum effectiveness. Pharmacists play an important role in the interdisciplinary team of helping to monitor and manage patients' side effects and reactions to the chemotherapy drugs. Also, having an oncology pharmacy on-site facilitates our monitoring of patients' compliance with oral chemotherapy prescriptions.

This department will have 6 FTE's in 1,126 GSF. The State Board has not developed a standard for this department. We developed the proposed floor plan by evaluating existing pharmacies and by collaborating with employees regarding the space needs for this service. The square footage proposed is the minimum amount of space necessary to accommodate the 6 FTE's to be employed in this department and allow them the space necessary to accomplish the tasks they are required to perform.

Criterion 1110.234 - Project Scope, Utilization and Unfinished/Shell Space

Project Services Utilization

To determine the historical utilization for the departments listed above, we combined volume from Adventist Hinsdale Imaging Center, as well as a portion of the outpatient volume at Adventist Hinsdale Hospital and Adventist La Grange Memorial Hospital.

To project future volumes, two sources were utilized: the SG2 study shown on Attachment # 12 of this application and the Thomson Reuters' demand projections for Adventist La Grange Memorial and Adventist Hinsdale Hospitals' service areas. These projections show the per modality growth over the next 5 years based upon the population growth, the aging of the population, and oncology treatment trends nationwide.

In each case, the utilization of all of the modalities will meet or exceed the State Board's utilization targets, with the exception of the Chest X-ray and the General X-ray units proposed for the Diagnostic Imaging Department. These units are essential to providing basic information for the treatment of cancer patients and it is necessary to have them available on-site. To place these units off-site at the hospitals would defeat the purpose of the proposed project's goal of providing a one-stop cancer treatment facility for the patients we serve.

The PET/MRI is a new modality which will be offered once the equipment is approved by the HFSRB. It is installed as a combination unit which will be used for both PET and MRI scans. We currently do not have this type of equipment. To create the projections, we combined a portion of the outpatient MRI volume for AHH and ALMH along with the number of patients that have been referred to other facilities for PET scans. The equipment does not lend itself to evaluation under the Board's standards, which cite only standards for MRI or PET, not a combined unit.

Criterion 1110.234 - Project Scope, Utilization and Unfinished/Shell Space

Project Services Utilization

Medical Oncology - Utilization			
	Patient Days	State Standard	Standard Met?
2009	11,171	None Stated	N/A
2010	11,397		
2011	10,878		
2012 Projected	10,932		
2013 Projected	10,987		
2014 Projected	11,042		
2015 Projected	11,097		
2016 Projected	11,153		

Linear Accelerator - Utilization			
	Treatments	State Standard	Standard Met?
2010	10,006	7,500 x 2	Yes
2011	9,384		
2012 Projected	9,861		
2013 Projected	9,910		
2014 Projected	9,960		
2015 Projected	10,010		
2016 Projected	10,060		

Simulator - Utilization			
	Treatments	State Standard	Standard Met?
2009	1,101	None Stated	N/A
2010	1,308		
2011	1,205		
2012 Projected	1,315		
2013 Projected	1,321		
2014 Projected	1,328		
2015 Projected	1,334		
2016 Projected	1,341		

CT - Utilization			
	Encounters	State Standard	Standard Met?
2009	8,444	7,000	Yes
2010	8,097		
2011	7,993		
2012 Projected	8,183		
2013 Projected	8,395		
2014 Projected	8,612		
2015 Projected	8,834		
2016 Projected	9,063		

Criterion 1110.234 - Project Scope, Utilization and Unfinished/Shell Space

Project Services Utilization

Ultrasound - Utilization			
	Encounters	State Standard	Standard Met?
2009	14,025	3,100 x 5	Yes
2010	13,511		
2011	13,854		
2012 Projected	13,987		
2013 Projected	14,121		
2014 Projected	14,257		
2015 Projected	14,394		
2016 Projected	14,532		

Mammography - Utilization			
	Encounters	State Standard	Standard Met?
2009	19,923	5,000 x 4	Yes
2010	19,244		
2011	18,942		
2012 Projected	19,037		
2013 Projected	19,132		
2014 Projected	19,228		
2015 Projected	19,324		
2016 Projected	19,420		

PET + MRI Volume* - Utilization			
	Encounters	State Standard	Standard Met?
2009	2,403	None stated	N/A
2010	2,863		
2011	2,597		
2012 Projected	2,741		
2013 Projected	2,780		
2014 Projected	2,820		
2015 Projected	2,861		
2016 Projected	2,902		

* Combined PET and MRI volumes and projected volumes

X-ray - Utilization			
	Encounters	State Standard	Standard Met?
2009	3,624	6,500 x 2	No
2010	4,019		
2011	4,222		
2012 Projected	4,243		
2013 Projected	4,264		
2014 Projected	4,286		
2015 Projected	4,307		
2016 Projected	4,329		

Criterion 1110.234 - Project Scope, Utilization and Unfinished/Shell Space

Project Services Utilization

Brachytherapy - Utilization			
	Encounters	State Standard	Standard Met?
2009	53	None Stated	N/A
2010	93		
2011	95		
2012 Projected	97		
2013 Projected	99		
2014 Projected	102		
2015 Projected	105		
2016 Projected	107		

Stereotactic Biopsy - Utilization			
	Encounters	State Standard	Standard Met?
2009	427	None Stated	N/A
2010	418		
2011	469		
2012 Projected	506		
2013 Projected	509		
2014 Projected	511		
2015 Projected	514		
2016 Projected	516		

Bone Density - Utilization			
	Encounters	State Standard	Standard Met?
2009	2,569	None Stated	N/A
2010	2,337		
2011	2,187		
2012 Projected	2,376		
2013 Projected	2,388		
2014 Projected	2,400		
2015 Projected	2,412		
2016 Projected	2,424		

Hospital Outpatient Demand

Procedure	Secondary - Hospital Outpatient		
	2012	2017 5-yr Growth	% Annual Growth
LABS	1,572,098	1,752,201	11.5%
MEDICINE	548,475	609,123	11.1%
PHYS THER	374,983	425,317	13.4%
DIAG RAD	337,635	374,234	10.8%
CARDIOLOGY	112,876	129,232	14.5%
MISC	80,770	94,550	17.1%
RAD THER	58,419	67,883	16.2%
CT SCAN	70,942	79,013	11.4%
HEMONC	48,507	56,468	16.4%
PULMONARY	49,871	55,086	10.5%
NEUROLOGY	36,358	41,059	12.9%
GASTRO	27,894	31,450	12.7%
MRI	29,021	32,404	11.7%
OTOLARYNG	27,876	30,167	8.2%
OB/GYN	21,556	23,813	10.5%
GEN SURG	18,381	20,562	11.9%
OPHTHAL	14,324	15,895	11.0%
PSYCH	11,890	13,390	12.6%
ORTHO	15,700	17,184	9.5%
UROLOGY	9,066	10,156	12.0%
SPECT	6,830	7,832	14.7%
DERMATOLOGY	6,133	6,803	10.9%
PODIATRY	4,358	4,964	13.9%
VASCULAR	3,483	4,026	15.6%
EM	4,344	4,733	9.0%
PET	1,800	2,092	16.2%
PLAST SURG	2,545	2,812	10.5%
NEPHROLOGY	1,400	1,569	12.1%
NEUROSURGERY	1,349	1,508	11.8%
ANESTHESIA	985	1,114	12.9%
COTHRACIC	468	532	13.7%
ALLERGY	541	585	8.1%
CHIRO	0	0	0.0%
ORAL SURG	548	548	0.0%
Primary Service Area Total	3,501,426	3,918,305	11.9%
		416,879	2.38%

Source: Thomson Reuters
Sorted by 5-yr Growth

Criterion 1110.3030

Service	Number of Key Rooms - Existing	Number of Key Rooms – Proposed
Medical Oncology	18 Exam/Treatment Rooms 6 Treatment Bays	22 Private Exam/Treatment Rooms 6 Treatment Bays 1 Procedure Room
Radiation Oncology	2 Linear Accelerators 1 Simulator	2 Linear Accelerators 1 Simulator/CT 1 High Dose Radiation Room 1 PET/MRI
Exam Suite	Not currently provided	14 Exam Rooms 2 Consultation Rooms
Diagnostic Imaging	1 General X-ray Unit 3 Mammography Units 4 Ultrasound Units 1 Bone Density Unit 1 Stereotactic Breast Unit	1 General X-ray Unit 4 Mammography Units 5 Ultrasound Units 1 Bone Density Unit 1 Stereotactic Breast Unit 2 Treatment Rooms
Laboratory	New	2 Drawing Rooms 1 Testing Area
Pharmacy	New	Tech Work Area Chemotherapy Prep Area IV Prep Area

Medical Oncology

The proposed department will replace space currently located at Adventist Hinsdale Hospital, Adventist La Grange Memorial Hospital, and the space for medical oncologists currently onsite at the hospitals.

Bringing caregivers from the various modalities and points on the continuum of cancer care together under one roof will provide an environment conducive to efficiency, consistency and continual improvement in the care rendered to cancer patients. For example, handoffs between modalities can be accomplished more seamlessly and with less delay. When necessary, clarification or confirmation of orders can be accomplished in person. Sharing of information and expertise among physicians and other caregivers will naturally occur and accelerate creation of best practices.

The proposed facility workload is projected to increase from 10,878 patient days in 2011 to 11,153 in 2016 without impacting any other facility in the area. The projected growth in volume is a direct result of the increased demand for oncology, due to population changes and the aging of the population.

The State Board currently does not have utilization standards for this department. It is difficult to determine the number of treatment spaces needed due to the large variation in the amount of time an individual patient undergoes treatment. The treatment time can vary from one hour per visit to eight or more hours depending on the type of treatment being received, the patient's tolerance of the treatment and its side effects.

The size of this department was determined by 1) working with staff and physicians to determine the future direction of cancer treatment options and 2) by reviewing other area and national

Criterion 1110.3030

programs that offer this type of service. Based upon this information, it was determined that 22 private exam/treatment spaces were needed for patients receiving care requiring isolation and extended treatments. Six infusion stations are needed for patients receiving shorter duration infusion therapy. This is only a slight increase in the number of current exam treatment rooms.

Consolidating the medical oncology and radiation oncology services in the same location will facilitate coordination of treatment for patients who require both modalities, allowing the medical and radiation oncologists to work together for optimum care of the patient. The consolidation of programs also affords patients more convenient access to the many physicians and modalities available for cancer treatment, providing a single setting that becomes more quickly familiar to them than the disparate locations they must currently navigate.

Radiation Oncology

The proposed department will have two linear accelerators to replace two existing linear accelerators which are currently located at separate locations. It will also have one room for High Dose Radiation Therapy (Brachytherapy), CT/Simulator, and space for a PET/MRI that will be capable of MRI-directed biopsies.

We currently operate two Linear Accelerators and a Simulator, and offer PET scanning services through a joint venture. MRI services are also currently available at both hospitals and will not be impacted by the proposed project.

The existing volume of the two linear accelerators totals 9,384 treatments in 2011 and is projected to increase to 10,060 treatments in 2016 due to the same population factors discussed under the Medical Oncology Departments. Again, it is not projected that the proposed project will negatively impact any of the existing cancer care programs in the area. Our market share is not projected to increase, however the area volume is projected to increase due to the aging of the population and the fact that more patients are surviving cancer and in some cases require further treatments at a later date due to re-occurrence or new primary cancers.

The State Board's standard for Linear Accelerators calls for 7,500 treatments per year per unit. The applicant's historical volume supports the need for 1.25 or 2 units. The projected volume supports the need for 1.45 or 2 units as is proposed. No volume standard has been developed for a simulator. However, with a historical volume of 1,205 simulations and a projected volume of 1,341 simulations, one unit is needed. In regard to the PET/MRI this is a new modality and therefore has no historical volume on which to base the need. To create the projections, in attachment 15, we combined a portion of the existing MRI volume along with the number of patients that have been referred to other facilities for PET scans. The increased use of this modality across the nation supports the need to have this equipment in any comprehensive cancer treatment center.

The volume for Brachytherapy totaled 95 patients in 2011 and is projected to be 107 patients in 2016. The State Board has not adopted a standard for the number of patients needed to support this modality. We are proposing one room dedicated to this treatment modality and, given its use of high dose radiation, a separate room with appropriate shielding is required.

The consolidation of Radiation Oncology services in one central location affords greater economies of scale in the deployment of staff and equipment, which allows for greater concentration of resources in areas that will improve patient care and experience. It provides convenient access for patients and gives physicians the ability to quickly consult with other oncologists on staff. The net result is to minimize increases in the cost of cancer treatment while providing an environment conducive to continual improvement of patient care.

Criterion 1110.3030

Exam Suite

This department is not currently available in this type of setting at either of the two applicant hospitals. While each hospital provides outpatient services to their patients, this space will allow multiple specialists to be able to see patients at a single location.

We propose to have medical and radiation oncologists as well as other physician specialists sharing exam space at this new facility. The proposal calls for other specialists like dermatologists, ENTs, and specialists in genetic counseling and palliative care to have clinic hours within the facility on a time-share basis. This will allow patients to be examined and treated by multiple specialists in a single location.

The goal is to have 18 physicians seeing patients in these exam rooms at various times of the day and on various days of the week. The State Board has not developed a standard for physician office visits. We collaborated with physicians to determine the number of exam rooms needed in this facility. We concluded that our physicians need the 14 exam rooms in order to make the most efficient use of their time and see the maximum number of patients during their hours at the facility.

Diagnostic Imaging

The proposed project replaces a free-standing diagnostic imaging center we operate in leased space. This combination of imaging and cancer care allows for the diagnosis and treatment functions to be located in one building rather than scattered in multiple locations. The patients have improved access to care and physicians have services they need all in one location.

The department will have 1) one general X-ray unit; 2) one chest X-ray unit; 3) five ultrasound machines, one of which will have vascular imaging capability; 4) four mammography units; 5) one stereotactic biopsy unit; and 6) one bone density unit.

The historical utilization of the proposed mammography equipment shows that the four mammography units performed 18,942 exams in 2011. Based upon the State Standard of 5,000 visits per room per year, 3.8 or 4 units are justified.

The 2011 utilization of the ultrasound machines totaled 13,854 procedures. Based upon the State Standard of 3,100 procedures per room per year, 4.5 or 5 units are justified.

The stereotactic biopsy unit performed 469 biopsies in 2011. The State Board does not have a standard for this equipment. One unit is needed to meet the needs of the historical workload.

The bone density unit is a piece of nuclear medicine equipment that had a total 2011 volume of 2,187 visits which compares favorably to the State Standard of 2,000 visits per year per room.

The chest X-ray unit and the general X-ray unit both have utilization rates which are below the State Standards. However, these units will be used solely by the patients of this facility, rather than an entire hospital which significantly lowers their volumes. The units are needed for diagnosis and treatment of cancer patients and as such need to be located in this facility regardless of their volumes.

The relocation of this department from leased space to space owned and operated by us significantly reduces the cost of providing patient care. The relocation into this cancer center allows us to provide all of the services needed for comprehensive cancer treatment in one location and allows the patient easier access to care. This is especially important to patients undergoing cancer care due to the weakened immune system and fatigue which often accompanies cancer treatment.

Criterion 1110.3030

Laboratory

The laboratory will be a small satellite lab. It will consist of blood draw stations and a work area for STAT tests and general blood work such as blood counts and drug levels to support the cancer treatment services provided at this facility. This department is necessary in order for physicians to monitor and adjust the dosages as needed.

Pharmacy

This department will prepare the IV infusion packets and dispense the various medications used by medical oncologists for the treatment of their patients. This department will also prepare any prescriptions needed by patients for their home use prior to their leaving the facility which continues the one-stop goal of the facility. It is essential that the pharmacy be available to prepare treatment packets for chemotherapy and IV infusion treatments onsite in order for the drugs to have their maximum effectiveness.

1120.120 Availability of Funds

Standard and Poor's has rated our organization as AA- and therefore this section is not required.

Adventist Health System/Sunbelt Obligated Group, Florida

Primary Credit Analyst:

Stephen Infranco
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stephen_infranco@
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Credit Profile

Highlands Cnty Hlth Fac Auth, Florida

Adventist Hlth Sys/Sunbelt Obligated Grp, Florida

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group)

Long Term Rating	AA-/Stable	Affirmed
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Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) (BHAC) (SEC MKT)

Unenhanced Rating	AA-(SPUR)/Stable	Affirmed
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Orange Cnty Hlth Fac Auth, Florida

Adventist Hlth Sys/Sunbelt Obligated Grp, Florida

Orange Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group)

Long Term Rating	AA-/A-1+/Stable	Affirmed
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Ratings Detail

Rationale

Standard & Poor's Ratings Services has affirmed its 'AA-' long-term ratings and underlying ratings (SPURs) on multiple series of debt, issued by various issuers on behalf of Adventist Health System/Sunbelt Obligated Group (AHS), Fla. The outlook is stable. At the same time, Standard & Poor's affirmed its 'AA-/A-1+' rating on the series 2007A, 2005I (maturing 2027 and 2029), 2003C, and 1995 bonds. The 'AA-' long-term component of the rating is based on AHS's own credit quality and the 'A-1+' short-term component of the rating is based on our assessment of AHS's own liquidity.

The rating affirmation reflects a continuation of what we regard as solid operating performance and cash flow, strong operating and financial dispersion, and maintenance of what we consider a strong balance sheet, highlighted by a conservative investment allocation and growing liquidity. Furthermore, the ability to navigate through turbulent investment

**RatingsDirect
Publication Date**

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cycles successfully, as demonstrated in 2008 and 2009, reflects the system's strong management team, the benefits of conservative investment strategies, and sound financial planning. AHS's operating performance in fiscal 2010 was better than budget and prior-year levels, and the five-year operating record has been, in our view, solid. Standard & Poor's includes debt classified in the audit as short-term financings as long-term debt in this analysis. Total debt outstanding as of Dec. 31, 2010, was approximately \$3.5 billion.

More specifically, the current 'AA-' rating reflects our view of AHS's:

- Broad geographic and financial dispersion, with many facilities located in high-growth markets, which augments its strong financial profile;
- Robust operating results for fiscal 2010, highlighting strong operating cash flow, coupled with historically strong EBIDA margins;
- Strong revenue growth for many years, reflecting AHS's presence in a wide variety of growth markets and, in fiscal 2010, a combination of price increases, good admissions growth, and some outpatient volume increases;
- Sustained liquidity growth for many years due to a conservative investment policy that is heavily weighted toward fixed-income investments and minimizes exposure to equity and alternative assets;
- Low average age of plant, resulting from significant investments in property, plant, and equipment well in excess of depreciation;
- Excellent ongoing performance and demographics in its core central-Florida marketplace even as AHS's historical dependence on Florida has steadily declined over time as other regions have performed well, although the current economy could hurt this metric over time;
- Generally solid performance in its many regional markets; and
- Advantage of having a defined contribution pension plan, versus a defined benefit plan, especially given the volatile investment environment that has resulted in large unfunded pension liabilities for many with defined benefit plans.

In our opinion, partly offsetting credit factors include AHS's debt levels, which remain moderately high for the rating in our opinion, and continuing capital or expansion projects underway or nearing completion that we believe could cause some short-term disruption or pressure on operations if they are slow to ramp up. Other factors include continued acquisition activity and the need to integrate newly acquired hospitals into the system, although AHS has a solid record of improving operating results and leveraging its strong management capabilities with newly acquired organizations. Also, we believe the continued slow economic recovery, particularly in certain markets, which has contributed to a payor mix shift over the past several years, could lead to higher bad debt and charity care levels, resulting in some margin compression.

The rating also reflects what we consider a disciplined capital spending process with clear and manageable spending targets. From 2001 through 2008, AHS's capital spending model limited spending to 75% of EBIDA. In response to the challenging economic and market conditions, management reduced its spending target to 70% of EBIDA beginning in fiscal 2009, and has kept the reduced target in place through the current fiscal 2011 year. The overall pace of capital spending remains in our view both robust and within the system's capital model, although some year-to-year variation is allowed as unspent capital dollars can be carried forward to future years.

The 'A-1+' short-term rating on AHS's series 2007A, series 2005I (maturing 2027 and 2029), 2003C, and 1995 bonds reflects what we view as the ample liquidity, sufficiency of AHS's liquid

investment assets, and the detailed procedures articulated through AHS's self-liquidity program. Standard & Poor's monitors this program monthly. Securing the bonds is a pledge of the obligated group's gross revenues. Although the obligated group revenue pledge secures the bonds, Standard & Poor's analyzes and reports on the system as a whole, unless otherwise noted. Fiscal 2010 results also include the operations of Bert Fish Medical Center (six months) and University Community Hospital Inc. (four months).

Standard & Poor's assigned AHS a Debt Derivative Profile (DDP) overall score of '1.5' on a scale of '1' to '4', with '1' representing the lowest risk. The overall score of '1.5' reflects what we consider a neutral credit risk. We consider AHS's swap program large, with a total notional amount of approximately \$1.6 billion, but down from roughly \$2.6 billion. The weighted average life of AHS's swap program as of Dec. 31, 2010, was approximately 4.6 years.

Outlook

The stable outlook reflects AHS's performance record, which in our view has been strong and robust for many years, as reflected in the current rating. Furthermore, we believe that AHS benefits from broad geographic and financial dispersion, with guidance from an experienced management team. We believe AHS will likely sustain its record of strong operations and balance sheet improvement, with management keeping liquidity levels above the 200-day mark and leverage in the low-40% range, while successfully managing capital expenses. Management's stated intention of maintaining capital spending within its capital allocation model also supports the rating and outlook.

We could consider a positive outlook or higher rating over time if AHS can maintain the strong operating results and cash flow and further strengthen its balance sheet metrics while managing the capital needs of the growing organization. While not expected, we believe that deterioration in operations or finances could put the current rating or outlook at risk.

Solid Operating Performance

AHS operates 42 acute-care facilities, 37 of which are members of the obligated group, spread over 10 Southern, Midwestern, and Mountain states. Many of the facilities are located in high-growth markets. AHS's Orlando-based Florida Hospital and the broader Florida region remain at the heart of the system. Florida Hospital's seven campuses operate as a single entity with one hospital license. In fiscal 2010, the Florida Hospital region accounted for less than 35% of the system's net patient service revenues, but approximately 45% of the net income. Over time, this percent has decreased as AHS has diversified its overall portfolio of facilities, either through new construction or acquisition. More importantly, AHS's dependence on Florida and Florida Hospital for profitability and cash flow lessened significantly during the past five years due to strong growth outside of Florida Hospital. However, Florida Hospital's own financial and operating profile has continued to improve. In our opinion, the system's growing revenue and geographic diversity is largely the result of strong improvements in its non-Florida subsidiaries, coupled with sound acquisitions and the divestiture of underperforming subsidiaries.

Inpatient admissions for the system on a same-store basis increased 3.4% to 317,807 in 2010 from 307,434 in 2009. In addition, both inpatient and outpatient surgeries were up 3.5% and 1%, respectively. While most business-volume measures were positive in 2010, outpatient emergency room visits did experience a slight decline of 2.2%, in part due to a slowdown in flu-related incidents. In

2010, the same-store revenue growth of 7.3% was split almost evenly between rate increases and volume growth.

The overall payor mix of the obligated group, which has historically been stable, is showing signs of a slight shift over the past several years. As of December 2010, the gross payor mix (excluding Bert Fish, University Community Hospital, and Helen Ellis Memorial Hospital) had health maintenance organizations, preferred provider organizations, and indemnity payors representing a combined 32.7% of gross patient revenues, down from 35.7% in 2008. Medicare is up slightly and represents 42.6%, compared with 41.5% in 2008 and Medicaid has increased to nearly 13%, from 10.3% in 2008. Self-pay has remained fairly stable at approximately 7.5% of gross patient revenues. Given the level of self-pay and larger copayments, AHS has made what we consider solid efforts to improve point-of-service collection. Although overall bad-debt expense has dropped from historical levels, it reflects increased classification of cases to charity (AHS has a comprehensive self-pay discount policy that allows for a sliding payment scale for people with income up to 400% of the federal poverty guidelines) and doesn't reflect a drop in AHS's treatment of uninsured patients. In our view, AHS is managing this financial load, wherever classified, within the current context of strong cash flow and margins.

Acquisitions

During the past several years, strategic acquisitions and building projects have both added to the size of AHS's operations and created further financial dispersion. This strategy continues with the most recent acquisition of Tampa-based University Community Hospital Inc. in 2010. The acquisition of Bert Fish Medical Center, located in Volusia County, Fla. was contested in court and as a result, AHS has initiated plans to pull out of the agreement. The 2010 acquisitions were relatively modest when compared with the total operating revenue of the system, and were not dilutive in a material way to the overall financial metrics based on fiscal 2010 results.

AHS has several joint-venture agreements in place and management has indicated that they continue to assess potential joint ventures, affiliations, and acquisitions on a case-by-case basis and will pursue only those organizations that fit within the strategic framework of the system.

Positive Financial Trends

AHS has a history of generating strong, and in recent years, improving operating surpluses. Fiscal 2010 results continued to be what we consider very solid with AHS generating a \$335 million (5.06%) operating surplus, versus \$285 million (4.74%) in 2009. Nonoperating income, which has historically been sound due to AHS's conservative investment policy, contributed to very strong overall excess income of \$447 million in fiscal 2010. Excess income may include some unrealized gains, as a portion of AHS's investment portfolio does not distinguish between the two. Typically, Standard & Poor's captures unrealized gains and losses in net asset changes but not excess income. AHS has in our view a conservative portfolio that is currently 75% invested in fixed-income securities, up from 65% in 2008, with a weighted average duration of five years or less.

We believe that operating results for the current year are very encouraging, highlighted by continued revenue growth and reflecting a combination of sound volume and price growth. Given the improved investment returns, AHS's consolidated EBIDA margin totaled 14.3% as of Dec. 31, 2010, which is comparable with fiscal 2009 results. The strong results contributed to maximum annual debt service coverage of 4.0x for fiscal 2010, which is slightly above the prior-year level of 3.7%. Fiscal 2010

coverage may be slightly overstated due to some portion of unrealized gains flowing through excess income, but the results are still in line with historical trends. Overall, we believe that profitability improvement generally reflects effective revenue-cycle management, solid managed-care contracting, cost-control efforts, successful integration of new acquisitions, and the divestiture of unprofitable subsidiaries. In general, management has not only focused on a strategy of system growth, but also one of operational improvement and integration, and it will continue to evaluate new business opportunities as they arise. Management has indicated there is an increase in interest from certain organizations in becoming part of AHS.

AHS's bottom-line performance has also benefited from management's investment strategies, which we regard as conservative, and which we believe allowed AHS to dodge the weak investment markets in the earlier part of the decade and in 2008 and the earlier part of 2009. For example, AHS modified its investment policy to produce a more predictable investment income: The system shifted to 10% equity investments from 70% during the second quarter of 2000, and the share of equities and alternative investments declined to 25% in 2009, from 35% in 2008, while the fixed-income allocation increased to 75% from 65%. The current asset allocation as of Dec. 31, 2010, was 75% fixed, 13% alternatives, and 12% equities. We believe the lower level of equities during the past few years has allowed AHS to avoid large unrealized gains or losses on its investment portfolio.

Strong Balance Sheet And Growing Liquidity

Unrestricted liquidity totaled \$3.7 billion as of Dec. 31, 2010, equal to what we consider a sound 229 days' cash on hand, up from nearly \$3.2 billion at fiscal year-end 2009. Over the past several years, overall liquidity improved steadily from slightly less than \$700 million and just 110 days' cash on hand at the end of fiscal 2000. We consider this a solid achievement because AHS's overall revenue growth has been robust, with revenues increasing to more than \$6.6 billion in 2010 from \$2.9 billion in 2001. However, unrestricted cash and investments of \$3.7 billion are only adequate for the rating level at 107% of total debt, but up from 99% in 2009 and 89% in 2008. Standard & Poor's has reclassified short-term financings in AHS's audit to long-term debt for the purpose of its ratio calculations.

The system's capital allocation plan calls for a spending target of 70% of EBIDA, with individual facilities retaining the ability to carry forward unspent amounts. Capital spending in 2010 was approximately \$435 million or 121% of depreciation. Even though a specified target level has driven capital spending, which has dropped compared with past levels, AHS has averaged what we consider strong capital spending of 167% of depreciation during the past five years. AHS's average age of plant is quite low at 8.5 years and net plant, property, and equipment has increased by 64% since the end of fiscal 2005.

Overall leverage is in our view moderately high for the rating at 43%. In our opinion, debt service as a percent of revenues is also high for the rating at 3.6%, but this level is down from previous years.

Debt Derivative Profile: Very Low Credit Risk

Adventist Health System/Sunbelt Obligated Group is a party to 11 floating-to-fixed rated swaps with a total notional of \$1.6 billion and seven total return swaps with a total notional amount of \$171 million, as follows:

- Three floating-to-fixed rate swaps with Morgan Stanley Capital Services Inc (A/Negative);
- Two floating-to-fixed rate swaps with Deutsche Bank AG (A+/Stable);

- Two floating-to-fixed rate swaps with SunTrust Bank (BBB+/Stable)
- Two floating-to-fixed rate swaps with Merrill Lynch Capital Services Inc. (A/Negative); and
- One floating-to-fixed rate swap with both Bear Stearns Capital Markets Inc.(A+/Stable) and Calyon (AA-/Negative)

Additionally, AHS is a party to seven total return swaps with Merrill Lynch Capital Services Inc. (A/Negative) with a total notional amount of \$165 million.

The purpose of these swaps is to minimize interest rate risk associated with the debt portfolio.

Standard & Poor's assigned Adventist Health System/Sunbelt Obligated Group a Debt Derivative Profile (DDP) overall score of '1.5' on a scale of '1' to '4', with '1' representing the lowest risk and '4', the highest. Given the negative mark-to-market value on the total swap portfolio, AHS was required to post collateral totaling approximately \$61 million as of Dec. 31, 2010. However, in our view, AHS has ample liquid resources to cover the collateral requirements. The overall score of '1.5' reflects Standard & Poor's view that AHS's swaps are a very low credit risk at this time.

Specifically, the factors affecting the DDP score include:

- A modest degree of termination risk, in our opinion, given the spread between AHS's 'AA-' rating and the collateral and termination triggers outlined in each counterparty agreement;
- A diverse mix of moderately rated swap counterparties, with collateral triggers mitigating AHS's risk;
- Average economic viability of the swap portfolio over stressful economic cycles; and
- Solid management practices, in our view, with formal debt and swap management policies under active development, although current management monitoring practices are sound.

Short-Term Debt Rating

The 'A-1+' short-term rating on the series 2007A, 2005I (maturing 2027 and 2029), 2003C and the 1995 bonds reflects our assessment of the ample liquidity and sufficiency of AHS's unrestricted investment assets. AHS has several available sources of funds to guarantee the full and timely purchase of any bonds tendered upon the event of a failed remarketing. These funds consist of its internally managed fixed-income portfolio, which has assets of approximately \$2.4 billion in short-duration, high quality, fixed-income securities as of Dec. 31, 2010. Management has established detailed procedures to meet liquidity demands on a timely basis.

Standard & Poor's will monitor the credit quality, liquidity, and sufficiency of the assets pledged by AHS. The credit quality profile is in our view high and reflects AHS's high credit policy standards, which call for all fixed-income securities in the internally managed fixed-income portfolio to be rated 'AA' or better.

Related Criteria And Research

- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- USPF Criteria: Debt Derivative Profile Scores, March 27, 2006
- USPF Criteria: Commercial Paper, VRDO, And Self-Liquidity, July 3, 2007

Ratings Detail (As Of 29-Mar-2011)

Colorado Hlth Fac Auth, Colorado

Adventist Hlth Sys/Sunbelt Obligated Grp, Florida

Colorado Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group)

Long Term Rating AA-/Stable Affirmed

Colorado Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) (BHAC) (SEC MKT)

Unenhanced Rating AA-(SPUR)/Stable Affirmed

Colorado Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) (SEC MKT)

Unenhanced Rating AA-(SPUR)/Stable Affirmed

Highlands Cnty Hlth Fac Auth, Florida

Adventist Hlth Sys/Sunbelt Obligated Grp, Florida

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group)

Long Term Rating AA-/A-1+/Stab'e Affirmed

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group)

Long Term Rating AA-/A-1+/Stable Affirmed

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) (ASSURED GTY) (SEC MKT)

Unenhanced Rating AA-(SPUR)/Stable Affirmed

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) (LASERS)

Long Term Rating AA-/Stable Affirmed

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) (MB'A) (National)

Unenhanced Rating AA-(SPUR)/Stable Affirmed

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) (MB'A) (National) (SEC MKT)

Unenhanced Rating AA-(SPUR)/Stable Affirmed

Highlands Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group) hosp VRDB ser 2006A

Unenhanced Rating AA-(SPUR)/Stable Affirmed

Long Term Rating AA+/A-1/Stable Affirmed

Illinois Educ'l Fac Auth, Illinois

Adventist Hlth Sys/Sunbelt Obligated Grp, Florida

Illinois Educational Facilities Authority (Adventist Health System/Sunbelt Obligated Group) (MBIA) (National)

Unenhanced Rating AA-(SPUR)/Stab'e Affirmed

Illinois Fin Auth (Adventist Health System/Sunbelt Obligated Group)

Unenhanced Rating AA-(SPUR)/Stab'e Affirmed

Kansas Dev Fin Auth, Kansas

Adventist Hlth Sys/Sunbelt Obligated Grp, Florida

Kansas Dev Fin Auth (Adventist Health System/Sunbelt Obligated Group)

Long Term Rating AA-/Stable Affirmed

Volusia Cnty Hlth Fac Auth, Florida

Adventist Hlth Sys/Sunbelt Obligated Grp, Florida

Volusia Cnty Hlth Fac Auth (Adventist Health System/Sunbelt Obligated Group)

Unenhanced Rating AA-(SPUR)/Stable Affirmed

Many issues are enhanced by bond insurance.

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Financial Viability Waiver

Standard and Poor's has rated our organization as AA- and therefore this section is not required.

1120.130 Financial Viability

Standard and Poor's has rated our organization as AA- and therefore this section is not required.



Adventist
Hinsdale Hospital
Keeping you well

September 5, 2012

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd floor
Springfield, Illinois 62761

Dear Ms. Avery:

As an authorized representative of Adventist Hinsdale Hospital and Adventist La Grange Memorial Hospital, I hereby attest that the estimated project costs and related costs will be funded primarily with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation. The only portion of the project which will not be funded with cash and equivalents is the PET/MRI which will be leased and is therefore considered to be debt financed. The lease of this proposed equipment is considered to be less costly than purchasing.

I also want to state than the method of financing this equipment will be done in the least costly manner available.

Sincerely,

Rebecca Mathis
Chief Financial Officer

Notarized:



Geraldine M. Riley
9/5/12

Attachment 42 (92)

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE																	
Department (list below)	A		B		C		D		E		F		G		H		Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Gross Sq. Ft. Mod.	Circ.	Const. \$ (A x C)	Mod. \$ (B x E)	Const. \$ (A x C)	Mod. \$ (B x E)			
CLINICAL																	
Contingencies	\$ -														\$ -	\$ -	\$ 1,079,668
Diagnostic Imaging	\$ 554		7,677			19%								\$ 4,253,058	\$ -	\$ 4,253,058	
Exam Suite	\$ 519		3,624			27%								\$ 1,880,856	\$ -	\$ 1,880,856	
Lab	\$ 466		793			7%								\$ 369,538	\$ -	\$ 369,538	
Medical Oncology	\$ 466		7,734			20%								\$ 3,604,044	\$ -	\$ 3,604,044	
Movable or Other Equipment (not in construction contracts)	\$ -													\$ -	\$ -	\$ 17,333,648	
PET/MRI	\$ 660		1,050			0%								\$ 693,000	\$ -	\$ 693,000	
Pharmacy	\$ 413		1,126			0%								\$ 465,038	\$ -	\$ 465,038	
Radiation Oncology	\$ 575		7,599			20%								\$ 4,369,425	\$ -	\$ 4,369,425	
Clinical Subtotal =	\$ 528.15		29,603											\$ 15,634,959	\$ -	\$ 34,048,275	
NON-CLINICAL																	
Admissions/Registration	\$ 220		1,398			6%								\$ 307,560	\$ -	\$ 307,560	
Café	\$ 356		1,254			0%								\$ 446,424	\$ -	\$ 446,424	
Conference/Education	\$ 310		1,224			0%								\$ 379,440	\$ -	\$ 379,440	
Contingencies	\$ -													\$ -	\$ -	\$ 874,312	
Exterior Walls (First Floor)	\$ 201		1,116			0%								\$ 224,316	\$ -	\$ 224,316	
Exterior Walls (Second Floor)	\$ 201		448			0%								\$ 90,048	\$ -	\$ 90,048	
Horizontal Circulation (First Floor)	\$ 356		2,993			100%								\$ 1,065,508	\$ -	\$ 1,065,508	
Horizontal Circulation (Second Floor)	\$ 356		0			0%								\$ -	\$ -	\$ -	
Mechanical	\$ 200		1,111			0%								\$ 222,200	\$ -	\$ 222,200	
Movable or Other Equipment (not in construction contracts)	\$ -													\$ -	\$ -	\$ 500,000	
Office Suite	\$ 217		5,440			23%								\$ 1,180,480	\$ -	\$ 1,180,480	
Plant Operations/EVS	\$ 200		1,680			0%								\$ 336,000	\$ -	\$ 336,000	
Public Lobby	\$ 217		4,068			28%								\$ 882,756	\$ -	\$ 882,756	
Retail	\$ 220		347			0%								\$ 76,340	\$ -	\$ 76,340	
Staff Area (Locker/lounge)	\$ 356		896			10%								\$ 318,976	\$ -	\$ 318,976	
Vertical Circulation (First Floor)	\$ 356		1,005			100%								\$ 357,780	\$ -	\$ 357,780	
Vertical Circulation (Second Floor)	\$ 356		1,005			100%								\$ 357,780	\$ -	\$ 357,780	
Non-Clinical Subtotal =	\$ 260.40		23,985											\$ 6,245,608	\$ -	\$ 7,619,920	
GRAND TOTALS =	\$ 408.31		53,588											\$ 21,880,567	\$ -	\$ 41,666,195	

Criterion 1120.31(c), Reasonableness of Project Costs

Category	Cost	State Standard	% of Cost	Under State Norm
Preplanning	\$45,000	1.8% of construction + modernization + contingency + equipment	0.12%	Yes
Site Survey and Preparation	\$1,234,829	5% of construction + modernization + contingency	5%	Yes
Off Site Work	\$0	None	N/A	N/A
Consulting and Other Fees	\$1,753,535	None	N/A	N/A
Other Costs to be Capitalized	\$3,760,658	None	N/A	N/A
Architectural/Engineering	\$1,327,020	For projects with construction + modernization + contingency between 20 million and 25 million the standard is between 4.93 and 7.4%	5.6%	Yes

The detailed lists of items that do not have State standards are below:

- Moveable or Other Equipment – Equipment not listed below will be moved from Adventist Hinsdale Hospital; Adventist La Grange Memorial Hospital's Cancer Treatment Pavilion and/or the Hinsdale Imaging Center.

Item	Cost
IT/Telecommunications	\$274,887
Major Medical Equipment:	
Linear Accelerator (2)	\$8,500,000
Ultra-sound (2)	\$520,000
General X-Ray (2)	\$494,119
Digital Mammography (2)	\$1,113,240
Stereotactic System (1)	\$6,150
Densitometer (1)	\$53,580
CT Scanner (1)	\$64,500
PET/MRI (1)*	\$5,000,000
Analyzer (1)	\$28,000
Other Medical Equipment	\$1,779,172
Total Moveable or Other Equipment	\$17,833,648

*Leased equipment

- Off Site Work – there were no costs identified as off-site work
- Consulting and Other Fees

Item	Cost
CON Application Fees and Services	\$120,000
Village Approvals	\$87,500
Traffic Study	\$5,500
Const. Materials Testing	\$103,277
Water Intrusion Prevention	\$33,000
MEP Commissioning	\$120,000
Transition Planning Services	\$40,000
Environmental Assessment	\$2,000
Private Utility Locates	\$2,500
Bio-Med Grnding & Certific.	\$3,000
Professional Management Services	\$690,000
Plan Review Fees	\$546,758
Total Consulting and Other Fees	\$1,753,535

- Other Costs to be Capitalized

Item	Cost
General Conditions	\$35,000
Surveying	\$23,500
Overtime Allowance	\$8,000
Street Cleaning	\$6,000
Temporary Fencing	\$6,400
Street Barricades and Signage	\$99,440
Temporary Roads	\$15,000
Demolition	\$90,000
Ogden Ave Beautification	\$150,000
Maintenance Shed	\$30,000
Excavation	\$174,500
Landscaping	\$720,000
Sealant	\$8,000
Flag Poles	\$2,700
Parking Controls	\$25,000
Permits	\$5,000
CN Fee	\$51,643
Insurance	\$27,405
Performance and Payment Bond CM	\$19,213
SubGuard (Sub Contractors)	\$40,500
Site Contingency	\$139,357
Electrical Service/ComEd	\$900,000
Misc. Utilities	\$30,000
Site Security	\$10,000
Hazardous Materials Abatement	\$7,500
Final Medical Cleaning	\$3,500
Move Related Costs	\$60,000
Marketing	\$25,000
Furniture	\$705,000
Signage	\$215,000
Artwork	\$128,000
Total Other Costs to be Capitalized	\$3,760,658

SAFETY NET IMPACT STATEMENT

Safety Net Services in the Community

The proposed project is not designed to have, nor to our knowledge will it have, any impact on essential safety net services in the community.

Safety Net Services at other area hospitals and health care providers

Other area hospitals provide safety net services in the community. The proposed project is not designed to, nor to our knowledge will it impair their ability to, subsidize their safety net services. This project is a replacement and consolidation of services at Adventist Hinsdale Hospital and Adventist La Grange Memorial Hospital and, as such, should have no impact at all on other area hospitals.

Discontinuation of Safety Net Services

There is no discontinuation of a category of service or a facility included in the proposed project, therefore, this section does not apply.

Community Benefit

To help meet the needs of our community during FY'11 **Adventist Hinsdale Hospital** contributed over **\$40** million in community benefits. Our community benefit contribution is distributed as follows:

Language Assistance Services:	\$ 123,718
Government Sponsored Indigent Health Care	\$ 29,112,689
Donations	\$ 794,688
Volunteer Services	\$ 179,128
Education	\$ 5,402,774
Research	\$ 212,148
Subsidized health services	\$ 346,136
Bad Debt expense	\$ 470,645
Other Community Benefits	\$ 1,002,232
Charity Care	\$ 2,377,086

In FY'11 **Adventist La Grange Memorial Hospital** contributed over **\$22.5** million in community benefits. Our community benefit contribution is distributed as follows:

Language Assistance Services:	\$ 53,417
Government Sponsored Indigent Health Care	\$ 15,204,922
Donations	\$ 191,840
Volunteer Services	\$ 145,335
Education	\$ 3,758,797
Research	\$ 117,423
Subsidized health services	\$ 162,365
Bad Debt expense	\$ 445,224
Other Community Benefits	\$ 732,343
Charity Care	\$ 1,694,861

SAFETY NET INFORMATION**CHARITY CARE - Adventist Hinsdale Hospital**

Charity (# of patients)	2009	2010	2011
Inpatient	348	186	188
Outpatient	1,809	1,209	977
Total	2,157	3,405	3,176

Charity (cost in dollars)

Inpatient	\$1,558,294	\$1,679,083	\$1,383,144
Outpatient	\$1,760,143	\$1,100,048	\$993,942
Total	\$3,318,437	\$2,779,131	\$2,377,086

MEDICAID

Medicaid (# of patients)	2009	2010	2011
Inpatient	973	1,073	1,106
Outpatient	42,139	45,940	43,352
Total	43,112	47,013	44,458

Medicaid (revenue)

Inpatient	\$8,057,910	\$9,700,116	\$13,061,271
Outpatient	\$7,181,156	\$7,066,441	\$9,061,936
Total	\$15,239,066	\$16,766,557	\$22,123,207

SAFETY NET INFORMATION

CHARITY CARE - Adventist La Grange Memorial Hospital

Charity (# of patients)	2009	2010	2011
Inpatient	259	195	133
Outpatient	1681	3154	480
Total	3949	5359	2624

Charity (cost in dollars)	2009	2010	2011
Inpatient	\$1,395,291	\$1,230,059	\$760,679
Outpatient	\$1,336,192	\$1,220,259	\$934,182
Total	\$2,731,483	\$2,450,318	\$1,694,861

MEDICAID

Medicaid (# of patients)	2009	2010	2011
Inpatient	553	675	605
Outpatient	11,458	12,195	8,582
Total	12011	12870	9187

Medicaid (revenue)	2009	2010	2011
Inpatient	\$6,143,984	\$4,321,178	\$5,007,354
Outpatient	\$5,046,469	\$5,142,266	\$5,959,492
Total	\$11,190,453	\$9,463,444	\$10,966,846

Charity Care

Adventist Hinsdale Hospital and Adventist La Grange Memorial Hospital
FYE 2009 - 2011

Adventist Hinsdale	2009	2010	2011
Net Patient Revenue	286,681,356	290,614,562	298,983,115
Charity (charges)	13,544,638	12,297,039	10,593,074
Charity (cost)	3,318,437	2,779,131	2,377,086

Adventist La Grange	2009	2010	2011
Net Patient Revenue	165,717,499	152,850,818	167,322,133
Charity (charges)	11,058,633	11,037,467	7,466,349
Charity (cost)	2,731,483	2,450,318	1,694,861

Source: Annual Hospital Questionnaire

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Adventist Midwest Health

Mailing Address: 120 N. Oak Street Hinsdale, IL 60521
(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: 01 / 01 / 11 through 12 / 31 / 11 Taxpayer Number: 59-2170012
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.

Hospital Name	Address	FEIN #
<u>Adventist Hinsdale Hospital</u>	<u>120 N. Oak St.; Hinsdale, IL 60521</u>	<u>36-2274984</u>
<u>Adventist LaGrange Memorial Hospital</u>	<u>510 S. Willow Springs Road LaGrange, IL 60525</u>	<u>26-4251550</u>
<u>Adventist Glen Oaks Hospital</u>	<u>701 Winthrop Ave; Bensenville, IL 60139</u>	<u>36-3208390</u>
<u>Adventist Bolingbrook Hospital</u>	<u>510 Remington Rd; Bolingbrook, IL 60440</u>	<u>65-1219504</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 I, PPS Inpatient Ratios), not the charges for the services.

 Charity Care..... \$ 10,560,436

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>288,662</u>
Government Sponsored Indigent Health Care	\$ <u>64,766,381</u>
Donations	\$ <u>1,100,329</u>
Volunteer Services	
a) Employee Volunteer Services	\$ <u> </u>
b) Non-Employee Volunteer Services	\$ <u>440,496</u>
c) Total (add lines a and b)	\$ <u>440,496</u>
Education	\$ <u>9,319,684</u>
Government-sponsored program services	\$ <u> </u>
Research	\$ <u>473,910</u>
Subsidized health services	\$ <u>770,023</u>
Bad debts	\$ <u>2,614,881</u>
Other Community Benefits	\$ <u>2,640,177</u>

Attach a schedule for any additional community benefits not detailed above.

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.

Anne Herman, Compliance Officer,
Name / Title (Please Print)

630.856.4572
Phone: Area Code / Telephone No.

Anne Herman
Signature

6/26/2012
Date.

Anne Herman
Name of Person Completing Form

630.856.4572
Phone: Area Code / Telephone No.

anne.herman@ahss.org
Electronic / Internet Mail Address

630.856.4522
FAX: Area Code / FAX No.



**VILLAGE
OF HINSDALE** FOUNDED IN 1873
19 EAST CHICAGO AVENUE
HINSDALE, ILLINOIS 60521-3489 • (630) 789-7000
Village Website: <http://www.villageofhinsdale.org>

POLICE DEPARTMENT 789-7070
FIRE DEPARTMENT 789-7060
121 SYMONDS DRIVE

VILLAGE PRESIDENT
Tom Cauley

TRUSTEES
J. Kimberley Angelo
Christopher J. Elder
Doug Geoga
William N. Haarlow
Laura LaPlaca
Bob Saigh

July 19, 2012

Ms. Courtney R. Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Adventist Cancer Institute

Dear Ms. Avery:

Please accept this letter in support of Adventist Hinsdale Hospital's proposed development of an outpatient cancer center.

For more than 100 years, Adventist Hinsdale Hospital has been providing quality care to the residents of Hinsdale. Because almost every family is affected by cancer in some way, the plan to build a state-of-the-art cancer center is vital to the health of our community. This center will provide easy access to cancer treatment in a family-friendly environment.

Not only will this cancer center deliver comprehensive cancer treatment, but it will also provide many construction and clinical jobs during this time of high unemployment, enhancing both economic development and patient care. I am proud to support this project.

Thank you for your consideration.

Sincerely,

David Cook
Village Manager

ROBERT G. RETTIG
102 BURR RIDGE CLUB DR.
BURR RIDGE, IL 60527

July 31, 2012

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

RE: Letter of support for Adventist Cancer Institute,
Hinsdale, Illinois

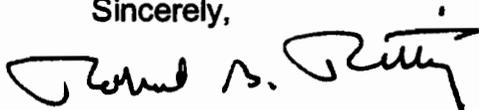
Dear Ms. Avery:

I am writing you to add my support for the new cancer center in Hinsdale. It will replace the outpatient cancer services provided by Adventist Hinsdale Hospital and Adventist La Grange Memorial Hospital. With the new facility, cancer care will be more convenient for people in a dedicated outpatient building. Having all services in one location will make for easier, faster, dedicated care.

Some years ago I experienced the wonderful care given by the Adventist system at Adventist Hinsdale Hospital. My wife was diagnosed with ovarian cancer and we could have gone anywhere for her care. After reviewing her alternatives, we realized she could receive world class care in our own back yard in a community hospital staffed by caring individuals.

It is my hope that you will approve this application so this caring service will continue and be expanded to serve the greater community.

Sincerely,



Robert G. Rettig

Arnold Kupec
6140 S. Park Ave.
Burr Ridge, IL 60527
630-655-3169
ackchoo@comcast.net

Ms. Courtney R. Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Ave
2nd Floor
Springfield, IL 62761

July 31, 2012

Dear Ms. Avery,

Healthcare has become one of the most important subjects in America today. New and efficient ways must be found to serve the public, providing the best treatments and yet containing costs at a reasonable level.

The proposed Cancer Treatment Center by Adventist Health at Ogden Avenue and Interstate 294, Hinsdale, is an important step for this community to achieve those goals. By modernizing and consolidating services Adventist will offer up-to-date computerized imaging, radiation treatment and chemotherapy services in a centralized location.

The mere act of acquiring new equipment allows for taking advantage of more powerful and efficient equipment for both scanning and treatment. With Adventist Health having four hospitals in the area this one location can serve all and preclude costly duplication which might otherwise occur.

Adventist is a dedicated organization offering a high level of service standards. I say this not from reading ratings in periodicals but from my personal experiences at other facilities such as the University of Chicago Hospital and Northwestern University. My treatment record (which is altogether too long) includes such things as heart surgery, a stem cell transplant, additional cancer treatments and several emergency room visits. I have been consistently treated with great care and professionalism for over 25 years. I would never have been treated better elsewhere. Again, I say this from personal experience.

Please do your part in approving the establishment of the Adventist Cancer Treatment Center.

Sincerely,



Arnold C. Kupec

Survivor: 10 years Multiple Myeloma, 7 years Carcinoid

Atrial Septal Defect repair, Autologous stem cell transplant, both at Adventist Hinsdale Hospital.

And more.

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd floor
Springfield, IL 62761

Re: Letter of Support for Adventist Cancer Institute, Hinsdale, Illinois

July 18, 2012

Dear Ms. Avery:

I am writing in support of the Adventist Health Systems' certificate of need application for the proposed Adventist Cancer Institute in Hinsdale, IL.

The proposed Adventist Cancer Institute will consolidate and strengthen cancer services for patients in the Hinsdale, La Grange, and neighboring suburbs. It will provide comprehensive outpatient services including advanced imaging, medical consultation, chemotherapy, and radiation oncology in a comfortable, convenient environment.

A comprehensive Cancer Institute will bring together the team of health care providers that are necessary to manage each patient's condition. Currently, our providers are in separate locations, which adds difficulty and complexity and is not conducive to coordinated cancer care.

As a long time resident and physician actively involved in the community, I firmly believe the proposed Adventist Cancer Institute will serve and greatly benefit our community.

Thank you for your consideration.

Sincerely,



Scott K. Lee, MD
President, Suburban Radiologists, S.C.



SUBURBAN RADIOLOGISTS s.c.

2000 Spring Road, Suite 200 • Oak Brook, Illinois 60523 • (630) 472-8800 • Fax (630) 472-9502

July 6, 2012

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd floor
Springfield, IL 62761

Re: Letter of Support for Adventist Cancer Institute, Hinsdale, Illinois

Dear Ms. Avery:

I am writing in support of the request by Adventist Health Systems for a certificate of need for their proposed Adventist Cancer Institute.

My professional career at Adventist Hinsdale Hospital began in May 1987. Since that time the care of cancer patients has changed in so many ways. Two of the most important changes, in my experience, are the advances that have occurred both in technology (particularly in diagnostic radiology and radiation oncology) and in the multidisciplinary approach (cooperation/communication between the various specialists) used in caring for these patients.

With the creation of the Adventist Cancer Institute, we will have the opportunity to provide both state-of-the-art technology for the care of our patients and an environment facilitating their care by various specialists. It also will consolidate services that the Adventist Health System currently provides at multiple sites in the western suburbs of Chicago.

Thank you for your consideration of my letter.

Sincerely,

Sara L. Anschuetz, MD
Radiologist, Hinsdale Imaging Center



Adventist
La Grange Memorial Hospital
Keeping you well

July 13, 2012

Ms. Courtney R. Avery
Illinois Health Facilities and Services Review Board
525 W. Jefferson
2nd Floor
Springfield, IL 62761

Re: Adventist Midwest Health Cancer Center in Hinsdale, IL

Dear Ms. Avery:

I am writing to express my strongest support for Adventist Midwest Health's application for a certificate of need for their proposed cancer center in Hinsdale, Illinois. As a radiation oncologist, caring for cancer patients at Adventist LaGrange Memorial Hospital and Adventist Hinsdale Hospital, I feel the move to a combined center is critical. First, by moving to a combined cancer center, we will be able to pool resources to build and maintain a department with state-of-the-art technology. We will be better able to keep pace with the continued innovations in the field of radiation oncology. Lastly, we will be better able to take advantage of the communication and collaboration among specialists practicing in one center.

All of these factors will facilitate our delivering the highest quality of care to our patients and offering to them the greatest advantage to cure their cancers.

Thank you for your consideration.

Sincerely,

Katherine F. Baker, M.D.
Radiation Oncology



LA GRANGE ONCOLOGY ASSOCIATES, S.C.

James E. Hannigan, M.D.
Michael B. McCrohan, M.D.
Renee H. Jacobs, M.D., F.A.C.P.

Warren C. Wong, M.D., M.P.H.
Rekha R. Harting, M.D.

July 18, 2012

Ms. Courtney R. Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, IL 62761

Dear Ms. Avery:

I am writing to support the request for a Certificate of Need in order to build the Adventist Cancer Institute in Hinsdale. I have been a Medical Oncologist in the area for twenty-four years, having trained at the University of Chicago and Johns Hopkins. In the 1970's the National Cancer Institute made a commitment to educate and train cancer professionals who would then go and practice where the patients lived and worked, so that those needing cancer treatment need not travel great distances for care.

In order for us to effect this care in our communities we need the tools with which to work. This Cancer Center will be a valuable asset for our patients, the community and the health care professionals that will work there. This Center will replace, not add to, the La Grange Center and the treatment-facility now located in the basement of Hinsdale Hospital. The La Grange Center, where I work, was state-of-the-art when it opened, but this was a quarter century ago. Many, many improvements in cancer care have come along in that time and we wish to have them available here.

I and my partners, who have trained at Loyola, Rush, and the University of Chicago support this request. Need I add that our patients do, also?

Thank you for the time that you will spend considering this request.

Respectfully,

James E. Hannigan, M.D.
President, LaGrange Oncology Associates

1325 Memorial Drive
La Grange, IL 60525
Phone: (708) 579-3418
Fax: (708) 579-3485

4400 95th St., Suite 308
Oak Lawn, IL 60453
Phone: (708) 346-9935
Fax: (708) 346-9663

109

HINSDALE HEMATOLOGY ONCOLOGY

Donald L. Sweet, M.D., F.A.C.P.
Patricia J. Madej, M.D.
Karen G. Louie, M.D., F.A.C.P.
Christine S. Winter, M.D., F.A.C.P.
Elyse C. Schneiderman, M.D.
Lisa E. Flaum, M.D.
Neel Shah, M.D.

908 N. Elm Street, Suite 210 Hinsdale, IL 60521
396 Remington Blvd., Suite 141 Bolingbrook, IL 60440
Phone: (630) 654-1790
Fax: (630) 654-1845
Web: www.hhoaltd.com

July 16, 2012

Ms. Courtney R. Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
2nd floor
Springfield, IL 62761

RE: Adventist Midwest Health Cancer Center

Dear Ms. Avery:

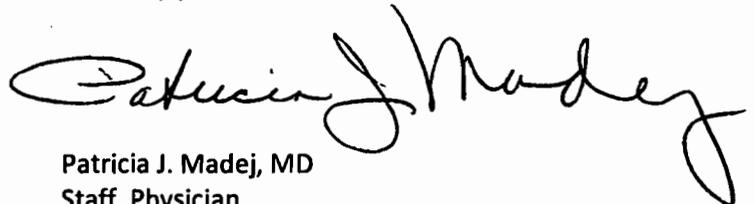
This letter is in support of the request from Adventist Midwest Health Systems to construct a cancer Center on Ogden Avenue in Hinsdale Illinois.

As a physician caring for cancer patients in our community for over 25 years, I have experienced first-hand the skill, knowledge, professionalism rendered by our system and my physician colleagues. Since we are operating out of two major hospitals (Hinsdale and LaGrange, as well as an off-site Imaging Center), it has sometimes been a challenge to coordinate services. Our new Cancer Center will consolidate and unify our services, and provide for comprehensive and convenient patient care. The essential services will now all be under one roof and will be truly patient-centered. We will be able to practice cancer medicine in a modern, up-to-date setting that not only delivers cutting edge technology and medical care, but in a setting of comfort, convenience and , through education and coordination, patient empowerment.

The new location, at the junction of Ogden Avenue and I-294, will allow ease of access and convenience not only to members of the immediate community but to patients who have sometimes travelled as far away from the far north suburbs or Indiana. The setting will be one of peace and grace, keeping with the traditional Adventist health care philosophy.

This Cancer Center has been long-awaited and will benefit the citizens our community and the State.

Sincerely yours,



Patricia J. Madej, MD
Staff Physician
Medical Director, Comprehensive Breast Center

HINSDALE HEMATOLOGY ONCOLOGY

Donald L. Sweet, M.D., F.A.C.P.
Patricia J. Madej, M.D.
Karen G. Louie, M.D., F.A.C.P.
Christine S. Winter, M.D., F.A.C.P.
Elyse C. Schneideman, M.D.
Lisa E. Flamm, M.D.
Neel Shah, M.D.

908 N. Elm Street, Suite 210 Hinsdale, IL 60521
390 Remington Blvd., Suite 141 Bolingbrook, IL 60440
Phone: (630) 654-1790
Fax: (630) 654-1845
Web: www.nhcoltd.com

July 6, 2012

Ms. Courtney R. Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson St, 2nd Floor
Springfield, IL 62761

Re: The Adventist Cancer Institute at Ogden Ave & Tollway 294 in Hinsdale, Illinois

Dear Ms. Avery:

This is a letter of strong support for the construction of a regional cancer center, The Adventist Cancer Institute, at Ogden Ave and Tollway 294 in Hinsdale, Illinois. This site is conveniently located for access from all directions. It will provide a complete continuum of cancer care and support including the Wellness House. This facility will obviate the need for patients to drive into the city for care. The medical staff is very competent and dedicated to the community setting of cancer care. The executive Director, Christine VanDeWege, has an experiences and successful history of building cancer programs.

I strongly urge the approval of this center. Our community will be very grateful.

Sincerely,

Donald Sweet, MD
Dr Donald Sweet, MD, F.A.C.P.





Lanny F. Wilson, M.D.

Suite 201

950 York Road

Hinsdale, Illinois 60521

Obstetrics & Gynecology

Telephone (630) 920-9200

Fax (630) 920-9250

July 17, 2012

Ms. Courtney R. Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Re: Project 12,013, Regional Cancer Center Support

Dear Ms. Avery:

As both a resident and physician in Hinsdale for the past thirty-two years, I enthusiastically support the certificate of need for which Adventist Hinsdale Hospital has applied. The development of its Regional Cancer Center is critical given the culture of collaboration which this institution is creating.

Adventist Hinsdale Hospital has a long-standing commitment to providing the residents in Hinsdale and the surrounding community with exceptional inpatient and outpatient care. I have experienced their excellent care for my family, and I have witnessed it during the care of my patients.

The proposed Regional Cancer Center will permit the consolidation of services that are currently being provided in multiple locations. This state-of-the-art facility has the potential of creating a superior patient experience by partnering with world class academic medical and specialty providers. The Adventist Hinsdale Hospital philosophy encourages a compassionate and holistic approach to health care delivery.

For years to come, this project will be an investment in the health and well-being of patients and families living with cancer. I am proud to support such a vital endeavor.

Sincerely,

Lanny F. Wilson, M.D.

July 5, 2012

Ms. Courtney R. Avery

Illinois Health Facilities and Services Review Board

525 W. Jefferson

Second floor

Springfield, IL 62761

Dear Ms. Avery:

I am writing this letter in support of the Adventist Health System's application for a comprehensive cancer center. As the head of Thoracic Surgery at Hinsdale Hospital and the Director of their multidisciplinary Lung Cancer program, I am in strong support of developing a freestanding center that provides multidisciplinary and complementary care to our cancer patients. In addition to providing one-stop treatment and supportive services under one roof, this will allow caregivers of all specialties to work together providing state of the art patient care.

The treatment of cancer is becoming more and more a collaboration of specialists often using complex treatment plans involving radiation chemotherapy and surgery to offer the best chance for cure. Supportive services during these difficult treatments can significantly improve the patient's and family's quality of lives during this difficult time. In addition, we are seeing more patients living longer with cancer and in many cases it is turned into a chronic condition rather than a life-threatening acute event. An all-inclusive center to treat our patients near their homes will benefit the community greatly.

Sincerely,



Michael J. Liptay, MD

Chief, Thoracic Surgery

Adventist Health System

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/Coapplicant Identification including Certificate of Good Standing	24, 25
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34-35
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	36
5	Flood Plain Requirements	37, 38
6	Historic Preservation Act Requirements	39
7	Project and Sources of Funds Itemization	40
8	Obligation Document if required	41
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12	Purpose of the Project	56-63
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17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	N/A
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	General Long Term Care	N/A
29	Specialized Long Term Care	N/A
30	Selected Organ Transplantation	N/A
31	Kidney Transplantation	N/A
32	Subacute Care Hospital Model	N/A
33	Post Surgical Recovery Care Center	N/A
34	Children's Community-Based Health Care Center	N/A
35	Community-Based Residential Rehabilitation Center	N/A
36	Long Term Acute Care Hospital	N/A
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