

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD RECEIVED APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JUL 01 2013

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	The Julia Rackley Perry Memorial Hospital		
Street Address:	530 Park Avenue East		
City and Zip Code:	Princeton	61356	
County:	Bureau	Health Service Area	2 Health Planning Area: C-02

Applicant /Co-Applicant Identification

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

Exact Legal Name:	n/a - no co-applicant
Address:	
Name of Registered Agent:	
Name of Chief Executive Officer:	
CEO Address:	
Telephone Number:	

Type of Ownership of Applicant/Co-Applicant

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

- Corporations and limited liability companies must provide an Illinois certificate of good standing.
- 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:	Rex D. Conger, FACHE
Title:	President / CEO
Company Name:	Perry Memorial Hospital
Address:	530 Park Avenue East
Telephone Number:	815-876-2234
E-mail Address:	RConger@perryhospital.org
Fax Number:	815-872-6006

Additional Contact

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

Name:	
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**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:	Rex D. Conger
Title:	President/CEO
Company Name:	Perry Memorial Hospital
Address:	530 Park Avenue East
Telephone Number:	815-876-2234
E-mail Address:	RConger@PerryMemorial.org
Fax Number:	815-872-6006

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	City of Princeton
Address of Site Owner:	2 S Main Street Princeton IL 61356
Street Address or Legal Description of Site:	
<p>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.</p>	
<p><b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>	

**Operating Identity/Licensee**

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

Exact Legal Name:	The Julia Rackley Perry Memorial Hospital		
Address:	530 Park Avenue East		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input checked="" type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<p><b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>			

**Organizational Relationships** n/a no co applicant

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**

*n/a - discontinuation of service*

[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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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**

*n/a - discontinuation of service*

[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)]

Part 1110 Classification:

- Substantive
- Non-substantive

Part 1120 Applicability or Classification:  
[Check one only.]

- Part 1120 Not Applicable
- Category A Project
- Category B Project
- DHS or DVA Project

**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 Julia Rackley Perry Memorial Hospital, located at 530 Park Avenue East in Princeton 61356, has a non-substantive project to close the Women's Health Care Unit, which includes maternal and neonatal services effective January 1, 2014. We anticipate using the four rooms, currently used for maternal and neonatal services, for medical/surgical beds. The use of these rooms for medical/surgical beds will allow us to continue to have 25 inpatient beds available to meet the Critical Access Hospital requirements.

**Project Costs and Sources of Funds** *n/a - discontinuation of services*

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)			
<b>TOTAL USES OF FUNDS</b>			
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			
<b>TOTAL SOURCES OF FUNDS</b>			
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs** *n/a - discontinuation of services*

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** *n/a - discontinuation of services*

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): \_\_\_\_\_

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** *n/a - discontinuation of services*

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**     *n/a - discontinuation of services*

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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

**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: <u>The Julia Rackley Perry Memorial Hospital</u>		CITY: <u>Princeton</u>			
REPORTING PERIOD DATES:		From: <u>Jan. 1, 2012</u> to: <u>Dec. 31, 2012</u>			
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	18	956	1681	+4	22
Obstetrics	4	115	171	-4	∅
Pediatrics	∅	∅	∅	∅	∅
Intensive Care	3	99	152	∅	3
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:	25	1170	2004	∅	25

**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 The Julia Backley Perry Memorial Hsp 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.

Rex D. Conger  
 SIGNATURE  
Rex D. Conger  
 PRINTED NAME  
President / CEO  
 PRINTED TITLE

Rick Clary  
 SIGNATURE  
Rick Clary  
 PRINTED NAME  
Chairman, Board of Directors  
 PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 24 day of June 2013

Notarization:  
Subscribed and sworn to before me  
this 24 day of June 2013

Jean F. Welte  
 Signature of Notary  
 Seal  
 NOTARY PUBLIC - STATE OF ILLINOIS  
 MY COMMISSION EXPIRES: 11/16/14  
 JEAN F WELTE  
 OFFICIAL SEAL  
 \*Insert EXACT legal name of the applicant

Jean F. Welte  
 Signature of Notary  
 Seal  
 OFFICIAL SEAL  
 JEAN F WELTE  
 NOTARY PUBLIC - STATE OF ILLINOIS  
 MY COMMISSION EXPIRES: 11/16/14

**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.**

<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

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
<b>Net Patient Revenue</b>			
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.

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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	
2	Site Ownership	56-57
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	58-59
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	
44	Charity Care Information	60

**ARTICLE I. IN GENERAL****Secs. 10-1—10-25. Reserved.****ARTICLE II. PERRY MEMORIAL HOSPITAL\*****Sec. 10-26. Recreation.**

There is hereby recreated and reestablished, and there is hereby ordered to be maintained, a public hospital for the use and benefit of the inhabitants of the city, under and by virtue of the terms and provisions of an Act of the General Assembly of the state entitled "An Act to enable cities to establish and maintain public hospitals," approved on June 17, 1891 and in force on July 1, 1891, and all subsequent statutes applicable. (Code 1974, § 8-9-2)

**State law reference**—Hospitals in cities of less than 100,000, 65 ILCS 5/11-23-1 et seq.

**Sec. 10-27. Name.**

By the terms of the last will and testament of Julia Rackley Perry, deceased, it was provided that the hospital created by the fund donated in such will shall be known, as long as it shall exist, as "The Julia Rackley Perry Memorial Hospital." Therefore, the hospital is hereby so named as long as it shall exist.

(Code 1974, § 8-9-1)

**Sec. 10-28. Taxation.**

A tax for a public hospital, as approved by the electors of the city, shall be levied and collected in like manner with other general taxes of the city and shall be known as the "hospital fund"; the council shall include and appropriate in the annual appropriation bill of the city such sum or sums of money as may be deemed necessary to defray all necessary expenses and liabilities of such public hospital.

(Code 1974, § 8-9-3)

**Cross reference**—Finance and taxes, Ch. 6.

**State law reference**—Establishment of municipal hospital, referendum, tax levy, 65 ILCS 5/11-23.1.

\***Cross references**—Supervision of hospital by mayor, § 2-53; board of hospital directors, § 3-141 et seq.

**Sec. 10-29. Benefits.**

The public hospital recreated in this article shall be for the benefit of the inhabitants of the city who are sick, injured or maimed. Reasonable compensation for occupancy, nursing care, medicines or attendance shall be paid according to the rules and regulations prescribed by the board of directors. The hospital shall always be subject to such reasonable rules and regulations as the board of directors may adopt in order to render the use of the hospital of the greatest benefit to the greatest number. The board may exclude from the use of the hospital all inhabitants and persons who wilfully violate such rules or regulations. The board may extend the privileges and use of the hospital to persons residing outside the city but within this state, but upon such terms and conditions as the board may prescribe by its rules and regulations.

(Code 1974, § 8-9-4)

**Cross reference**—Board of hospital directors, § 3-141 et seq.

**State law reference**—Similar provisions, 65 ILCS 5/11-23-7.

**Sec. 10-30. Accounts.**

The board of directors of the hospital recreated in this article shall, in the name of the city, receive and collect all moneys due as specified in section 10-29. The board of directors shall make, on or before the second Monday in June, an annual report to the council stating the condition of their trust on the first day of June of that year, the various sums of money received from the hospital fund and from other sources, and how such money has been expended and for what purposes; and the number of patients and such other statistics, information and suggestions as the board may deem of general interest.

(Code 1974, § 8-9-5)

**State law reference**—Similar provisions, 65 ILCS 5/11-23-8.

**Sec. 10-31. Regulations.**

The physicians, nurses, attendants, patients, all persons approaching or coming within the limits of the hospital, and all furniture and other

articles used or brought there shall be subject to such rules and regulations as the board of directors prescribe.

(Code 1974, § 8-9-6)

**State law reference**—Similar provisions, 65 ILCS 5/11-23-9.

**Sec. 10-32. Donations.**

Any person who shall desire to make donations of money to the hospital recreated in this article, for any purpose, shall be authorized so to do, providing the terms and conditions of such gifts are acceptable to the board of directors of the hospital, and such directors are authorized to accept such donations and comply with the conditions, if any, thereto attached, if in their discretion it shall be for the benefit of the people of the city and such hospital.

(Code 1974, § 8-9-7)

**State law reference**—Donations, 65 ILCS 5/11-23-10.

**Sec. 10-33. Physicians.**

(a) Physicians may be accepted to the hospital's medical staff who are in fact graduates of an approved medical or dental school and who are licensed to practice by the state department of registration and education. Such appointments to the medical staff and designation of privileges shall be made in conformance with the bylaws, rules and regulations of both the board of directors of the hospital and the medical staff.

(b) All physicians who are recognized as legal practitioners by the state department of registration and education shall have equal privileges in treating patients in the hospital.

(Code 1974, § 8-9-8)

**State law reference**—Equal privileges of physicians, 65 ILCS 5/11-23-11.

**Secs. 10-34—10-50. Reserved.**

**ARTICLE III. POLICE DEPARTMENT\***

**Sec. 10-51. Composition.**

The police department shall consist of its chief of police, who shall have supervision over the department, and such other officers and members as may be provided for by ordinance.

(Code 1974, § 1-15-1)

**Sec. 10-52. Chief—Generally.**

There is hereby created the office of chief of police. He shall be the chief officer of the police department and shall be appointed by the mayor, by and with the consent of the council.

(Code 1974, § 1-15-2; Ord. No. 0-42-99-10-4, § 1, 10-4-99)

**Sec. 10-53. Same—Oath.**

The chief of police, before entering upon the duties of his office, shall take the oath as nearly as may be in the form provided for in this Code for the mayor.

(Code 1974, § 1-15-3)

**Sec. 10-54. Same—Powers; duties.**

The chief of police shall:

- (1) Possess all of the statutory powers of a city marshal and shall possess the power and authority of a constable at common law.
- (2) Devote his entire time and energy to the discharge of the duties of his office and shall see that the laws and ordinances are enforced and that all offenders are properly reported to some proper tribunal for punishment.
- (3) Be the commanding officer of the entire police force of the city, subject to the commissioner of health and safety and

\***Cross references**—Board of fire and police commissioners, § 3-91 et seq.; police pension board, § 3-121; report of dangerous buildings, § 4-107; report by secondhand dealers, § 7-244; obedience to police assigned to traffic duty, § 8-5; resisting officer, § 9-17.

**State law references**—Municipal police protection and tax 65 ILCS 5/11-1-1 et seq.; municipal penal institutions, 65 ILCS 5/11-3-1 et seq.

## SECTION II. DISCONTINUATION

### GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of services and the number of beds, if any that is to be discontinued.

**Answer:** Maternal and Neonatal Services

2. Identify all of the other clinical services that are to be discontinued.

**Answer:** none

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

**Answer:** Maternal and Neonatal Services will be discontinued effective January 1<sup>st</sup> 2014.

4. Provide the anticipated use of the physical plant and equipment after discontinuation occurs.

**Answer:** The space currently utilized for providing maternal and neonatal services is located on the second floor of the facility. The space is separated from the medical/surgical patient rooms by double doors. We anticipate removing the double doors and using the first four rooms for four medical/surgical beds. Using these beds as inpatient beds allows us to continue to have available 25 inpatient beds, which meet the Critical Access Hospital requirements. The three birthing rooms and will be used as observation rooms for medical/surgical patients. The kitchen area will continue to function as a kitchen. The nursery, the Physician lounge, staff lounge, and whirlpool room and nurses station will be discontinued.

The centrally located medical surgical nurse's station will be used by the staff assigned to care of patients in these rooms.

The surgical suite located on the unit will be decommissioned. This area along with the nursery, whirlpool room, physician lounge, staff lounge and nurse's station will be evaluated for use for office space for the Care Management Department. This department is responsible for providing discharge planning, care coordination and utilization for all inpatients and observation patients. They work closely with the nursing staff, physicians, patient, and families. To achieve the best outcomes for patients we believe these individuals need to be easily accessible for nursing staff, physicians, patients and families. Re-purposing these areas to accommodate these functions will achieve this.

We will maintain a bassinet, infant warmer and delivery supplies in the event there is an urgent delivery in the Emergency Department. We will also continue to stock resuscitation supplies in the Emergency Department for infants and moms.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time records will be maintained.

**Answer:** Medical Records will be maintained on site for the length of time as specified by 210 ILCS 85/6.17 that is not less than 10 years after discharge or 12 years if there is litigation.

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.

**Answer:** N/A, we are not discontinuing an entire facility.

#### **REASONS FOR DISCONTINUATION**

In our service area, Obstetrics as a service line has seen a steady decline in individuals of childbearing age. The latest census data shows the average age of our population is now greater than 45 years old. In the last 10 years, the volume of deliveries at Perry Memorial has declined 38% and we have been at or below 100 deliveries per year for the last two years. Our payer mix is now about 50% Medicaid. The State of Illinois, historically, is significantly behind in payment of claims and when the State of Illinois does pay, they pay our Hospital an average of 0.17 cents for every dollar's worth of care provided.

The result is that our Women's Health Care Unit service line is not able to support itself. Over the last 4 years Perry Memorial has seen that the losses from the Women's Health Care Unit (OB, Labor & Delivery and Nursery) were over \$1.6 Million and just looking at last year, the loss was \$524,590. This requires the other revenue generating departments in the Hospital cover the losses and we can no longer do that.

#### **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.

**Response:** In our service area, Obstetrics as a service line has seen a steady decline in individuals of childbearing age. The latest census data shows the average age of our population is now greater than 45 years old. In the last 10 years, the volume of deliveries at Perry Memorial has declined 38% and we have been at or below 100 deliveries per year for the last two years.

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.

**Response:** There are five hospitals providing OB services within 45 minutes of Perry Memorial Hospital. The written requests along with certification of receipt and MapQuests are included as Appendices 1-10.

3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicated the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

**Response:** The letters received from all five hospitals providing OB services within 45 minutes of Perry Memorial Hospital are included as Appendices 11-16.

**XII. Charity Care Information**

Charity Care			
	FY12	FY11	FY10
<b>Net Patient Revenue</b>	\$ 34,887,564	\$ 33,498,442	\$ 32,130,105
Amount of Charity Care (charges)	\$ 1,753,000	\$ 1,482,000	\$ 1,224,000
Cost of Charity Care	\$ 788,850	\$ 681,720	\$ 550,800



**mapquest**

Notes

[Empty box for notes]

Trip to:

**St. Margaret's Health**  
**600 E 1st St**

Spring Valley, IL 61362

(815) 664-1434

16.58 miles / 23 minutes



**Princeton, IL**



1. Start out going east on E Peru St / US-6 / IL-26 toward S Vernon St. Continue to follow US-6. [Map](#) **13.0 Mi**  
*13.0 Mi Total*



2. Turn right onto US-6 / 3300 St E / IL-89. Continue to follow US-6. [Map](#) **3.5 Mi**  
*16.4 Mi Total*



3. Turn left onto N Cornelia St. [Map](#) **0.07 Mi**  
*16.5 Mi Total*



4. Turn right onto E 1st St. [Map](#) **0.06 Mi**  
*16.6 Mi Total*



5. 600 E 1ST ST is on the left. [Map](#)



**St. Margaret's Health**

Saint Margarets Hospital General Information  
600 E 1st St, Spring Valley, IL 61362  
(815) 664-1434

**Total Travel Estimate: 16.58 miles - about 23 minutes**



Notes

Trip to:

### Illinois Valley Community Hospital

**925 West St**

Peru, IL 61354

(815) 780-3764

23.19 miles / 27 minutes



### Princeton, IL

- 

1. Start out going east on E Peru St / US-6 / IL-26 toward S Vernon St. Continue to follow US-6. [Map](#) **4.4 Mi**  
4.4 Mi Total
- 

2. Merge onto I-180 N via the ramp on the left toward Interstate 80. [Map](#) **1.7 MI**  
6.1 Mi Total
- 

3. Merge onto I-80 E toward Joliet. [Map](#) **13.9 Mi**  
20.0 Mi Total
- 

4. Take the IL-251 exit, EXIT 75, toward Peru / Mendota. [Map](#) **0.3 Mi**  
20.3 Mi Total
- 


5. Turn right onto IL-251 S. [Map](#) **2.4 Mi**  
22.7 Mi Total
- 

6. Take the US-6 W ramp toward Spring Valley. [Map](#) **0.2 Mi**  
22.9 Mi Total
- 


7. Turn slight right onto US-6 / 4th St. [Map](#) **0.2 Mi**  
23.1 Mi Total
- 

8. Turn right onto West St. [Map](#) **0.1 Mi**  
23.2 Mi Total
- 

9. 925 WEST ST is on the right. [Map](#)



### Illinois Valley Community Hospital

Patient Accounts

925 West St, Peru, IL 61354

(815) 780-3764

**Total Travel Estimate: 23.19 miles - about 27 minutes**



Notes

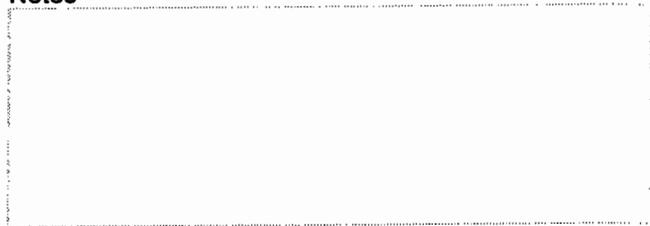
Trip to:

**OSF Saint Elizabeth Medical Center**  
**1100 E Norris Dr**

Ottawa, IL 61350

(815) 433-3100

41.72 miles / 44 minutes



**A** Princeton, IL



1. Start out going east on E Peru St / US-6 / IL-26 toward S Vernon St. Continue to follow US-6. [Map](#)

**4.4 Mi**  
4.4 Mi Total



2. Merge onto I-180 N via the ramp on the left toward Interstate 80. [Map](#)

**1.7 Mi**  
6.1 Mi Total



3. Merge onto I-80 E toward Joliet. [Map](#)

**32.2 Mi**  
38.3 Mi Total



4. Take the IL-71 exit, EXIT 93, toward Ottawa / Oswego. [Map](#)

**0.2 Mi**  
38.5 Mi Total



5. Merge onto IL-71 W toward Ottawa. [Map](#)

**3.2 Mi**  
41.7 Mi Total



6. 1100 E NORRIS DR is on the right. [Map](#)



**OSF Saint Elizabeth Medical Center**  
1100 E Norris Dr, Ottawa, IL 61350  
(815) 433-3100

**Total Travel Estimate: 41.72 miles - about 44 minutes**



Notes



Trip to:

**Hammond Henry Hospital**

**600 N College Ave**

Geneseo, IL 61254

(309) 944-9290

41.66 miles / 47 minutes



**Princeton, IL**



1. Start out going west on E Peru St / US-6 / IL-26 toward S Main St. [Map](#)

**0.05 MI**

*0.05 Mi Total*



2. Take the 1st right onto S Main St / US-34 / IL-26. Continue to follow S Main St / IL-26. [Map](#)

**2.0 MI**

*2.1 Mi Total*



3. Merge onto I-80 W via the ramp on the left toward Moline / Rock Island. [Map](#)

**37.0 MI**

*39.0 Mi Total*



4. Take the IL-82 exit, EXIT 19, toward Geneseo / Cambridge. [Map](#)

**0.2 MI**

*39.3 Mi Total*



5. Merge onto S Oakwood Ave / IL-82 toward Geneseo. [Map](#)

**1.2 MI**

*40.5 Mi Total*



6. Turn left onto E Main St / US-6 / IL-82. [Map](#)

**0.3 MI**

*40.8 Mi Total*



7. Take the 3rd right onto S Henry St / IL-82. [Map](#)

**0.2 MI**

*40.9 Mi Total*



8. Turn right onto W North St / IL-82. [Map](#)

**0.04 MI**

*41.0 Mi Total*



9. Take the 1st left onto S College Ave / IL-82. [Map](#)

**0.7 MI**

*41.7 Mi Total*



10. 600 N COLLEGE AVE is on the right. [Map](#)



**Hammond Henry Hospital**

Sleep Disorder Center

600 N College Ave, Geneseo, IL 61254

(309) 944-9290

**Total Travel Estimate: 41.66 miles - about 47 minutes**



Notes

Empty box for notes

Trip to:

**K S B Hospital**  
**403 1st Ave**

Dixon, IL 61021

(815) 285-5572

33.36 miles / 46 minutes



**Princeton, IL**



1. Start out going west on E Peru St / US-6 / IL-26 toward S Main St. [Map](#)

**0.05 Mi**

*0.05 Mi Total*



2. Take the 1st right onto S Main St / US-34 / IL-26. Continue to follow IL-26 N. [Map](#)

**33.0 Mi**

*33.1 Mi Total*



3. Turn right onto E 2nd St / IL-2. [Map](#)

**0.2 Mi**

*33.3 Mi Total*



4. Take the 3rd left. [Map](#)

**0.07 Mi**

*33.4 Mi Total*



5. **403 1ST AVE.** [Map](#)



**K S B Hospital**  
403 1st Ave, Dixon, IL 61021  
(815) 285-5572

**Total Travel Estimate: 33.36 miles - about 46 minutes**



530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

May 28, 2013

Mr. Tim Muntz, President/CEO  
 St. Margaret's Hospital  
 600 E 1st St  
 Spring Valley, IL 61362-0000

RE: Request for Impact Statement for Obstetric Services Closure

Dear Mr. Muntz,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) Perry Memorial Hospital is requesting an impact statement from your organization regarding the closure of the Hospital's obstetric (OB) services effective January 1, 2014. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, included below is a table of the birth statistics for the last three years at Perry Memorial Hospital:

Year	Number of Births
2012	96
2011	100
2010	119

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of Perry Memorial Hospital's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of Perry Memorial Hospital's market area.

If a response is not received within 15-days from the date of delivery, the Hospital will assume that the discontinuation will not have an adverse impact on your organization.

Responses should be directed to the following:

Perry Memorial Hospital  
 Rex D. Conger, President/CEO  
 530 Park Avenue East  
 Princeton, IL 61356

I greatly appreciate your assistance with this. If you have any questions, please direct them to my attention at (815) 876-2234 or via e-mail at rconger@perrymemorial.org.

Sincerely,

Rex D. Conger, FACHE  
 President/CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery        Rex D. Conger 5/30/13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Tim Muntz President/CEO        St. Margaret's Hospital        600 E 1st St        Spring Valley, IL        61362-0000</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number        (Transfer from service label)</p> <p>7006 2150 0000 8267 2448</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	



530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

May 28, 2013

Mr. Tommy Hobbs, President/CEO  
 Illinois Valley Community Hospital  
 925 West Street  
 Peru, IL 61354-0000

RE: Request for Impact Statement for Obstetric Services Closure

Dear Mr. Hobbs,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) Perry Memorial Hospital is requesting an impact statement from your organization regarding the closure of the Hospital's obstetric (OB) services effective January 1, 2014. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, included below is a table of the birth statistics for the last three years at Perry Memorial Hospital:

Year	Number of Births
2012	96
2011	100
2010	119

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of Perry Memorial Hospital's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of Perry Memorial Hospital's market area.

If a response is not received within 15-days from the date of delivery, the Hospital will assume that the discontinuation will not have an adverse impact on your organization.

Responses should be directed to the following:

Perry Memorial Hospital  
 Rex D. Conger, President/CEO  
 530 Park Avenue East  
 Princeton, IL 61356

I greatly appreciate your assistance with this. If you have any questions, please direct them to my attention at (815) 876-2234 or via e-mail at rconger@perryhospital.org.

Sincerely,

Rex D. Conger, FACHE  
 President/CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:  <i>Mr. Tommy Hobbs President/CEO            IL Valley Community Hospital            925 West Street            Peru, IL 61354-0000</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <small>(Transfer from service label)</small>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 2150 0000 8267 2455	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1546	



# Perry Memorial Hospital

530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

May 28, 2013

Mr. Robert Chaffin, President/CEO  
Ottawa Regional Hospital  
1100 East Norris Drive  
Ottawa, IL 61350-0000

RE: Request for Impact Statement for Obstetric Services Closure

Dear Mr. Chaffin,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) Perry Memorial Hospital is requesting an impact statement from your organization regarding the closure of the Hospital's obstetric (OB) services effective January 1, 2014. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, included below is a table of the birth statistics for the last three years at Perry Memorial Hospital:

Year	Number of Births
2012	96
2011	100
2010	119

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of Perry Memorial Hospital's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of Perry Memorial Hospital's market area.

If a response is not received within 15-days from the date of delivery, the Hospital will assume that the discontinuation will not have an adverse impact on your organization.

Responses should be directed to the following:

Perry Memorial Hospital  
Rex D. Conger, President/CEO  
530 Park Avenue East  
Princeton, IL 61356

I greatly appreciate your assistance with this. If you have any questions, please direct them to my attention at (815) 876-2234 or via e-mail at rconger@perrymemorial.org.

Sincerely,

Rex D. Conger, FACHE  
President/CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Ken Huges</i></p> <p>B. Received by (Printed Name) <i>Ken Huges</i> C. Date of Delivery <i>5/30/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><i>Mr. Robert Chaffin President/CEO Ottawa Regional Hospital 1100 East Norris Dr. Ottawa, IL 61350-0000</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2150 0000 8267 2462</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	



# Perry Memorial Hospital

530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

May 28, 2013

Mr. Brad Solberg, FACHE, CEO  
Hammond Henry Hospital  
600 N. College Avenue  
Geneseo, IL 61254-1099

RE: Request for Impact Statement for Obstetric Services Closure

Dear Mr. Solberg,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) Perry Memorial Hospital is requesting an impact statement from your organization regarding the closure of the Hospital's obstetric (OB) services effective January 1, 2014. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, included below is a table of the birth statistics for the last three years at Perry Memorial Hospital:

Year	Number of Births
2012	96
2011	100
2010	119

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of Perry Memorial Hospital's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of Perry Memorial Hospital's market area.

If a response is not received within 15-days from the date of delivery, the Hospital will assume that the discontinuation will not have an adverse impact on your organization.

Responses should be directed to the following:

Perry Memorial Hospital  
Rex D. Conger, President/CEO  
530 Park Avenue East  
Princeton, IL 61356

I greatly appreciate your assistance with this. If you have any questions, please direct them to my attention at (815) 876-2234 or via e-mail at [rconger@perrymemorial.org](mailto:rconger@perrymemorial.org).

Sincerely,

Rex D. Conger, FACHE  
President/CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature x <i>Michelle Henry</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michelle Henry</i> C. Date of Delivery <i>5-31-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>Mr. Brad Solberg, FACHE, CEO Hammond Henry Hospital 600 N. College Avenue Geneseo, IL 61254-1099</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 2150 0000 8267 2486</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-154



530 Park Avenue East • Princeton, Illinois 61356 • 815-875-2811 • www.perry-memorial.org

May 28, 2013

Mr. David Schreiner, President/CEO  
 Katherine Shaw Bethea Hospital  
 403 E 1st St  
 Dixon, IL 61021

RE: Request for Impact Statement for Obstetric Services Closure

Dear Mr. Schreiner,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) Perry Memorial Hospital is requesting an impact statement from your organization regarding the closure of the Hospital's obstetric (OB) services effective January 1, 2014. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, included below is a table of the birth statistics for the last three years at Perry Memorial Hospital:

Year	Number of Births
2012	96
2011	100
2010	119

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of Perry Memorial Hospital's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of Perry Memorial Hospital's market area.

If a response is not received within 15-days from the date of delivery, the Hospital will assume that the discontinuation will not have an adverse impact on your organization.

Responses should be directed to the following:

Perry Memorial Hospital  
 Rex D. Conger, President/CEO  
 530 Park Avenue East  
 Princeton, IL 61356

I greatly appreciate your assistance with this. If you have any questions, please direct them to my attention at (815) 876-2234 or via e-mail at rconger@perrymemorial.org.

Sincerely,

Rex D. Conger, FACHE  
 President/CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>Rex D. Conger</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Rex D. Conger</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: <i>Mr. David Schreiner President/CEO            KSB Hospital            403 E 1st Street            Dixon, IL 61021</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7006 2150 0000 8267 2479
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	



# St. Margaret's Health

St. Margaret's Hospital

*SMP Health System*

600 East First Street  
Spring Valley, IL 61362  
(815) 664-5311  
(815) 223-5346  
www.aboutsmh.org

May 31, 2013

PERRY MEMORIAL HOSPITAL  
ADMINISTRATION  
JUN 10 2013

Mr. Rex Conger, President/CEO  
Perry Memorial Hospital  
530 Park Avenue East  
Princeton, IL 61356

**Re: Impact Statement - Obstetric Services Closure at Perry Memorial  
Hospital in Princeton, IL, effective January 1, 2014**

Dear Mr. Conger:

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3), Perry Memorial Hospital has requested an impact statement from St. Margaret's Hospital regarding the closure of Perry Memorial Hospital's obstetric (OB) services, effective January 1, 2014. The code requires Perry Memorial Hospital to contact all existing or approved health care facilities that provide obstetric services and are located within a 45-minute travel time of Perry Memorial Hospital in Princeton, IL. St. Margaret's Hospital currently offers obstetric services and falls within the 45-minute travel time.

I am pleased to respond to your request on behalf of St. Margaret's Hospital, as follows:

- St. Margaret's Hospital currently has the capacity to accommodate all or any portion of Perry Memorial Hospital's caseload for obstetric services. I am basing this upon your last three years of data, which you provided in your request.
- St. Margaret's Hospital is easily accessible to patients from anywhere in the Perry Memorial Hospital market area, as it is located only 3 miles south of Interstate 80 in Spring Valley, IL.

Sincerely,

  
Tim Muntz  
President & CEO

TM/blm



**Illinois Valley Community Hospital**

925 West Street, Peru, Illinois 61354  
Phone 815-223-3300 • Fax 815-223-3394  
www.ivch.org

Mr. Rex Conger, President/CEO  
Perry Memorial Hospital  
530 Park Avenue East  
Princeton, IL 61356

PERRY MEMORIAL HOSPITAL  
ADMINISTRATION

JUN 05 2013

RE: Impact Statement for Obstetric Services Closure at Perry Memorial Hospital in Princeton on Illinois Valley Community Hospital in Peru, IL.

Dear Mr. Conger,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) we are responding to Perry Memorial Hospital's request for an impact statement from Illinois Valley Community Hospital regarding the closure of Perry Memorial Hospital's obstetric (OB) services effective January 1, 2014. The code requires Perry Memorial Hospital to contact all existing or approved health care facilities, providing Obstetric Services, which are located within 45 minutes travel time of Perry Memorial Hospital in Princeton, IL and Illinois Valley Community Hospital falls within the 45 minute travel time and currently offers Obstetric Services.

- Currently, Illinois Valley Community Hospital has the capacity to accommodate all or any portion of Perry Memorial Hospital's caseload that would like to use our services based on your last three years data.
- Illinois Valley Community Hospital is located reasonably close to I-80 and therefore patient movement from anywhere in the Perry Memorial Hospital Market area to our location in Peru, IL is easily accessible.

Sincerely,

Mr. Tommy Hobbs  
President/CEO



**SAINT ELIZABETH MEDICAL CENTER**

PERRY MEMORIAL HOSPITAL  
ADMINISTRATION  
JUN 03 2013

Mr. Rex Conger, President/CEO  
Perry Memorial Hospital  
530 Park Avenue East  
Princeton, IL 61356

RE: Impact Statement for Obstetric Services Closure at Perry Memorial Hospital in Princeton on Ottawa Regional Hospital in Ottawa, IL.

Dear Mr. Conger,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) we are responding to Perry Memorial Hospital's request for an impact statement from Ottawa Regional Hospital regarding the closure of Perry Memorial Hospital's obstetric (OB) services effective January 1, 2014. The code requires Perry Memorial Hospital to contact all existing or approved health care facilities, providing Obstetric Services, which are located within 45 minutes travel time of Perry Memorial Hospital in Princeton, IL and Ottawa Regional Hospital falls within the 45 minute travel time and currently offers Obstetric Services.

- Currently, Ottawa Regional Hospital has the capacity to accommodate all or any portion of Perry Memorial Hospital's caseload that would like to use our services based on your last three years data.
- Ottawa Regional Hospital is located reasonably close to I-80 and therefore patient movement from anywhere in the Perry Memorial Hospital Market area to our location in Ottawa, IL is easily accessible.

Sincerely,

Mr. Robert Chaffin  
President/CEO

05/31/13



June 12, 2013

Mr. Rex D. Conger, FACHE, CEO  
Perry Memorial Hospital  
530 Park Avenue East  
Princeton, IL 61356

Dear Mr. Conger:

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3), I am responding to Perry Memorial Hospital's request for an impact statement on behalf of Hammond-Henry Hospital regarding the closure of Perry Memorial's obstetrical services effective January 1, 2014.

I fully understand your plans to take such action and will not hinder the process. Nonetheless, Hammond-Henry does expect to experience a significant volume impact.

In 2004 we constructed our acute care unit, based upon demographics of our service area. At that time we were providing approximately 120 deliveries per year, and demand models showed a three-LDRP unit could accommodate projections.

In 2010 Kewanee Hospital announced their intent to close their obstetrical unit. Three family practice physicians chose to resign their medical staff privileges and moved their hospital practices to Hammond-Henry Hospital and to Perry Memorial Hospital. With the addition of these physicians and the recruitment of an obstetrician/gynecologist, we performed 235 deliveries in the previous 12 months.

With the closing of your unit, you informed us that you performed just under 100 deliveries last year. Dr. Snyder, one of the Kewanee physicians, informed me that she accounted for 40 of those deliveries, mostly from Kewanee. Therefore, we anticipate at least another 40 deliveries for a unit that was established to accommodate roughly half this volume.

**Most notably, over 80 percent of this additional volume has been Medicaid. While the Illinois Medicaid system is currently being revamped, we do not yet know what impact the changes will have on proper reimbursement of our obstetrical program.**

**In addition, the provider assessment program is also being revised. The current program includes a provision that pays hospitals fixed payments based upon Medicaid obstetrical patient days from 2007. Hence, Kewanee Hospital continues to receive payments for services no longer provided. Those payments have not followed the patients to Hammond-Henry or to Perry Memorial.**

**If the Illinois Medicaid and Provider Assessment Programs continue to fail to recognize Hammond-Henry Hospital's increased costs for OB services, like Perry and Kewanee, we will be forced to review our continued provision of obstetrical services, which may result in a significant void geographically for this vital service.**

**Thank you for the opportunity to comment on your proposed action.**

Sincerely,

A handwritten signature in black ink that reads "Bradley Solberg". The signature is written in a cursive style with a large, sweeping flourish at the end.

**Bradley Solberg, FACHE**

**CEO**

June 3, 2013

Mr. Rex Conger, FACHE  
President/CEO  
Perry Memorial Hospital  
530 Park Avenue East  
Princeton, IL 61356

**RE: Impact Statement for Obstetric Services Closure at Perry Memorial Hospital in Princeton on Katherine Shaw Bethea Hospital in Dixon, Illinois**

Dear Mr. Conger:

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C) 3) we are responding to Perry Memorial Hospital's request for an impact statement from Katherine Shaw Bethea Hospital regarding the closure of Perry Memorial Hospital's obstetric (OB) services effective January 1, 2014. The code requires Perry Memorial Hospital to contact all existing or approved health care facilities, providing Obstetric Services, which are located within 45 minutes travel time of Perry Memorial Hospital in Princeton, Illinois and Katherine Shaw Bethea Hospital falls within the 45 minute travel time and currently offers Obstetric Services.

- Currently, Katherine Shaw Bethea Hospital has the capacity to accommodate all or any portion of Perry Memorial Hospital's caseload that would like to use our services based on your last three years data.
- Katherine Shaw Bethea Hospital is located reasonably close to I-80 and therefore, patient movement from anywhere in the Perry Memorial Hospital Market area to our location in Dixon, Illinois is easily accessible.

If you have any questions or if I can be of further assistance, please do not hesitate to contact my office at 815-285-5501.

Sincerely,



David L. Schreiner, FACHE  
President/CEO

DLS/ml