ORIGINAL

13-064

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
OCT 04 2013
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Riverside Medical Center		
Street Address: : 350 N. Wall Street		
City and Zip Code: Kankakee, Illinois 60901		
County: Kankakee	Health Service Area: IX	Health Planning Area: A-14

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Riverside Medical Center
Address: 350 North Wall Street Kankakee, Illinois 60901
Name of Registered Agent: Phillip Kambic
Name of Chief Executive Officer: Phillip Kambic
CEO Address: 350 North Wall Street Kankakee, Illinois 60901
Telephone Number: 815-935-7549

Type of Ownership of Applicant/Co-Applicant

- [x] Non-profit Corporation
- [ ] For-profit Corporation
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Governmental
- [ ] Sole Proprietorship
- [ ] 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: Margaret Frogge
Title: Senior Vice President of Corporate Strategy
Company Name: Riverside Medical Center
Address: 350 N. Wall Street Kankakee, Illinois 60901
Telephone Number: 815-935-7060
E-mail Address: Margaret-frogge@riversidehealthcare.net
Fax Number:815-933-0798

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

Name: Michael I. Copelin
Title: President
Company Name: Copelin Health Care Consulting, Inc.
Address: 42 Birch Lake Drive Sherman, Illinois 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: Margaret Frogge
Title: Senior Vice President of Corporate Strategy
Company Name: Riverside Medical Center
Address: 350 N. Wall Street Kankakee, Illinois 60901
Telephone Number: 815-935-7060
E-mail Address: Margaret-frogge@riversidehealthcare.net
Fax Number: 815-933-0798

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Riverside Medical Center
Address of Site Owner: 350 N. Wall Street Kankakee, Illinois 60901
Street Address or Legal Description of Site: 350 N. Wall Street Kankakee Illinois 60901
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: Riverside Medical Center
Address: 350 N. Wall Street Kankakee, Illinois 60901

- [x] Non-profit Corporation
- [ ] For-profit Corporation
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Governmental
- [ ] Sole Proprietorship
- [ ] 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.
- **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)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
☐ Substantive	☒ Part 1120 Not Applicable
☒ Non-substantive	☐ 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 proposed project calls for the discontinuation of the hospital's dedicated 18-bed Pediatric Unit.

This a non-substantive project, with no cost associated with the project.

The space vacated by the discontinuation of the unit will be used as medical/surgical bed space which will allow the applicant to move patients from semi-private rooms into private rooms. This conversion is consistent with the applicant's long range goal of having medical/surgical/pediatric patients located in private rooms.

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			
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	0	0	0
SOURCE OF FUNDS			
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	**0**	**0**	**0**

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): _____

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

NOT APPLICABLE

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: Riverside Medical Center			**CITY: Kankakee**		
REPORTING PERIOD DATES:		**From: January 1, 2012 to: December 31, 2012**			
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	162	6,919	29,915	0	162
Obstetrics	30	1,141	2,618	0	30
Pediatrics	18	562	1,585	-18	0
Intensive Care	40	2,113	6,789	0	40
Comprehensive Physical Rehabilitation	25	395	4,450	0	25
Acute/Chronic Mental Illness	50	1,327	11,629	0	50
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	325			-18	307

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Riverside Medical Center * 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.

SIGNATURE	SIGNATURE
ATTILIO KAMBIC	MARGARET FROGGE
PRINTED NAME	PRINTED NAME
PRESIDENT + CEO	SR. VICE PRESIDENT
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 2 day of October, 2013	Notarization: Subscribed and sworn to before me this 1 day of October, 2013
Signature of Notary	Signature of Notary
Seal: OFFICIAL SEAL PAMELA S. HULL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 5-2-2017	Seal: OFFICIAL SEAL PAMELA S. HULL NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 5-2-2017

*Insert EXACT legal name of the applicant

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

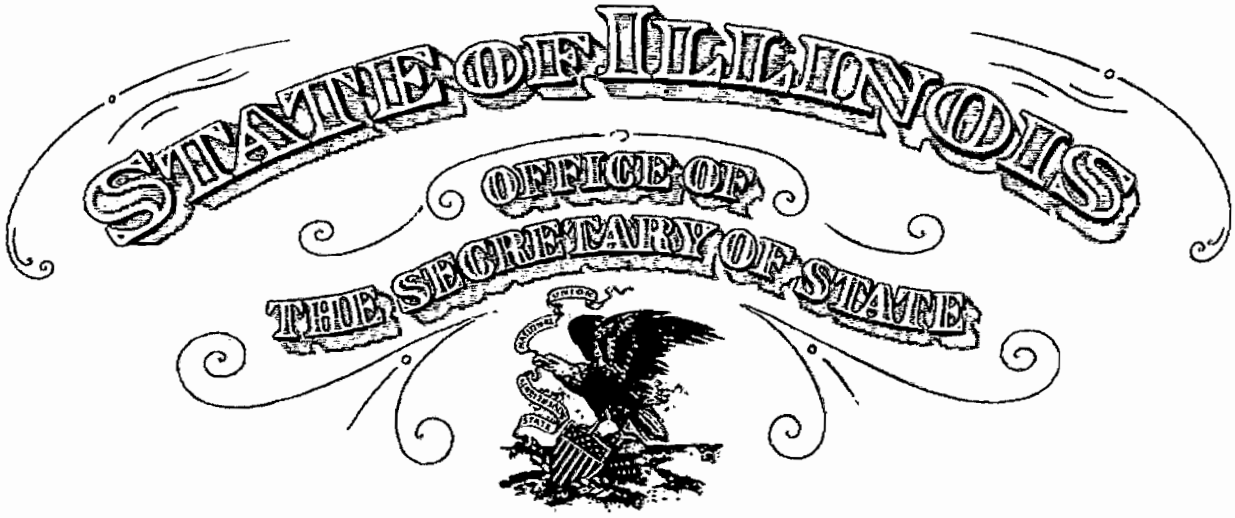
The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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.

File Number 3882-598-4



To all to whom these Presents Shall Come, Greeting:

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

RIVERSIDE MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1959, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1221201500

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* JULY *A.D.* 2012 .

Jesse White

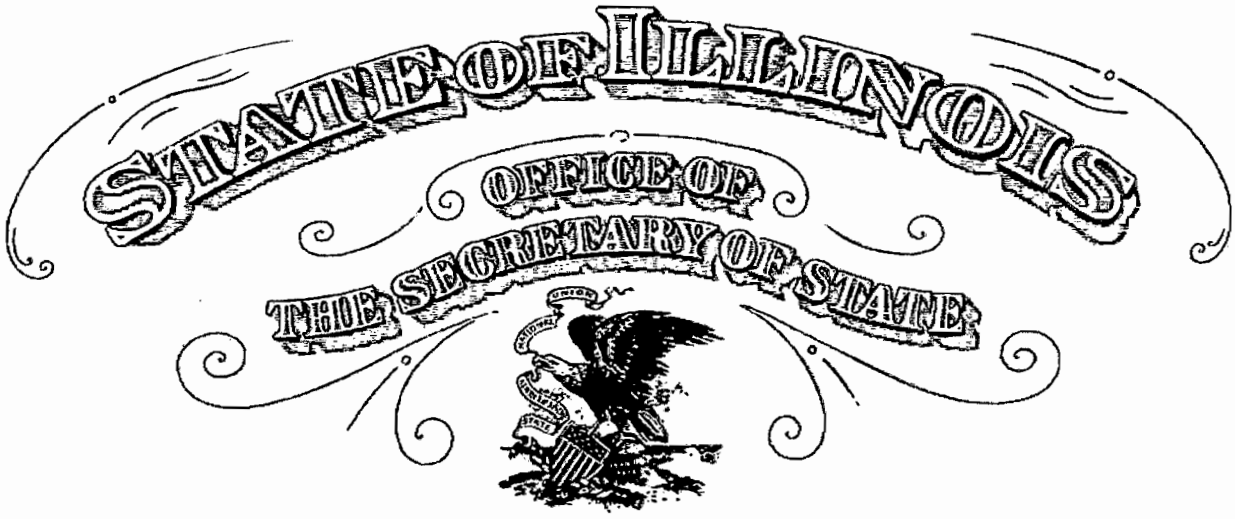
SECRETARY OF STATE

Attachment #1

Site Ownership

The applicant is an existing licensed health care facility which has been licensed at this site for many years. The applicant will not be changing the site in any way. As a not-for profit corporation no property taxes are paid on this site.

File Number 3882-598-4



To all to whom these Presents Shall Come, Greeting:

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

RIVERSIDE MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1959, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1221201500

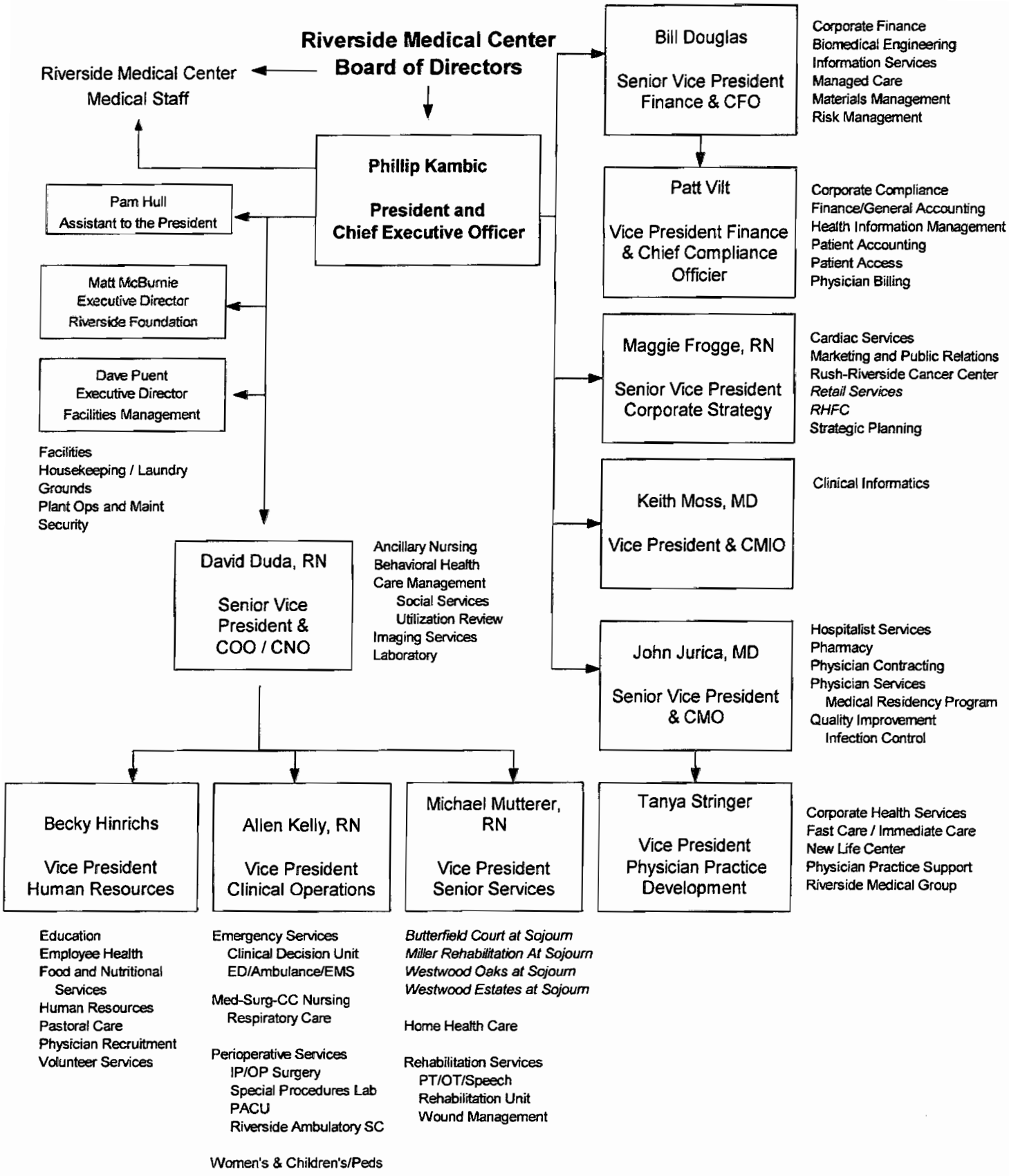
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* JULY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Attachment #3



RIVERSIDE
Medical Center

April - 2013
Date

President & CEO

ATTACHMENT #4

Criterion 1110.130 - Discontinuation

The proposed project calls for the discontinuation of the applicant's 18 bed pediatric unit. No other beds will be discontinued as a result of this project.

The applicant is not proposing to discontinue any other Category of Service.

The proposed discontinuation will take place upon approval of the project by the IHFSRB.

The vacated unit will be converted to a medical/surgical unit to increase the availability of private room accommodations for patients. There will be no change in the total number of medical/surgical beds in the facility. This proposed conversion will be accomplished with no capital cost.

The medical records for patients currently being seen in the pediatric unit will continue to be maintained by the hospital for the same length of time as all other medical records are required to be maintained by law.

The proposed project will not result in a need for additional beds in the Planning Area A-14. The latest Inventory of Health Care Facilities shows that an excess of 123 medical/surgical and pediatrics beds exists in Planning Area A-14. The applicant's proposed discontinuation would reduce that excess to 105 beds.

The applicant proposes to continue to fully serve the hospital's pediatric patients in medical/surgical beds staffed by nurses who are both trained and certified in pediatric patient care.

The other hospital in Planning Area A-14 offering a pediatric unit is Presence St. Mary's Hospital which is located approximately 1 mile from the applicant and has an occupancy rate of only 22.2% based upon the 2011 Annual Hospital Questionnaire.

The applicant's pediatric unit occupancy rate has decrease every year since 2005. The pediatric unit occupancy rate in 2005 was 28.3% while the unit occupancy rate in 2012 was 15.4 %. (Note: these occupancies are all based upon the 24 pediatric beds in place for those years. The applicant reduced the number of pediatric beds by 6 to a complement of 18 beds in 2013.)

With an average daily census of only 3.7 patients, the applicant has determined that it is not cost effective to maintain a dedicated Pediatric Service especially when the pediatric patients can continue to be treated in medical/surgical beds without reducing the quality of care the pediatric patient receives.

A letter was sent to the four facilities with travel times near the 45 minute radius requesting impact statements regarding the proposed discontinuation. Copies of the letters and the receipts documenting that the letters were sent certified-mail are appended to this attachment. In addition, maps showing distance and travel times to other surrounding facilities are included. To date, no responses have been received from the other hospitals.

In summary, the applicant's proposed discontinuation of the Pediatric Category of Service is based upon the low utilization of the unit and the applicant's ability to continue to fully serve the pediatric patients within the hospital without impacting pediatric patient care. It is not anticipated that the project will have any impact on the utilization of other facilities. The discontinuation allows the applicant to more effectively utilize inpatient beds.

RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

October 1, 2013

Ms. Amy LaFine
Presence St. Mary's Hospital
500 West Court Street
Kankakee, IL 60901

RE: Request for Impact Determination
Discontinuation of Pediatrics Category of Service
Riverside Medical Center

Dear Ms. LaFine,

Riverside Medical Center is preparing a Certificate of Need application addressing the discontinuation of its 18-bed pediatrics category of service. The hospital is located at 350 North Wall Street in Kankakee. The discontinuation is scheduled to occur following Illinois Health Facilities and Services Review Board approval.

Over the past two years, Riverside Medical Center averaged approximately 520 pediatric admissions per year (478 in CY12 and 562 in CY11). The pediatrics unit occupancy has been relatively flat with an average daily census ranging from 3.7 - 4.3 patients/day. This has resulted in annual occupancies of 15-18%, far below the State's occupancy standard.

To have more flexibility and better utilize existing beds at Riverside Medical Center, we plan to continue to admit patients aged 0-14 years under the medical/surgical category of service on one unit with PALS certified nursing staff providing care.

Consistent with the requirements of Section 1110.130, we request that you identify any impact the proposed discontinuation of the pediatrics category of services will have on your operations within 15 days of receiving this letter. We do not anticipate any change in our management of our pediatric patients with this discontinuation, so we do not anticipate any impact to your facility.

Thank you for your attention to this request.

Sincerely,

Margaret Frogge

Margaret Frogge
Senior Vice President Corporate Strategy

Sent via USPS Certified Mail - Tracking # 7011 0470 0000 2949 4484

7011 0470 0000 2949 4484

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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Sent To Ms. Amy LaFine
Presence St. Mary's Hospital

Street, Apt. No.; or PO Box No. 500 West. Court Street

City, State, ZIP+4 Kankakee, IL 60901

PS Form 3800, August 2006 — See Reverse for Instructions

RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

October 1, 2013

Mr. Chuck Bohlmann
Iroquois Memorial Hospital
200 Fairman Avenue
Watseka, IL 60970

RE: Request for Impact Determination
Discontinuation of Pediatrics Category of Service
Riverside Medical Center

Dear Mr. Bohlmann,

Riverside Medical Center is preparing a Certificate of Need application addressing the discontinuation of its 18-bed pediatrics category of service. The hospital is located at 350 North Wall Street in Kankakee. The discontinuation is scheduled to occur following Illinois Health Facilities and Services Review Board approval.

Over the past two years, Riverside Medical Center averaged approximately 520 pediatric admissions per year (478 in CY12 and 562 in CY11). The pediatrics unit occupancy has been relatively flat with an average daily census ranging from 3.7 - 4.3 patients/day. This has resulted in annual occupancies of 15-18%, far below the State's occupancy standard.

To have more flexibility and better utilize existing beds at Riverside Medical Center, we plan to continue to admit patients aged 0-14 years under the medical/surgical category of service on one unit with PALS certified nursing staff providing care.

Consistent with the requirements of Section 1110.130, we request that you identify any impact the proposed discontinuation of the pediatrics category of services will have on your operations within 15 days of receiving this letter. We do not anticipate any change in our management of our pediatric patients with this discontinuation, so we do not anticipate any impact to your facility.

Thank you for your attention to this request.

Sincerely,

Margaret Frogge

Margaret Frogge
Senior Vice President Corporate Strategy

Sent via USPS Certified Mail - Tracking # 7011 0470 0000 2949 4491

7011 0470 0000 2949 4491

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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Total Postage & Fees	$

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Sent To Mr. Chuck Bohlmann
Iroquois Memorial Hospital

Street, Apt. No.; or PO Box No. 200 Fairman Avenue

City, State, ZIP+4 Watseka, IL 60970

PS Form 3800, August 2006 See Reverse for Instructions

RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

October 1, 2013

Mr. Richard Heim
Advocate South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, IL 60429

RE: Request for Impact Determination
Discontinuation of Pediatrics Category of Service
Riverside Medical Center

Dear Mr. Heim,

Riverside Medical Center is preparing a Certificate of Need application addressing the discontinuation of its 18-bed pediatrics category of service. The hospital is located at 350 North Wall Street in Kankakee. The discontinuation is scheduled to occur following Illinois Health Facilities and Services Review Board approval.

Over the past two years, Riverside Medical Center averaged approximately 520 pediatric admissions per year (478 in CY12 and 562 in CY11). The pediatrics unit occupancy has been relatively flat with an average daily census ranging from 3.7 - 4.3 patients/day. This has resulted in annual occupancies of 15-18%, far below the State's occupancy standard.

To have more flexibility and better utilize existing beds at Riverside Medical Center, we plan to continue to admit patients aged 0-14 years under the medical/surgical category of service on one unit with PALS certified nursing staff providing care.

Consistent with the requirements of Section 1110.130, we request that you identify any impact the proposed discontinuation of the pediatrics category of services will have on your operations within 15 days of receiving this letter. We do not anticipate any change in our management of our pediatric patients with this discontinuation, so we do not anticipate any impact to your facility.

Thank you for your attention to this request.

Sincerely,

Margaret Frogge

Margaret Frogge
Senior Vice President Corporate Strategy

Sent via USPS Certified Mail - Tracking # 7011 0470 0000 2949 4507

7011 0470 0000 2949 4507

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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Total Postage & Fees	$

Postmark Here

Sent To Mr. Richard Heim
Advocate South Suburban Hospital
Street, Apt. No.; or PO Box No. 17800 South Kedzie Avenue
City, State, ZIP+4 Hazel Crest, IL 60429

PS Form 3800, August 2006 See Reverse for Instructions

RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

October 1, 2013

Mr. Seth Warren
Franciscan St. James Health- Olympia Fields
20201 South Crawford Avenue
Olympia Fields, IL 60461

RE: Request for Impact Determination
Discontinuation of Pediatrics Category of Service
Riverside Medical Center

Dear Mr. Warren,

Riverside Medical Center is preparing a Certificate of Need application addressing the discontinuation of its 18-bed pediatrics category of service. The hospital is located at 350 North Wall Street in Kankakee. The discontinuation is scheduled to occur following Illinois Health Facilities and Services Review Board approval.

Over the past two years, Riverside Medical Center averaged approximately 520 pediatric admissions per year (478 in CY12 and 562 in CY11). The pediatrics unit occupancy has been relatively flat with an average daily census ranging from 3.7 - 4.3 patients/day. This has resulted in annual occupancies of 15-18%, far below the State's occupancy standard.

To have more flexibility and better utilize existing beds at Riverside Medical Center, we plan to continue to admit patients aged 0-14 years under the medical/surgical category of service on one unit with PALS certified nursing staff providing care.

Consistent with the requirements of Section 1110.130, we request that you identify any impact the proposed discontinuation of the pediatrics category of services will have on your operations within 15 days of receiving this letter. We do not anticipate any change in our management of our pediatric patients with this discontinuation, so we do not anticipate any impact to your facility.

Thank you for your attention to this request.

Sincerely,

Margaret Frogge

Margaret Frogge
Senior Vice President Corporate Strategy

Sent via USPS Certified Mail - Tracking # 7011 0470 0000 2949 4514

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Sent To Mr. Seth Warren
Franciscan St. James Health - Olympia Fields
Street, Apt. No.; or PO Box No. 20201 South Crawford Avenue
City, State, ZIP+4 Olympia Fields, IL 60461

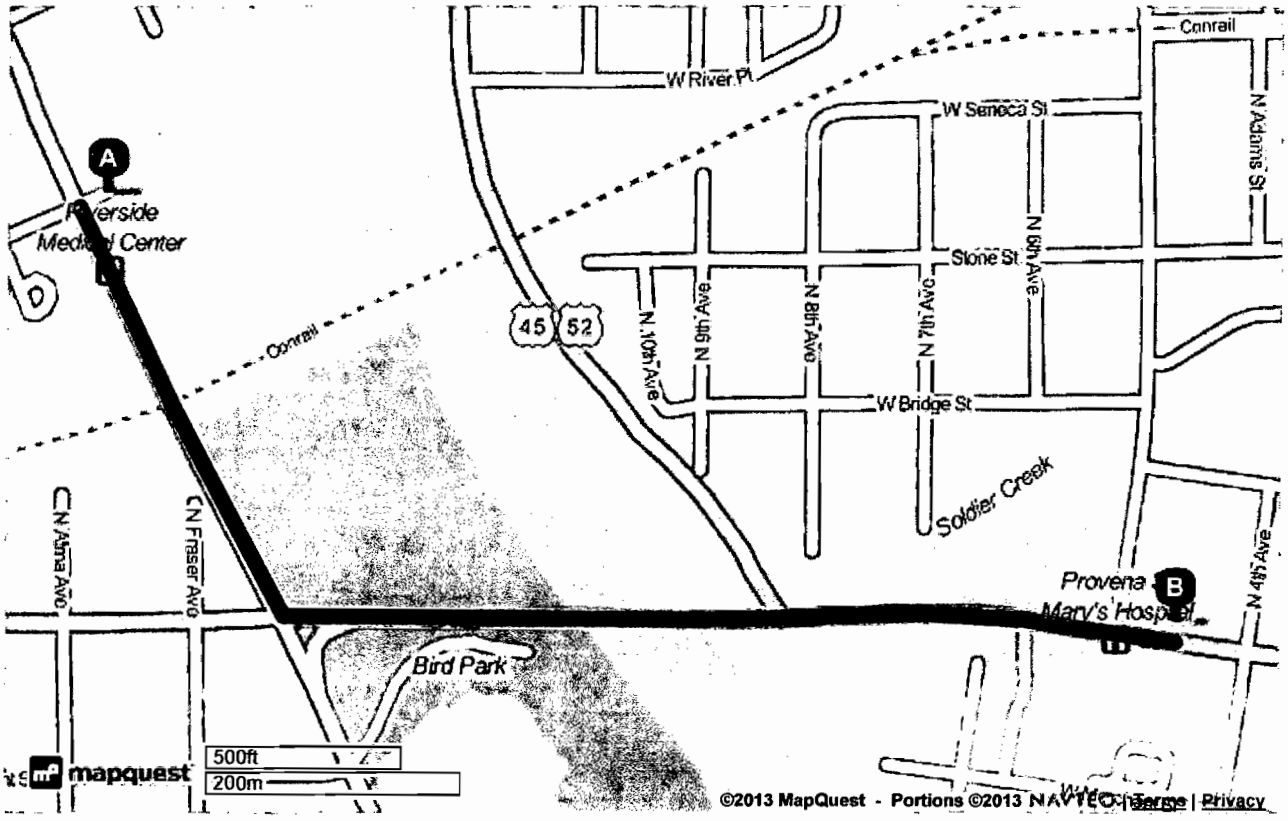
PS Form 3800, August 2006 See Reverse for Instructions

Notes

Trip to:

Provena Saint Marys Hospital
455 W Court St
Kankakee, IL 60901
(815) 937-8780
0.76 miles / 1 minute

BOOK TRAVEL with **mapquest** (877) 577-5766



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Trip to:

Iroquois Memorial Hospital & Resident Home
200 E Fairman Ave
Watseka, IL 60970
(815) 432-7788
32.95 miles / 47 minutes

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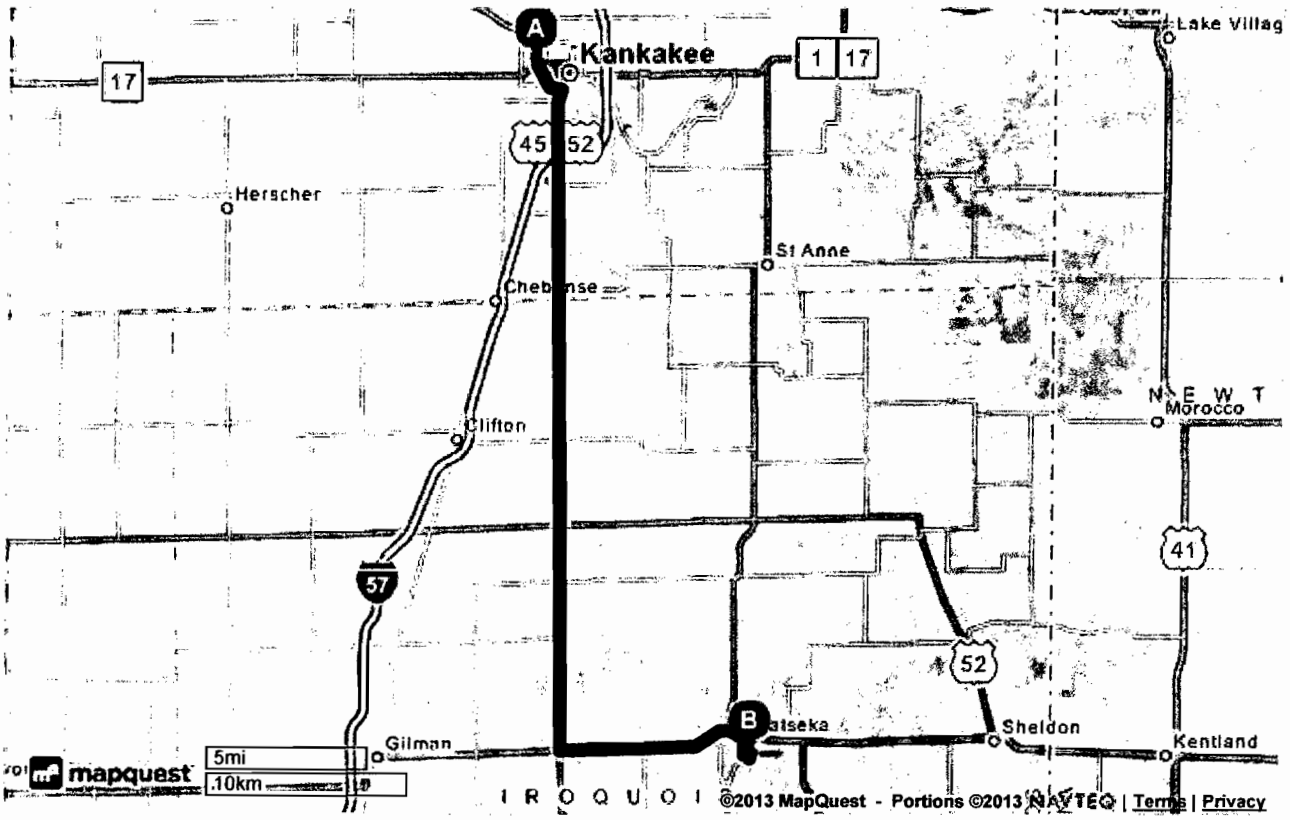

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Trip to:

Advocate South Suburban Hospital
17800 Kedzie Ave
Hazel Crest, IL 60429
(773) 264-6800
40.05 miles / 48 minutes

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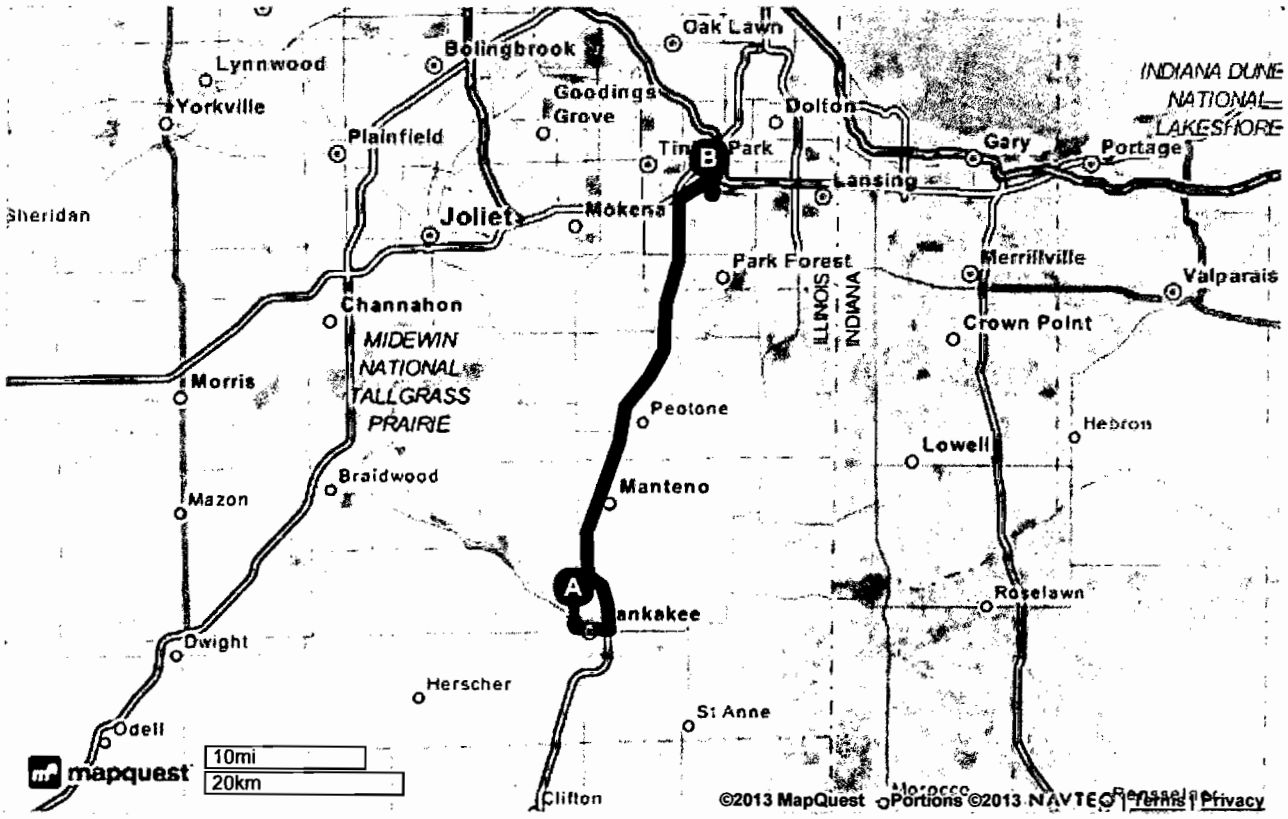

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Franciscan St. James Health
20201 Crawford Ave
Olympia Fields, IL 60461
(708) 747-2881
35.61 miles / 42 minutes

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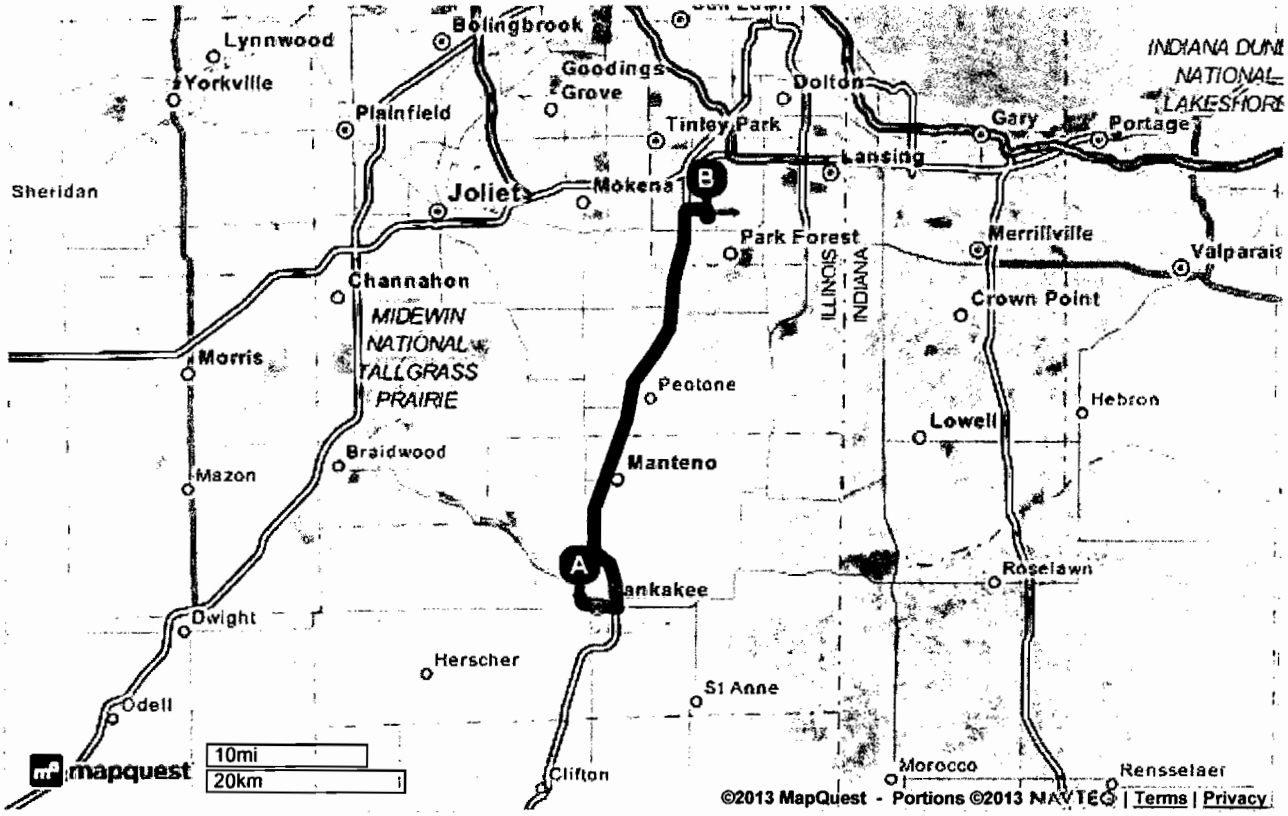

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Trip to:

St James Hospital and Health Centers
30 E 15th St
Chicago Heights, IL 60411
(708) 709-2000
37.29 miles / 49 minutes

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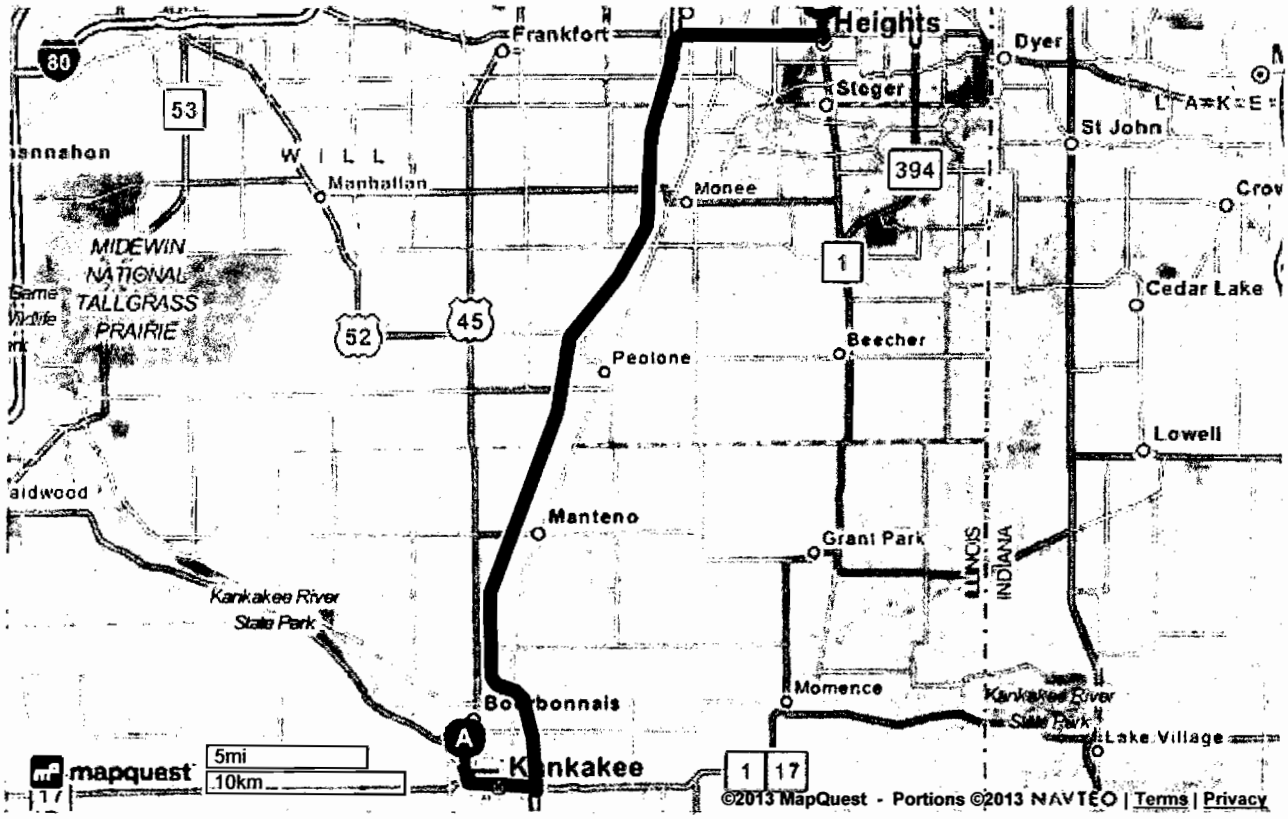

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Trip to:

Provena St Joseph Medical Center
333 Madison St
Joliet, IL 60435
(815) 725-7133
41.34 miles / 52 minutes

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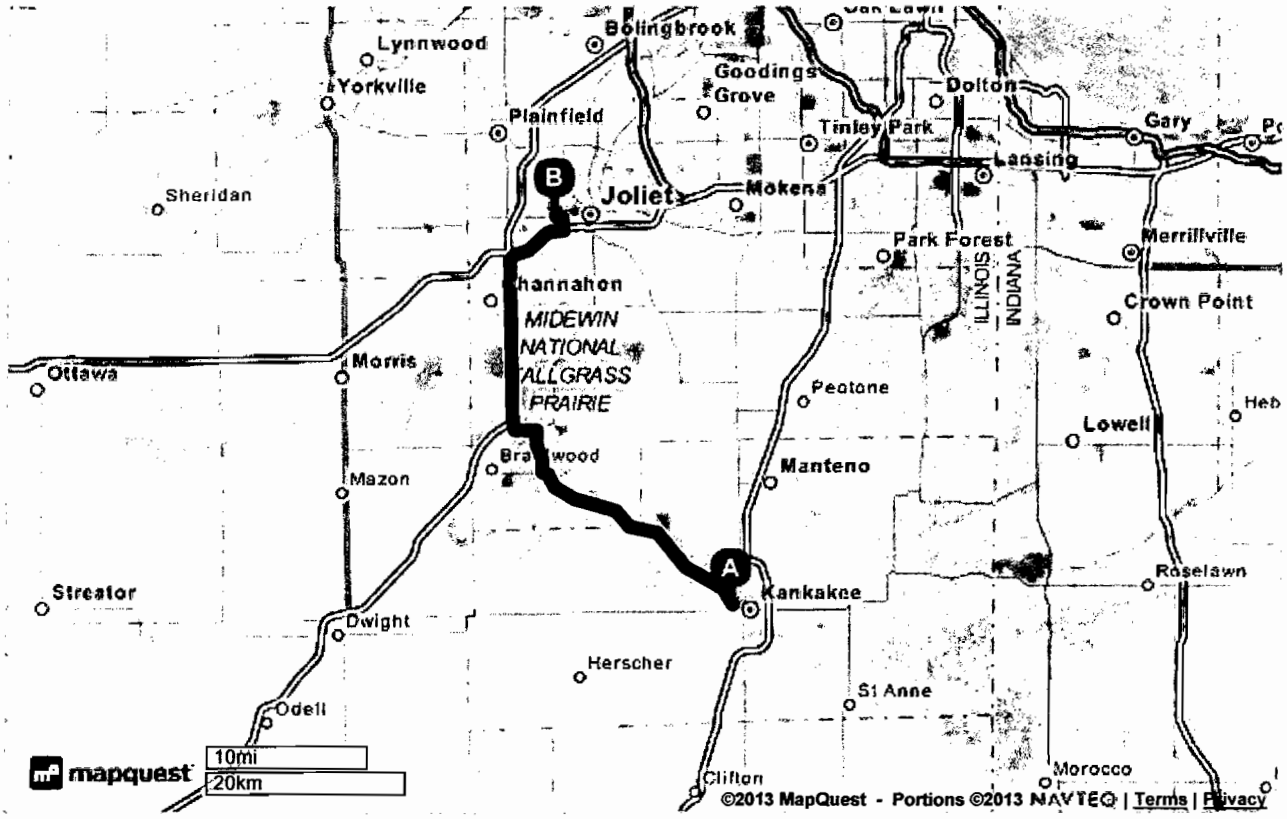

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Trip to:

Silver Cross Hospital
1900 Silver Cross Blvd
New Lenox, IL 60451
(815) 300-1100
35.83 miles / 53 minutes

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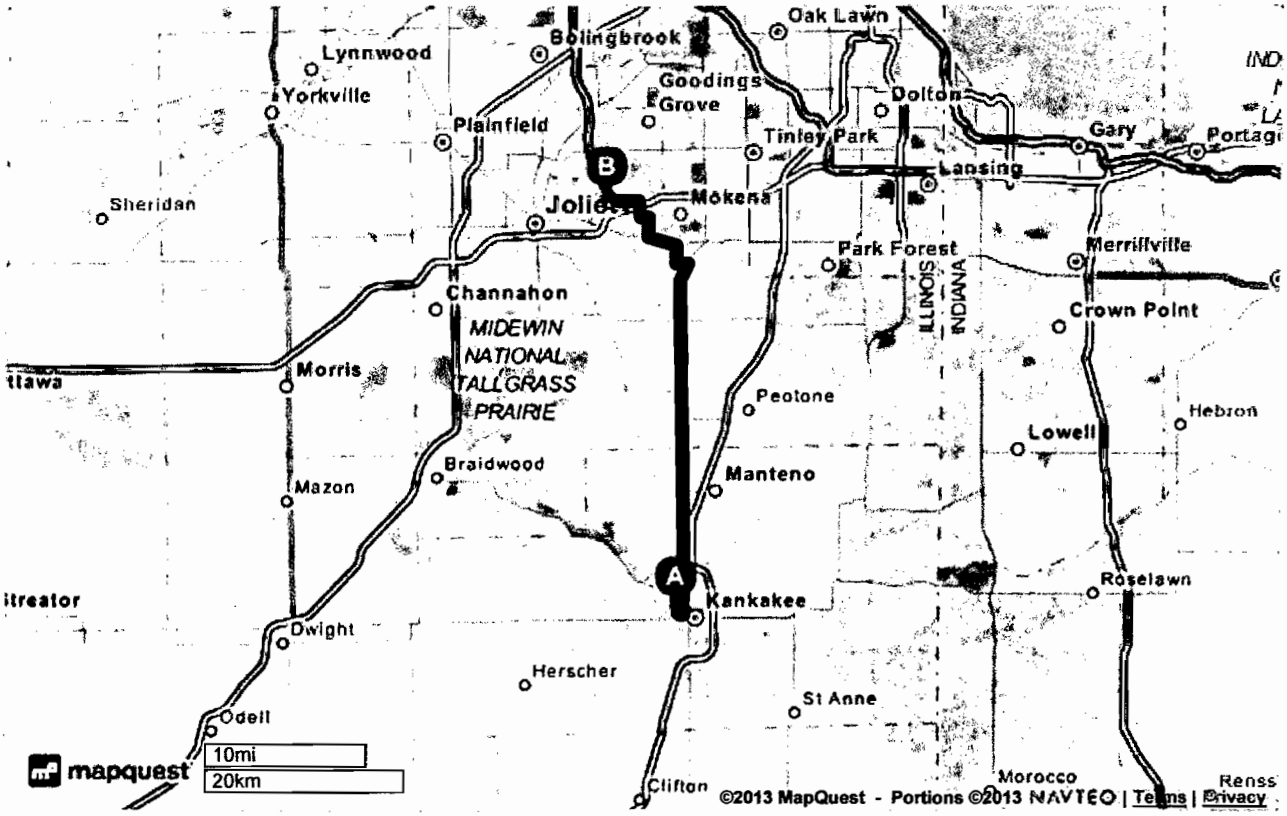

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Trip to:

Morris Hospital & Healthcare Centers
150 W High St
Morris, IL 60450
(815) 942-2932
39.59 miles / 54 minutes

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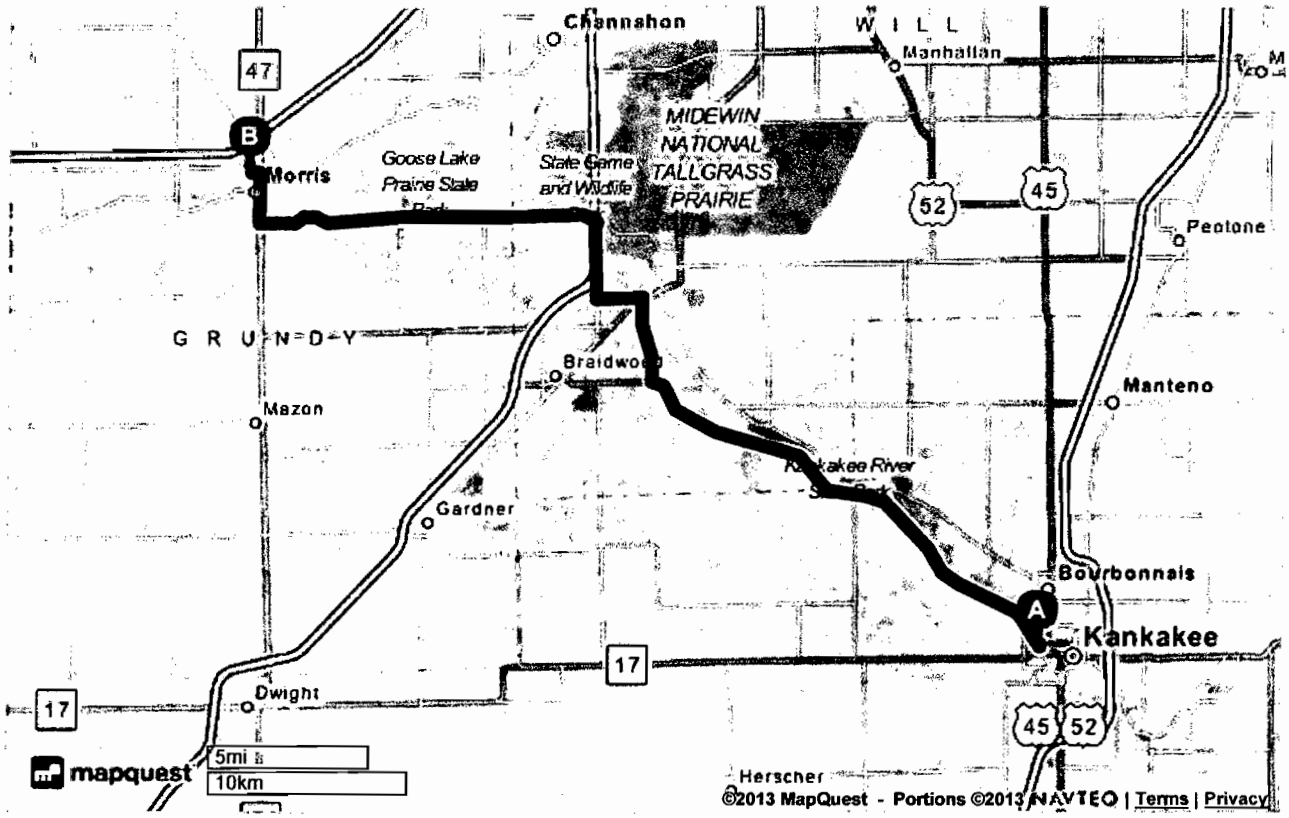

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