14-049

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
SEP 25 2014
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: St. Mary's Hospital		
Street Address: 111 Spring Street		
City and Zip Code: Streator, IL 61364		
County: LaSalle	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: St. Mary's Hospital, Streator, of the Hospital Sisters of the Third Order of St. Francis
Address: 111 Spring Street, Streator, IL 61364
Name of Registered Agent: Amy K. Bulpitt
Name of Chief Executive Officer: John Flanders
CEO Address: 111 Spring Street, Streator, IL 61364
Telephone Number: (815) 673-4500

Type of Ownership of Applicant/Co-Applicant

- ☒ 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)

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: (312) 984-3365
E-mail Address: cranalli@mwe.com
Fax Number: (312) 277-2964

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

Name: Amy Bulpitt
Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 800 E. Carpenter Street, Springfield, IL 62769
Telephone Number:
E-mail Address: abulpitt@hshs.org
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: Amy Bulpitt
Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 800 E. Carpenter Street, Springfield, IL 62769
Telephone Number:
E-mail Address: abulpitt@hshs.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Hospital Sisters Health System
Address of Site Owner: 4936 Laverna Road, Springfield, IL 62707
Street Address or Legal Description of Site: 111 Spring Street, Streator, IL 61364 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name:
Address:

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ 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 NOT APPLICABLE

[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 NOT APPLICABLE

[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

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 applicant intends to discontinue a seven (7) bed obstetrics unit. The CON occupancy rate in the obstetric unit in 2013 was 25% and year to date is 18.8%. In 2012 it was 29.4%. The applicants temporarily closed admissions on July 3, 2014 due to low occupancy (the applicants notified both the HFSRB and Illinois Department of Public Health on June 30, 2014 of the temporary discontinuation). The applicants do not plan to re-open the service given historical low occupancy and the excess of 19 obstetrics beds in the planning area as of July 2014. The applicants have sent request for impact letters to area providers of obstetric services, and have been advised there is capacity to care for patients that had been seen at St. Mary's in Streator. Therefore, the applicant hospital is seeking approval to permanently discontinue the obstetric unit.

The project is substantive per 77 IAC 1110.40.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**0**	**0**	**0**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**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 $ N/A.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

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): Upon permit issuance – Anticipated December 16, 2014

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): NOT APPLICABLE

☐ 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 **(not applicable)**
☒ APORS **(not applicable)**
☒ 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 NOT APPLICABLE

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.

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: St. Mary's, Streator			**CITY: Streator**		
REPORTING PERIOD DATES:		**From: 01-01-13**		**to: 12-31-13**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	79	1326	5087		
Obstetrics	7	209	585	-7*	0
Pediatrics	3	12	25		
Intensive Care	8	309	1132		
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:	97	1856	6829	-7	90*

*Requested Bed Change Upon Approval of Discontinuation

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

John T. Flanders SIGNATURE	Karen S. Clark SIGNATURE
John T. Flanders PRINTED NAME	Karen Clark PRINTED NAME
Chief Executive Officer PRINTED TITLE	Chief Financial Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this 4th day of September, 2014.	Notarization: Subscribed and sworn to before me this 4th day of September, 2014.
Jennifer A. Peddicord Signature of Notary	Jennifer A. Peddicord Signature of Notary
Seal OFFICIAL SEAL JENNIFER A PEDDICORD Notary Public - State of Illinois My Commission Expires Jul 28, 2017	Seal OFFICIAL SEAL JENNIFER A PEDDICORD Notary Public - State of Illinois My Commission Expires Jul 28, 2017

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- 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 Health System Services, Inc.* 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
Mary Starmann-Harrison PRINTED NAME	Larry P. Schumacher PRINTED NAME
Chief Executive Officer PRINTED TITLE	Chief Operating Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this 16 day of September, 2014	Notarization: Subscribed and sworn to before me this 16 day of September, 2014
Sylvia Rebecca Gansz Signature of Notary	Sylvia Rebecca Gansz Signature of Notary
Seal OFFICIAL SEAL SYLVIA REBECCA GANSZ Notary Public - State of Illinois My Commission Expires Apr 17, 2016	Seal OFFICIAL SEAL SYLVIA REBECCA GANSZ Notary Public - State of Illinois My Commission Expires Apr 17, 2016

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

Mary Starmann-Harrison SIGNATURE	Larry P. Schumacher SIGNATURE
Mary Starmann-Harrison PRINTED NAME	Larry P. Schumacher PRINTED NAME
Chief Executive Officer PRINTED TITLE	Chief Operating Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this 16 day of September 2014	Notarization: Subscribed and sworn to before me this 16 day of September, 2014
Sylvia Rebecca Gansz Signature of Notary	Sylvia Rebecca Gansz Signature of Notary
Seal	Seal

OFFICIAL SEAL
SYLVIA REBECCA GANSZ
Notary Public - State of Illinois
My Commission Expires Apr 17, 2016

OFFICIAL SEAL
SYLVIA REBECCA GANSZ
Notary Public - State of Illinois
My Commission Expires Apr 17, 2016

*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.

XI. Safety Net Impact Statement

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-41, 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:

INDEX OF ATTACHMENTS

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

Certificate of Good Standing

See Attached

File Number 5163-355-5

To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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 #: 1424701562

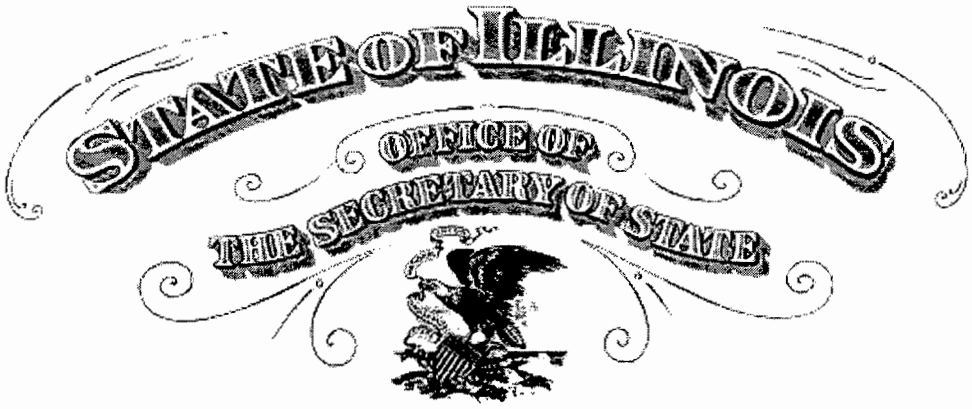
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* SEPTEMBER *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

File Number 5325-639-2



To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, 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 #: 1424701564

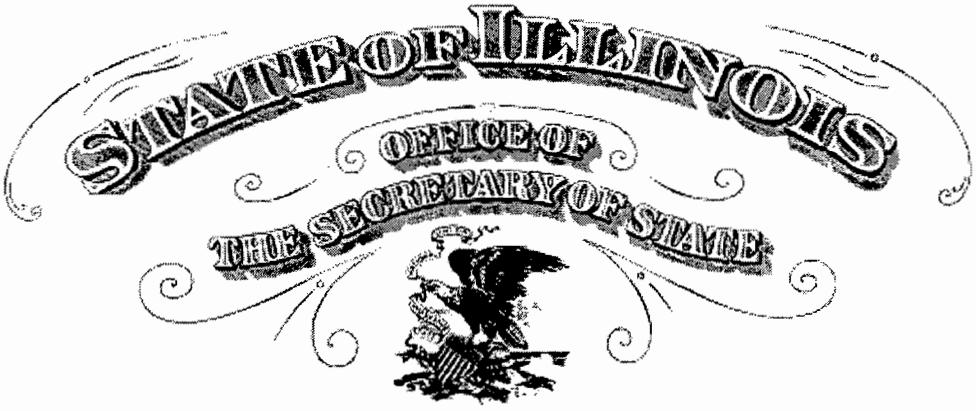
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* SEPTEMBER *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

File Number 3528-160-6



To all to whom these Presents Shall Come, Greeting:

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

ST. MARY'S HOSPITAL, STREATOR, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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 #: 1424701570

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* 4TH *day of* SEPTEMBER *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Site Ownership

See Attached

Attestation
Site Ownership

I, John Flanders, CEO of St. Mary's Hospital located in Streator, Illinois, do hereby attest that St. Mary's owns the site where it is located: 111 Spring Street, Streator, IL 61364.

John T. Flanders

John T. Flanders, CEO
St. Mary's Streator

Subscribed and sworn to before me this
4th day of September, 2014.

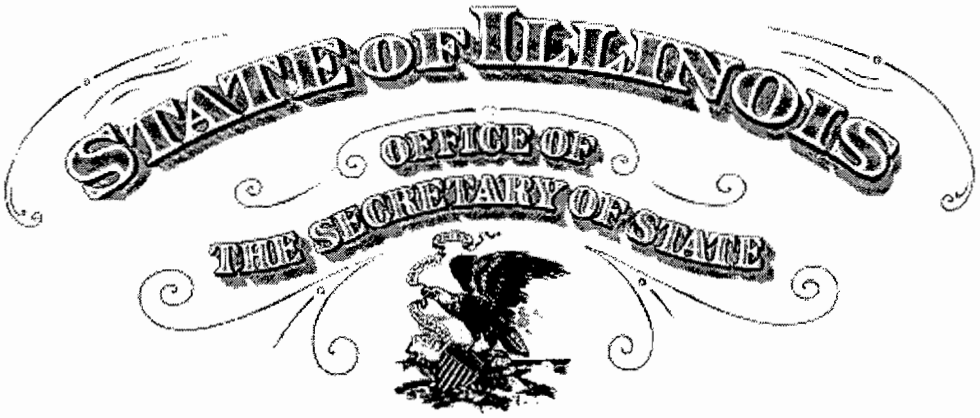
Jennifer A. Peddicord
Notary Public

OFFICIAL SEAL
JENNIFER A PEDDICORD
Notary Public - State of Illinois
My Commission Expires Jul 28, 2017

Certificate of Good Standing

See Attached

File Number 3528-160-6



To all to whom these Presents Shall Come, Greeting:

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

ST. MARY'S HOSPITAL, STREATOR, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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 #: 1424701570

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

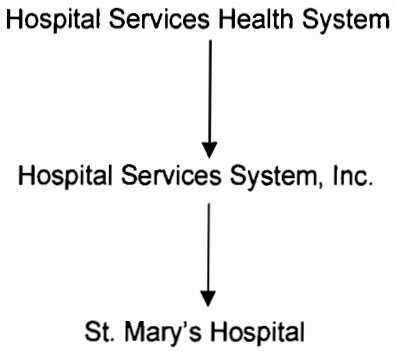
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* SEPTEMBER *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Organizational Relationships

See Attached


Hospital Services Health System
Hospital Services System, Inc.
St. Mary's Hospital

DISCONTINUATION

General Information Requirements.

1. The applicant, St. Mary's Hospital proposes discontinuation of its seven (7) bed obstetrics unit. The unit's average CON occupancy rate over the past three years is 24.4%.

2. All other categories of service will be maintained. The Hospital will provide gynecological care through its employed physicians and/or medical staff.

3. The hospital temporarily discontinued the unit on June 3, 2014 (see attached correspondence). The anticipated permanent discontinuation will occur upon permit issuance – anticipated no later than December 16, 2014.

4. N/A – this discontinuation involves a category of service. The space currently dedicated to the obstetrics unit will be vacated and used for equipment and supplies storage.

5. The medical records for the obstetrics unit will be maintained by St. Mary's Hospital. They will be maintained in accord with hospital licensing and record retention requirements.

6. Not Applicable.

Reasons For Discontinuation.

The hospital is discontinuing the obstetric unit due to low volume and lack of need in the community. OSF St. Elizabeth's, located in Ottawa and within 30 minutes drive time, has a 14 bed unit with a 2012 reported CON occupancy rate of 24.1 bed unit, and can care for area residents requiring obstetrics (see attached letter from OSF St. Elizabeth's).

Impact on Access.

1. We provided a request for impact statement to area facilities operating obstetric services. **Appendix A** includes letters sent to four area facilities, and MapQuest travel time reports supporting same. The applicant does not believe that the discontinuation will negatively impact existing providers, as there is excess capacity of obstetrics beds in the region. The applicants believe OSF St. Elizabeth's will accept patients for obstetrics services and its CON occupancy rate in obstetrics in 2013 was 22.9%.

2. As referenced above we forwarded request for impact statements via certified mail to facilities within 45 minutes (adjusted MapQuest) that were known to us to provide inpatient psychiatric services.

3. See attached **Appendix B** which includes responses to impact request letters. If any responses are received after submission of this application, they will be forwarded to HFSRB.

Safety Net Impact Statement

1. No knowledge, other than as provided in responses to request for impact statement. Anticipated impact: None.

2. The discontinuation of the obstetric beds should allow those facilities that provide this service and are under-utilized in this service (there are many) an opportunity to fill more of their respective authorized obstetrics beds to assist in cross subsidizing service.

3. See above response to 1 and 2.

The applicant certifies the safety net information provided on the attached is accurate.

John T. Flanders
CEO, St. Mary's Hospital

Subscribed and sworn to before me this
4th day of September 2014.
Jennifer A. Peddicord
Notary Public

OFFICIAL SEAL
JENNIFER A PEDDICORD
Notary Public - State of Illinois
My Commission Expires Jul 28, 2017

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year 2011**	**Year 2012**	**Year 2013**
Inpatient	263	226	260
Outpatient	2,366	1,743	2,118
Total	2,629	1,969	2,378
Charity (cost in dollars)	$2,475,349	$2,369,039	$2,380,085
Inpatient	699,226	565,791	576,909
Outpatient	1,776,123	1,803,302	1,803,176
Total	2,475,349	2,369,093	2,380,085
MEDICAID			
Medicaid (# of patients)	**Year 2011**	**Year 2012**	**Year 2013**
Inpatient	262	214	192
Outpatient	9,262	8,746	8,543
Total	9,524	8,960	8,735
Medicaid (revenue)			
Inpatient	777,436	1,915,079	386,272
Outpatient	3,545,910	2,474,631	3,989,172
Total	4,323,346	4,389,710	4,375,444

Charity Care Information

CHARITY CARE			
	Year 2011	**Year 2012**	**Year 2013**
Net Patient Revenue	$56,252,478	$53,476,524	$46,234,340
Amount of Charity Care (charges)	$8,159,427	$7,893,452	$8,138,739
Cost of Charity Care	$2,475,349	$2,369,093	$2,380,085

Charity care as a percent to net revenue in 2013 was 5.1%.

HSHS as a system provided $23M in charity care via its Illinois Hospitals in 2013.

Appendix A

Notes

mapquest

Trip to:

1100 E Norris Dr

Ottawa, IL 61350-1604

17.69 miles / 25 minutes

111 Spring St, Streator, IL 61364-3332

Download Free App

1. Start out going **east** on **Spring St** toward **S Park St / IL-23**. Map — **0.06 Mi** — *0.06 Mi Total*

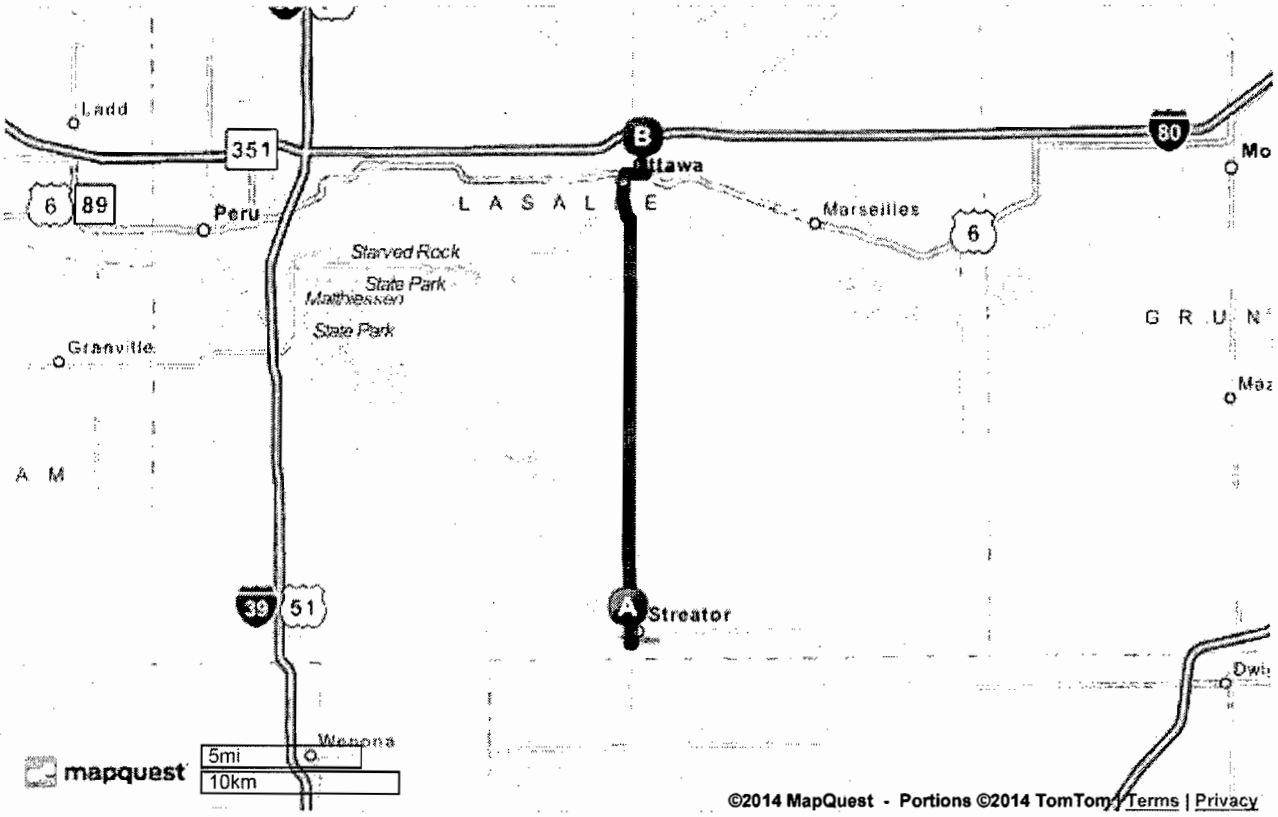
2. Turn **left** onto **S Park St / IL-23**. Continue to follow **IL-23**. Map — **16.8 Mi** — *16.9 Mi Total*
   If you reach S Monroe St you've gone a little too far

3. Turn **right** onto **US-6 E / IL-71 / E Norris Dr**. Map — **0.8 Mi** — *17.7 Mi Total*
   US-6 E is just past E Joliet St
   McDonald's is on the right
   If you are on Columbus St and reach Nebraska St you've gone a little too far

4. **1100 E NORRIS DR** is on the **right**. Map
   Your destination is 0.1 miles past Champlain St
   If you reach Starfire Dr you've gone about 0.3 miles too far

1100 E Norris Dr, Ottawa, IL 61350-1604

Total Travel Estimate: **17.69 miles - about 25 minutes**



©2014 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

Notes

mapquest

Trip to:

925 West St

Peru, IL 61354-2757

28.68 miles / 33 minutes

111 Spring St, Streator, IL 61364-3332

Download Free App

1. Start out going **east** on **Spring St** toward **S Park St / IL-23**. Map — **0.06 Mi** — *0.06 Mi Total*

2. Turn **left** onto **S Park St / IL-23**. Map — **0.5 Mi** — *0.5 Mi Total*
   If you reach S Monroe St you've gone a little too far

3. Turn **left** onto **E Main St / IL-18**. Continue to follow **IL-18**. Map — **12.5 Mi** — *13.0 Mi Total*
   IL-18 is 0.1 miles past E Bridge St
   Hunan Restaurant is on the corner
   If you are on N Park St and reach E Hickory St you've gone a little too far

4. Merge onto **I-39 N / US-51 N** toward **Rockford**. Map — **10.5 Mi** — *23.5 Mi Total*

5. Take the **IL-251** exit, **EXIT 52**, toward **La Salle-Peru**. Map — **0.2 Mi** — *23.7 Mi Total*

6. Keep **left** to take the ramp toward **La Salle-Peru**. Map — **0.02 Mi** — *23.8 Mi Total*

7. Turn **left** onto **IL-251 / State Route 251**. Continue to follow **IL-251**. Map — **4.4 Mi** — *28.2 Mi Total*

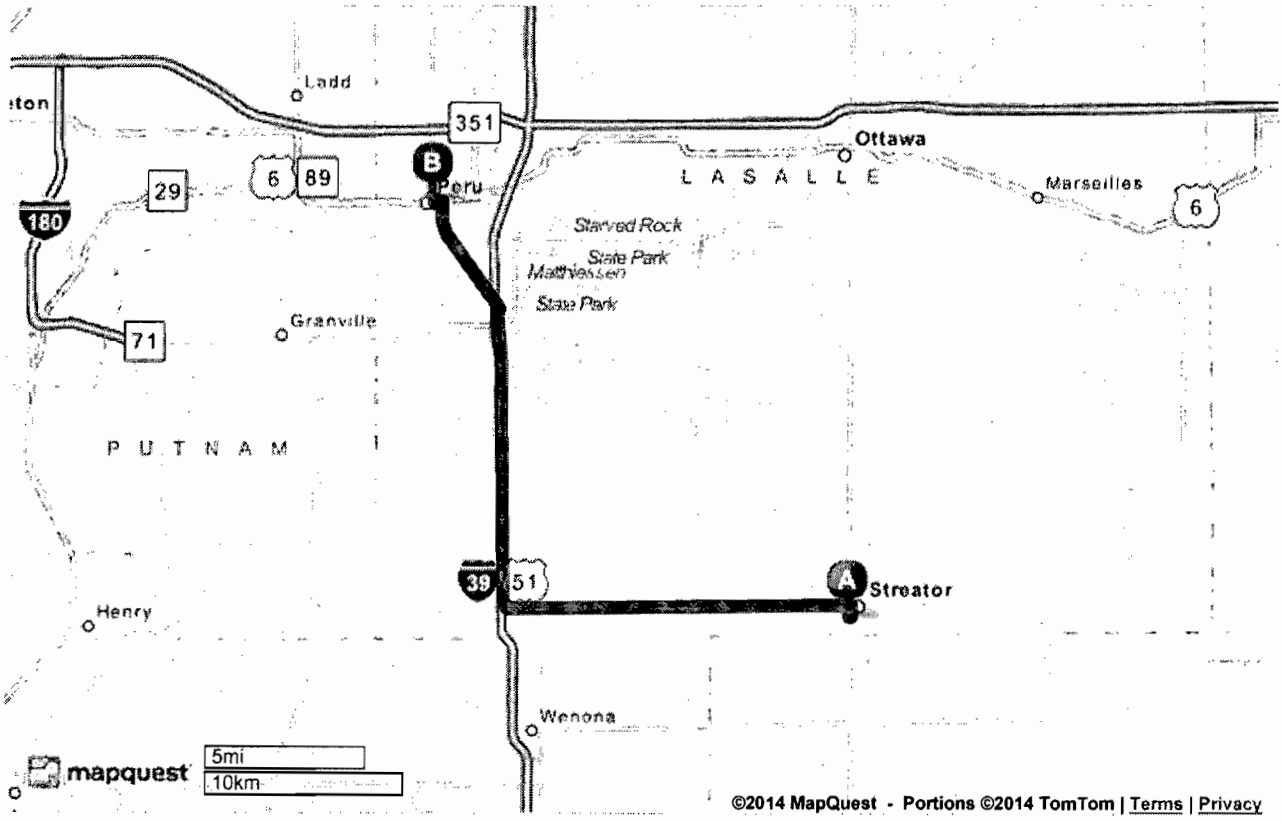
8. Merge onto **US-6 W / 4th St** toward **Peru**. Map — **0.4 Mi** — *28.6 Mi Total*

9. Turn **right** onto **West St**. Map — **0.1 Mi** — *28.7 Mi Total*
   Peru City Police Department is on the corner
   If you reach Grant St you've gone a little too far

10. **925 WEST ST** is on the **right**. Map
    Your destination is just past 5th St
    If you reach 6th St you've gone a little too far

925 West St, Peru, IL 61354-2757

Total Travel Estimate: **28.68 miles - about 33 minutes**



©2014 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

Notes

mapquest

Trip to:

600 E 1st St

Spring Valley, IL 61362-1512

32.28 miles / 39 minutes

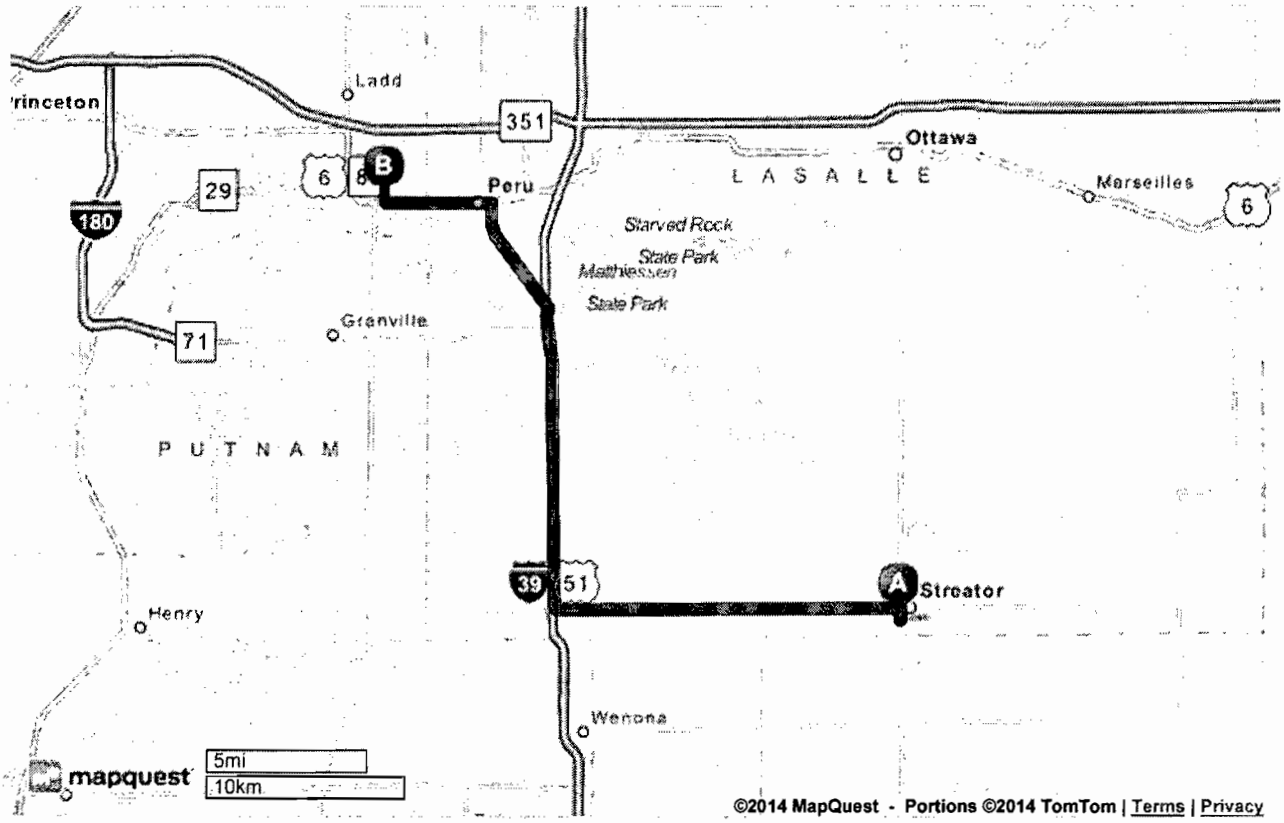
111 Spring St, Streator, IL 61364-3332

Download Free App

1. Start out going **east** on **Spring St** toward **S Park St / IL-23**. Map	**0.06 Mi** *0.06 Mi Total*
2. Turn **left** onto **S Park St / IL-23**. Map *If you reach S Monroe St you've gone a little too far*	**0.5 Mi** *0.5 Mi Total*
3. Turn **left** onto **E Main St / IL-18**. Continue to follow **IL-18**. Map *IL-18 is 0.1 miles past E Bridge St* *Hunan Restaurant is on the corner* *If you are on N Park St and reach E Hickory St you've gone a little too far*	**12.5 Mi** *13.0 Mi Total*
4. Merge onto **I-39 N / US-51 N** toward **Rockford**. Map	**10.5 Mi** *23.5 Mi Total*
5. Take the **IL-251** exit, **EXIT 52**, toward **La Salle-Peru**. Map	**0.2 Mi** *23.7 Mi Total*
6. Keep **left** to take the ramp toward **La Salle-Peru**. Map	**0.02 Mi** *23.8 Mi Total*
7. Turn **left** onto **IL-251 / State Route 251**. Continue to follow **IL-251**. Map	**4.4 Mi** *28.2 Mi Total*
8. Merge onto **US-6 W** toward **Peru**. Map	**4.0 Mi** *32.2 Mi Total*
9. Turn **right** onto **Mary St**. Map *If you reach N Cornelia St you've gone a little too far*	**0.05 Mi** *32.2 Mi Total*
10. Take the 1st **right** onto **E 1st St**. Map *If you reach E 2nd St you've gone a little too far*	**0.05 Mi** *32.3 Mi Total*
11. **600 E 1ST ST** is on the **left**. Map *If you reach the end of E 1st St you've gone a little too far*	

600 E 1st St, Spring Valley, IL 61362-1512

Total Travel Estimate: **32.28 miles - about 39 minutes**



©2014 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

Notes

mapquest

Trip to:

2500 W Reynolds St

Pontiac, IL 61764-9774

27.06 miles / 30 minutes

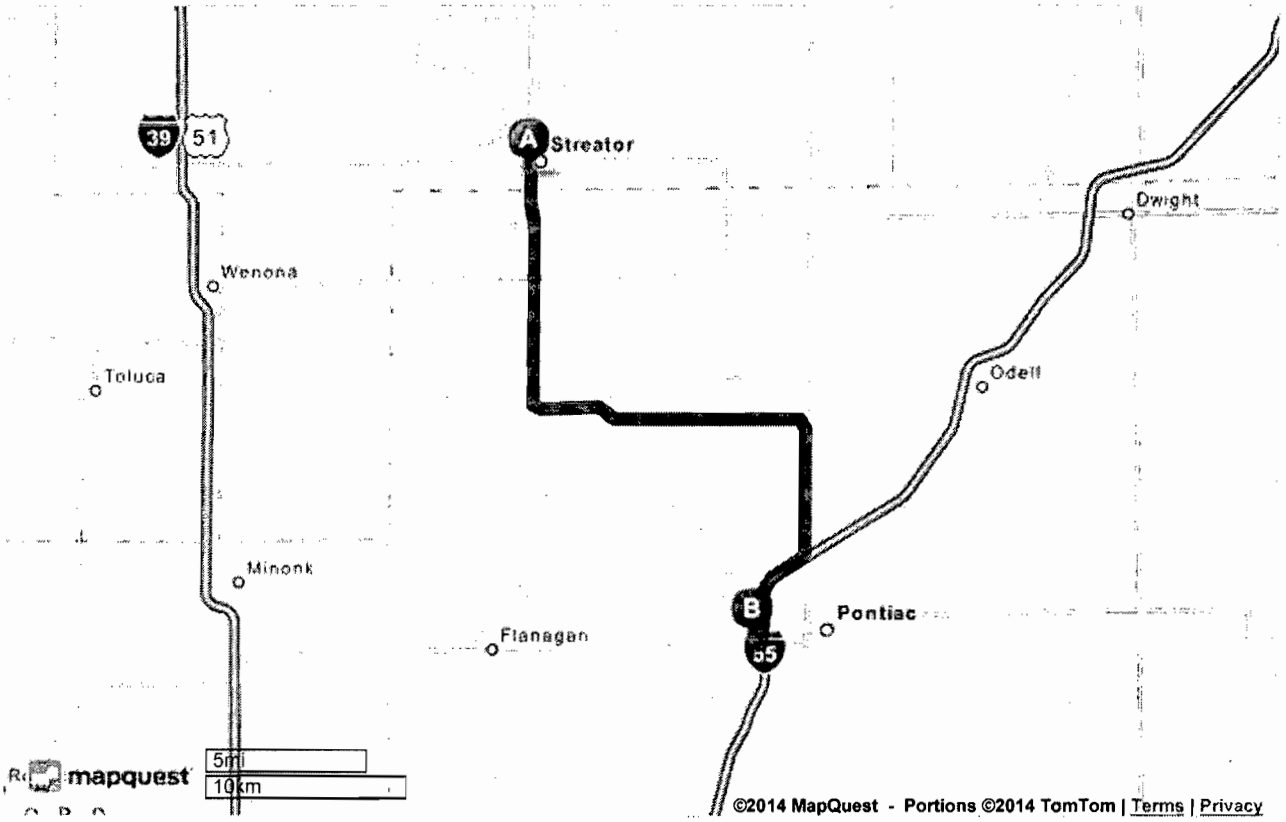
111 Spring St, Streator, IL 61364-3332

Download Free App

1. Start out going **west** on **Spring St** toward **S Bloomington St / IL-23**. Map	**0.01 Mi** *0.01 Mi Total*
2. Turn **left** onto **S Bloomington St / IL-23**. Map	**1.0 Mi** *1.0 Mi Total*
3. Keep **right** at the fork to go on **IL-23**. Map	**21.8 Mi** *22.8 Mi Total*
4. Merge onto **I-55 S** toward **Bloomington**. Map	**3.7 Mi** *26.5 Mi Total*
5. Take the **IL-116** exit, **EXIT 197**, toward **Flanagan / Pontiac**. Map	**0.3 Mi** *26.8 Mi Total*
6. Merge onto **W Reynolds St / IL-116** toward **Flanagan**. Map	**0.2 Mi** *27.1 Mi Total*
7. **2500 W REYNOLDS ST** is on the **left**. Map *Your destination is just past N 1325 East Rd If you reach N 1300 East Rd you've gone about 0.1 miles too far*	

2500 W Reynolds St, Pontiac, IL 61764-9774

Total Travel Estimate: **27.06 miles - about 30 minutes**



©2014 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

St. Mary's Hospital

111 Spring Street
Streator, Illinois 61364
P: 815-673-2311
F: 815-672-5163
www.stmaryshospital.org

An Affiliate of Hospital Sisters Health System

Via Certified Mail – Return Receipt Requested

June 10, 2014

Mr. Robert Chaffin
President & CEO
OSF Saint Elizabeth Medical Center
1100 East Norris Drive
Ottawa, IL 61350

RE: Closure of St. Mary's Hospital Maternity Services

Dear Mr. Chaffin:

St. Mary's Hospital in Streator is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its Maternity Unit including seven (7) maternity beds. The hospital is located at 111 Spring St, Streator IL. The discontinuation is scheduled to occur July 27, 2014.

Over the past two years, St. Mary's has admitted 320 patients to this unit and delivered 333 babies. The hospital will also close its Home Health Agency. In the past two years the hospital has admitted 691 patients providing 9532 home visits.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the home health services will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's patients; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request,

Sincerely,

John Flanders
President and CEO

9 1830 0003 1010 2471

or on the front if space permits.

1. Article Addressed to:

Mr. Robert Chaffin
President + CEO
OSF St. Elizabeth Med. Center
1100 E. Norris Dr.
Ottawa, IL 61350

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X John Bennett

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

JOHN BENNETT

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7008 1830 0003 1010 2471

PS Form 3811, July 2013 Domestic Return Receipt

St.Mary's Hospital

111 Spring Street
Streator, Illinois 61364
P: 815-673-2311
F: 815-672-5163
www.stmaryshospital.org

An Affiliate of Hospital Sisters Health System

Via Certified Mail – Return Receipt Requested

June 10, 2014

Mr. Tommy Hobbs
President & CEO
Illinois Valley Community Hospital
925 West Street
Peru, IL 61354-2757

RE: Closure of St. Mary's Hospital Maternity Services

Dear Mr. Hobbs:

St. Mary's Hospital in Streator is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its Maternity Unit including seven (7) maternity beds. The hospital is located at 111 Spring St, Streator IL. The discontinuation is scheduled to occur July 27, 2014.

Over the past two years, St. Mary's has admitted 320 patients to this unit and delivered 333 babies. The hospital will also close its Home Health Agency. In the past two years the hospital has admitted 691 patients providing 9532 home visits.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the home health services will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's patients; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request,

Sincerely,

John Flanders
President and CEO

0 0000 2045 9954

N

mplete
ed.
reverse
u.
mailpiece,
or on the front if space permits.

1. Article Addressed to:

Mr. Tommy Hobbs
President * CEO
Illinois Valley Comm. Hosp.
925 West Street
Peru, IL 61354-2757

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7013 3020 0000 2045 9954

PS Form 3811, July 2013 Domestic Return Receipt

St. Mary's Hospital

111 Spring Street
Streator, Illinois 61364
P: 815-673-2311
F: 815-672-5163
www.stmaryshospital.org

An Affiliate of Hospital Sisters Health System

Via Certified Mail – Return Receipt Requested

June 10, 2014

Mr. Tim Muntz
President & CEO
St. Margaret's Health
600 East First Street
Spring Valley, IL 61362-1599

RE: Closure of St. Mary's Hospital Maternity Services

Dear Mr. Muntz:

St. Mary's Hospital in Streator is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its Maternity Unit including seven (7) maternity beds. The hospital is located at 111 Spring St, Streator IL. The discontinuation is scheduled to occur July 27, 2014.

Over the past two years, St. Mary's has admitted 320 patients to this unit and delivered 333 babies. The hospital will also close its Home Health Agency. In the past two years the hospital has admitted 691 patients providing 9532 home visits.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the home health services will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's patients; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request,

Sincerely,

John Flanders
President and CEO

1010 2495

HIS SECTION

nd 3. Also complete
ivery is desired.
ldress on the reverse
ne card to you.
back of the mailpiece,
or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
[signature]

C. Date of Delivery
5/12/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Mr. Tim Muntz
President + CEO
St. Margaret's Health
600 E. 1st St.
Spring Valley, IL 61362

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7008 1830 0003 1010 2495

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

St. Mary's Hospital

111 Spring Street
Streator, Illinois 61364
P: 815-673-2311
F: 815-672-5163
www.stmaryshospital.org

An Affiliate of Hospital Sisters Health System

Via Certified Mail – Return Receipt Requested

June 10, 2014

Mr. David Ochs
President
OSF Saint James-John W. Albrecht Medical Center
2500 West Reynolds
Pontiac, IL 61764-9774

RE: Closure of St. Mary's Hospital Maternity Services

Dear Mr. Ochs:

St. Mary's Hospital in Streator is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its Maternity Unit including seven (7) maternity beds. The hospital is located at 111 Spring St, Streator IL. The discontinuation is scheduled to occur July 27, 2014.

Over the past two years, St. Mary's has admitted 320 patients to this unit and delivered 333 babies. The hospital will also close its Home Health Agency. In the past two years the hospital has admitted 691 patients providing 9532 home visits.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the home health services will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's patients; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request,

Sincerely,

John Flanders
President and CEO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr David Cohrs, President
OSF St. James-John W
Albrecht Medical Center
2500 West Reynolds
Pontiac, IL 61764-9714

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x D L Holman
☒ Agent
☐ Addressee

B. Received by *(Printed Name)*: D L Holman

C. Date of Delivery: 6-21-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 2045 9978

PS Form 3811, July 2013 Domestic Return Receipt

Appendix B

OSF
SAINT JAMES-JOHN W. ALBRECHT
MEDICAL CENTER

JUN 23 2014

June 20, 2014

John T. Flanders
President/Chief Executive Officer
St. Mary's Hospital
111 Spring Street
Streator, IL 61364

RE: CLOSURE OF ST. MARY'S HOSPITAL MATERNITY AND HOME HEALTH SERVICES

Dear Mr. Flanders:

I am writing to support your decision to close the Maternity and Home Health Services at St. Mary's Hospital. The discontinuation of these services at St. Mary's will not have a negative impact at OSF Saint James because we have the capacity to service the patients affected by your closures with OB specialty coverage, bed and surgery capacity, and emergency capability. The available capacity at OSF Saint James could comfortably accommodate all of the St. Mary's Hospital patients who would require these services. Also, OSF Saint James does not operate with any restrictions or limitations that would preclude us from providing this service to the residents of St. Mary's Hospital's market area.

If there are any special needs or accommodations your patients would require in the future, please let us know so we can evaluate our capability to further meet your needs. I wish you well in the future.

Sincerely,

David T. Ochs
President/CEO

DTO:deh

2500 W. Reynolds Street, Pontiac, Illinois 61764 Phone (815) 842-2828 www.osfsaintjames.org
The Sisters of the Third Order of St. Francis

JUN 27 2014

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

June 26, 2014

Mr. John Flanders
President and CEO
St. Mary's Hospital
111 Spring Street
Streator, IL 61364

Re: Discontinuation of Maternity Services at St. Mary's Hospital in Streator, IL

Dear Mr. Flanders:

In accordance with the requirements of Section 1110.130 (C) of the Illinois Administrative Code, St. Mary's Hospital in Streator, Illinois, has requested that St. Margaret's Hospital identify the impact of the discontinuation of its hospital Maternity Unit, to be effective July 27, 2014.

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

- St. Margaret's Hospital, located in Spring Valley, Illinois, is within a 45-minute travel time of St. Mary's Hospital and currently offers maternity services.

- St. Margaret's Hospital currently has the capacity to accommodate a substantial portion of St. Mary's Hospital's caseload for maternity services. This is based upon the last two years of data, which you provided in your request.

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

JUN 27 2014

June 26, 2014

Mr. John Flanders
President and CEO
St. Mary's Hospital
111 Spring Street
Streator, Illinois 61364

RE: Closure of St. Mary's Hospital Maternity Services

Dear Mr. Flanders:

In response to your letter of June 10, 2014, Illinois Valley Community Hospital (IVCH) evaluated the potential impact of the closure of St. Mary's Maternity Services on IVCH operations. This evaluation was based on the statistic that 320 patients were admitted and 333 babies were delivered in the past two years.

IVCH has the capacity to accept approximately 35% of the average annual volume experienced the past two years at St. Mary's. Given IVCH's proximity compared to other hospitals, we do not assume all patients would present to our hospital. If this were the case, impact on operations would need more thorough review. IVCH has no restrictions or limitations that preclude it from providing service to residents of St. Mary's Hospital's market area.

If there are questions regarding this response, please do not hesitate to contact me.

Sincerely,

Tommy Hobbs
CEO

OSF

SAINT ELIZABETH MEDICAL CENTER

JUN 20 2014

June 12, 2014

John Flanders, President and CEO
St. Mary's Hospital
111 Spring St.
Streator, IL 61364

RE: Discontinuation of St. Mary's Hospital Maternity and Home Health Services

Dear Mr. Flanders:

I am in receipt of your letter dated June 10, 2014 in which you announce that St. Mary's Hospital is preparing a Certificate of Need application requesting the discontinuation of the hospital's maternity unit, including seven maternity beds, and the hospital's home health program, to be effective on July 27, 2014.

OSF Saint Elizabeth Medical Center, located at 1100 E. Norris Drive, Ottawa, Illinois ("SEMC") currently has 12 maternity beds, and 236 babies were delivered at SEMC in 2013. Additionally, SEMC is affiliated with OSF Healthcare System which, through its OSF Home Care division, provides home health services in the Ottawa metropolitan area and surrounding communities. OSF Home Care treated 951 patients in 2013.

Both OSF Home Care and SEMC have the capacity to care for all patients of St. Mary's Hospital and its home health program. The proposed discontinuation of maternity and home health services at St. Mary's Hospital will have no negative impact on SEMC's operations. Additionally, SEMC does not operate under any restrictions or limitations that would preclude it from providing services to residents of St. Mary's Hospital's market area.

Please feel free to contact me if you have any further questions. Thank you.

Very Truly Yours,

Robert A. Chaffin
President

RAC/wtn