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HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**PROCEEDINGS  
OPEN SESSION**

**JULY 23, 2012**

**ORIGINAL**

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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761  
217-782-3516

OPEN SESSION

July 23, 2012

Regular session of the meeting of the State of Illinois Health Facilities and Services Review Board was held on July 23 and 24, 2012, at the Bolingbrook Golf Club, 2001 Rodeo Drive, Bolingbrook, Illinois.

1 PRESENT:

Dale Galassie - Chairman

2 Ronald Eaker

John Hayes (present July 24 only)

3 James Burden

Alan Greiman

4 Kathy Olson

Richard Sewell

5 David Penn

Robert Hilgenbrink

6

ALSO PRESENT:

7 Courtney Avery - Administrator

Catherine Clark - Administrative Assistant

8 Frank Urso - General Counsel

9 Juan Morado - Assistant Counsel

10 Alexis Kendrick - Board Staff

11 Claire Burman - Board Staff

12 Michael Constantino - IDPH Staff

13 George Roate - IDPH Staff

14 David Carvalho - IDPH

15 Bill Dart - IDPH

16 Michael C. Jones - DHFS

17 Michael Pelletier - DHS (present July 23 only)

18

19 Reported by:

20 Karen K. Keim

21 CRR, RPR, CSR-IL, CRR-MO

22 Midwest Litigation Services

23 401 N. Michigan Avenue

24 Chicago, IL 60611

1 START TIME: 10:04 A.M.

2

3 CHAIRMAN GALASSIE: Good morning, ladies and  
4 gentlemen. Calling the meeting to order. Welcome here on  
5 a nice, warm, summer day.

6 I would like to ask for approval of the  
7 agenda, please.

8 MS. OLSON: So moved.

9 MR. SEWELL: Second.

10 CHAIRMAN GALASSIE: Moved and seconded. All  
11 in favor?

12 "(Ayes" heard)

13 CHAIRMAN GALASSIE: Opposed?

14 (No response)

15 CHAIRMAN GALASSIE: Seeing none, motion  
16 passes. Thank you very much. And can I have a motion for  
17 approval of the minutes?

18 MR. EAKER: So moved.

19 MR. GREIMAN: Second.

20 CHAIRMAN GALASSIE: Moved and seconded. Any  
21 questions or issues on the minutes?

22 (Pause)

23 CHAIRMAN GALASSIE: Hearing none, all in  
24 favor?

1                               "(Ayes" heard)

2                               CHAIRMAN GALASSIE: Opposed?

3                               (No response)

4                               CHAIRMAN GALASSIE: Hearing none, motion  
5 passes.

6                               Prior to getting into Number 5, Post Permits,  
7 the Chair does want to announce, if folks didn't see it, we  
8 are scheduling our meetings publicly from this point  
9 forward starting at 10 a.m. and ending at 4 p.m. The  
10 limitless hour has become taxing on Board members, Staff,  
11 and yourselves as well. Our hope is we'll be able to go  
12 through all of the agenda, but I assure you, at four  
13 o'clock, the gavel will fall, and if your issue doesn't get  
14 dealt with today, it will get dealt with tomorrow. If it  
15 doesn't get dealt with tomorrow, it will go to the next  
16 meeting. So, these meetings and future meetings will run  
17 from 10 a.m. to 4:00 p.m., and you can set your calendars  
18 accordingly. Thank you very much.

19                               Mr. Constantino, moving into Post Permit Items  
20 Approved by the Chair.

21                               MR. CONSTANTINO: Thank you, Mr. Chairman.

22                               The following permits were given permit  
23 renewals and approved by the Chairman. Permit No. 09-068,  
24 Permit No. 09-077, Permit No. 11-024, 11-025, and 11-026.

1 Permit No. 07-153 was approved for an alteration for permit  
2 to increase the project cost by approximately one and a  
3 half percent.

4 Thank you, Mr. Chairman.

5 CHAIRMAN GALASSIE: Can I have a -- if there  
6 are any questions from Board members, this would be the  
7 time to ask.

8 (Pause)

9 CHAIRMAN GALASSIE: Hearing none, if I could  
10 have a collective motion to approve Items -- we don't need  
11 a motion. Thank you very much.

12 Moving on to Number 6, Items for State Board  
13 Action, 6-A, Permit Renewals, A-1, South Loop Endoscopy of  
14 Chicago. If there is anyone here -- thank you very much.

15 (Pause)

16 CHAIRMAN GALASSIE: As always, we would just  
17 ask, because of the length of the agenda today, if you  
18 would please try to keep your comments as focused as  
19 possible. We do have a four-minute rule at this point in  
20 time. We appreciate your respect, and we appreciate your  
21 ability to speak specifically to the issues for the Board.

22 That having been said, if you would please  
23 introduce yourselves, and then we'll have a swearing in.

24 MR. CHUA: David Chua.

1 MR. MAYO: Mark Mayo.

2 MR. ROGAL: Ira Rogal, Shea, Paige & Rogal,  
3 consultant.

4 (Oath given)

5 CHAIRMAN GALASSIE: Staff report?

6 MR. CONSTANTINO: Thank you Mr. Chairman.

7 The applicants are requesting a four-month  
8 permit renewal to October 31st, 2012, and I was told today  
9 they would like to extend that another two months to  
10 December 31st, 2012.

11 Thank you, Mr. Chairman.

12 CHAIRMAN GALASSIE: No issues?

13 MR. CONSTANTINO: No issues, no, sir.

14 CHAIRMAN GALASSIE: Thank you.

15 Would you like to speak to the Board?

16 MR. MAYO: Dr. Chua is going to give some  
17 information about the delay in the project, and then I'll  
18 speak to the extension.

19 CHAIRMAN GALASSIE: Okay. Dr. Chua, good  
20 morning.

21 MR. CHUA: Good morning, everyone. Thank you.

22 Most of the delay -- basically, we've

23 encountered a lot of problems with the City of Chicago.

24 One stretch, just to get a plumber just to come out and do

1 an inspection so we can finish our subsurface plumbing --  
2 otherwise we can't pour concrete -- it takes about 9 weeks.  
3 A lot of little things like that. I think we're done.  
4 It's just that all these permit things, signatures and  
5 things, we just didn't want to have too much cramped time.

6 CHAIRMAN GALASSIE: Okay. Fine. Thank you  
7 very much. Problems of plumbers. So noted.

8 MR. MAYO: With regard to the extension, this  
9 morning I talked with Charlie Gusman (phonetic) from the  
10 Design Standards Unit, and staff indicates that the  
11 application is in for an inspection for the State  
12 architects, but because of their scheduling, both for  
13 federal surveys and for staff training, they do not  
14 anticipate being out until the minimum of the third week in  
15 September. That calls it real close for an October 31st  
16 final approval. So, with your indulgence, we would ask to  
17 go to December 31st. The project is basically completed.  
18 They have moved furniture in. They're finished with almost  
19 everything, waiting for that inspection, and then the IDPH  
20 nursing inspection, to open. Thank you.

21 CHAIRMAN GALASSIE: Very good. Thank you.

22 Questions from Board members?

23 (Pause)

24 CHAIRMAN GALASSIE: Hearing none, may I have

1 a motion to approve a four-month permit renewal for -- it  
2 will be a six-month permit renewal for project 08-078,  
3 South Loop Endoscopy, to extend the permit completion date  
4 to December 31st, 2012?

5 MR. SEWELL: So moved.

6 MS. OLSON: Second.

7 CHAIRMAN GALASSIE: Moved and seconded. Roll  
8 call, please?

9 MR. ROATE: Motion made by Mr. Sewell,  
10 seconded by Ms. Olson.

11 Dr. Burden?

12 MR. BURDEN: Yes.

13 MR. ROATE: Mr. Eaker?

14 MR. EAKER: Yes.

15 MR. ROATE: Justice Greiman?

16 MR. GREIMAN: Yes.

17 MR. ROATE: Mr. Hilgenbrink?

18 MR. HILGENBRINK: Yes.

19 MR. ROATE: Ms. Olson?

20 MS. OLSON: Yes.

21 MR. ROATE: Mr. Penn?

22 MR. PENN: Yes.

23 MR. ROATE: Mr. Sewell?

24 MR. SEWELL: Yes.

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: Yes.

3 MR. ROATE: That's eight votes in the  
4 affirmative.

5 CHAIRMAN GALASSIE: Motion passes. Thank you  
6 very much. Congratulations. Hope that plumber shows up.

7 Courtney just reminded me that the Chair did  
8 not do a roll call. I apologize.

9 Let's do a roll call, George.

10 MR. ROATE: Dr. Burden?

11 MR. BURDEN: Here.

12 MR. ROATE: Mr. Eaker?

13 MR. EAKER: Here.

14 MR. ROATE: Justice Greiman?

15 MR. GREIMAN: Here.

16 MR. ROATE: Mr. Hayes?

17 (Pause)

18 MR. ROATE: Mr. Hilgenbrink?

19 MR. HILGENBRINK: Here.

20 MR. ROATE: Ms. Olson?

21 MS. OLSON: Here.

22 MR. ROATE: Mr. Penn?

23 MR. PENN: Here.

24 MR. ROATE: Mr. Sewell?

1 MR. SEWELL: Here.

2 MR. ROATE: Chairman Galassie?

3 CHAIRMAN GALASSIE: Here.

4 Let the record show we were advised that he  
5 will not be able to be here today, but he will be here  
6 tomorrow.

7 Item C, Exemption Requests. None -- Extension  
8 Requests. Excuse me., None.

9 Moving on to Exemption Requests, C-01,  
10 Hoopeston Community Memorial Hospital.

11 (Pause)

12 CHAIRMAN GALASSIE: Good morning. If you  
13 folks would come up, introduce yourselves, and spell your  
14 name for the recorder, we'll have you sworn in.

15 (Pause)

16 MR. LEIGH: My name is Russ Leigh, L-e-i-g-h,  
17 on the last name.

18 MR. BROCKUS: Harry Brockus, B-r-o-c-k-u-s.

19 MS. BEEVER: Stephanie Beever, B-e-e-v-e-r.

20 MR. LEONARD: Dr. Jim Leonard, L-e-o-n-a-r-d.

21 MS. FRIEDMAN: Kara Friedman, F-r-i-e-d-m-a-n.

22 CHAIRMAN GALASSIE: Good morning.

23 Can we get a Staff report, please?

24 MR. CONSTANTINO: Thank you, Mr. Chairman.

1 The applicants are Hoopeston Community Memorial Hospital  
2 and the Carle Foundation. The applicants are proposing a  
3 change in the control of the healthcare facilities'  
4 operation, physical plant, and assets. The fair market  
5 value of the transaction is \$2.7 million. There was no  
6 public hearing, and no letters of opposition were received.  
7 The applicants have met all of the requirements of the  
8 State Board.

9 Thank you, Mr. Chairman.

10 CHAIRMAN GALASSIE: Thanks, Mike.

11 Any comments for the Board?

12 MS. FRIEDMAN: If I could just make one  
13 procedural note, the date noted for the completion of this  
14 planned transaction in the application is October 1st for  
15 this year, and a number of things still need to happen  
16 before the parties will be ready to close, and so what I've  
17 talked about with Staff is that, consistent with the Part  
18 1130 rules, the date that we'd like to have is the 12-month  
19 period from today to close the transaction, which would be  
20 July 23rd, 2013. But there is a hope and expectation that  
21 the parties will close before that.

22 CHAIRMAN GALASSIE: So noted?

23 MR. CONSTANTINO: Yes, sir.

24 CHAIRMAN GALASSIE: Very good. Thank you.

1 Any other comments?

2 MR. LEIGH: Good morning. My name is Russ  
3 Leigh. I'm the Chairman of the Board of the Hoopeston  
4 Community Memorial Hospital. Harry Brockus is here with me  
5 today. He is our Chief Executive Officer, and he will  
6 continue in that position after we become a part of the  
7 Carle system. We are both here to answer your questions,  
8 but first, I'd like to take this opportunity to provide the  
9 Hoopeston Community Memorial Hospital's perspective on why  
10 affiliation with Carle Foundation is the right choice for  
11 our community. Dr. Leonard, the Carle Foundation Hospital  
12 CEO will also make some comments regarding the reasons it  
13 has chosen to align with our hospital.

14 Hoopeston Community Memorial Hospital is a  
15 critical access hospital, serving the town of Hoopeston and  
16 the surrounding areas of Vermilion County. Our community  
17 is an hour away from the tertiary services offered in  
18 Urbana at Carle and about thirty minutes away from the  
19 nearest hospital in Danville. Based on the Hill-Burton  
20 Initiative, the hospital opened in 1962. Over the first  
21 half of the 50-year existence, there were two different  
22 operators. Events culminated to the insolvency of the  
23 owner in the mid 80's. This bankruptcy would have likely  
24 closed the hospital. The Hoopeston community rallied

1 together to save the hospital from closing and raised the  
2 necessary funds to purchase the assets out of bankruptcy.  
3 Since that time, we've made many improvements designed to  
4 provide patients in the rural community the highest quality  
5 of care, to the best of our ability.

6 Our greatest achievement at that time was the  
7 establishment in 2000 of the Charlotte Ann Russell Medical  
8 Center, a 10,000 square foot outpatient clinic, housing  
9 family care physicians, physician assistants, and visiting  
10 specialists. Since that time, we have also added affiliate  
11 clinics in Cissna Park, Rossville, Watseka, and soon  
12 Milford, to provide patients with nearby access to  
13 physician services.

14 To enhance our hospital services, in 2008 we  
15 completed the modernization of a laboratory and  
16 construction of a radiology suite to consolidate these  
17 services into one area of the hospital. Currently, we have  
18 just completed a new Emergency Room and a surgical suite.  
19 Important to improve access to physician and other services  
20 not previously available at the hospital, Hoopeston and  
21 Carle Foundation Hospital entered into a Clinical  
22 Affiliation Agreement in 2009. Under this agreement, Carle  
23 provides radiology, physical therapy, pharmacy, and  
24 specialty physician services to the Hoopeston patients on

1 site in Hoopeston. Carle radiologists perform radiology  
2 readings, and Carle specialists visit the medical center to  
3 provide the patients cardiology, gynecology, and orthopedic  
4 services. The proposed integration of the hospital with  
5 Carle is an extension of the existing affiliation.

6 In 2010, the hospital determined significant  
7 improvements were warranted to ensure the hospital's future  
8 viability and to ensure patients' continued access to  
9 healthcare services close to home. The 2012 Community  
10 Health Needs Assessment, conducted by Hoopeston, identified  
11 primary health concerns, including obesity, diabetes, high  
12 blood pressure, and emergency care. A key to the  
13 hospital's future success is quality improvement.  
14 Currently, critical access hospitals receive cost-base  
15 reimbursement. However, we anticipate future reimbursement  
16 frameworks will be closely tied to outcomes and not just  
17 treatment. We also recognize the significant benefits that  
18 integrated healthcare services and electronic health  
19 records can lend to the treatment process. Therefore, in  
20 order to maintain long-term viability and ensure the  
21 patients receive the best care, we've determined the  
22 hospital must implement a new strategy to ensure patients  
23 living in our rural community receive the same high quality  
24 care that they can receive in other care settings.

1                   Integration with Carle will achieve three  
2 objectives that would otherwise not be possible. First, it  
3 will increase efficiency and improve quality of care, which  
4 is essential to the hospital's ongoing viability.

5                   MR. MORADO: Thirty seconds.

6                   MR. LEIGH: Carle's systems and Carle's  
7 protocols will be implemented at our hospital. This will  
8 provide for consistent care throughout the system and  
9 ensure patients receive the same level of care whether they  
10 are treated at Hoopeston or Carle. Carle's electronic  
11 medical record system, Epic, will be implemented at the  
12 hospital as well. This will improve quality and efficiency  
13 and reduce the quality of care across service lines, as  
14 complete patient care information will be available at both  
15 Hoopeston and Carle.

16                   Second, access to specialty physicians will be  
17 improved, as Carle will expand its existing outreach with  
18 Charlotte Ann Medical Center, by providing more specialists  
19 to treat patients and coordinate care with local care  
20 physicians. Further, Hoopeston patients will be treated at  
21 Carle with better access to follow up care close to home.

22                   MR. MORADO: Please conclude your comments.

23                   MR. LEIGH: The ultimate goal of the  
24 integration with Carle is to create a seamless care system

1 whereby area residents will receive the same level of care  
2 whether they live in Hoopston or Urbana.

3 And I have Dr. Leonard here today, the CEO of  
4 Carle, to provide comments on why Carle Foundation Hospital  
5 would like to integrate with us.

6 CHAIRMAN GALASSIE: Respectfully,  
7 Dr. Leonard, I'm going to open it up to the Board for  
8 questions.

9 MR. LEONARD: Absolutely. We're excited about  
10 this.

11 CHAIRMAN GALASSIE: It certainly sounds that  
12 way. Thank you very much.

13 Questions from the Board?

14 MR. BURDEN: I am just curious. I recognize  
15 quality and efficiency and outcome of evaluations are  
16 common to the whole industry. I'm asking -- in 2010, just  
17 knowing that it's a critical access hospital and how we  
18 look at critical access institutions differently, of  
19 course, but there was a 22 percent med/surg utilization in  
20 2010. Do you think the community, with a closer affinity  
21 to a large institution such as Carle Foundation Hospital in  
22 a nearby community, will actually improve utilization, or  
23 is there a trend to reverse out-migration of patients to  
24 other institutions that have been going on? With such a

1 low utilization rate, do you expect to see the utilization  
2 rate -- I'm asking Carle and the administration. Do you  
3 expect it to be better, or is it going to remain about the  
4 same?

5 MR. BROCKUS: We believe care will remain more  
6 local through this affiliation. We have access to capital  
7 funds to improve our facility that will allow us to keep  
8 our patients locally. We also have access to more  
9 specialty physicians to care for those patients locally.  
10 Therefore, we will see a reverse in trend of out-migration  
11 in other markets and be able to care for them in our  
12 hometown.

13 DR. LEONARD: And if I may, my answer -- as we  
14 started this discussion, it was very important to Carle  
15 that the delivery of care delivered at Hoopston be as high  
16 as it is at Carle. So, as long as a procedure can be done  
17 there, it should stay in the community, as long as it  
18 achieves that outcome level, and they've been able to do  
19 that. So, I look forward to more procedures being able to  
20 done there.

21 MR. BURDEN: Obviously (inaudible). I'm just  
22 looking at the overall cost of a new institution that's  
23 going to be a spanking new institution, what we hope it's  
24 going to be with (inaudible) your affiliation will help.

1 I'm just looking at a pitiful med/surg utilization rate  
2 that prior to your involvement was a death sentence.  
3 Without the new changes that are coming, you can't survive.  
4 That was Medicaid and Medicare percentages which I had in  
5 front of me before.

6 MR. URSO: Dr. Burden, could you put the mike  
7 closer to you, please?

8 MR. BURDEN: I'm done. That's it. Thank you.

9 CHAIRMAN GALASSIE: Thanks, Doc.

10 Any other questions from Board members?

11 (Pause)

12 MS. OLSON: I'm just curious. What's the  
13 population of Hoopeston.

14 MR. BROCKUS: 5,300.

15 CHAIRMAN GALASSIE: May I have a motion to  
16 approve Exemption E-002-12, Hoopeston Community Memorial  
17 Hospital for a change of ownership to July 23rd, 2013?

18 MR. HILGENBRINK: So moved.

19 MR. SEWELL: Seconded.

20 CHAIRMAN GALASSIE: Moved and seconded. Roll  
21 call?

22 MR. ROATE: Motion by Mr. Hilgenbrink,  
23 seconded by Mr. Sewell.

24 Dr. Burden?

1 MR. BURDEN: Yes.

2 MR. ROATE: Mr. Eaker?

3 MR. EAKER: Yes.

4 MR. ROATE: Justice Greiman?

5 MR. GREIMAN: Yes.

6 MR. ROATE: Mr. Hilgenbrink?

7 MR. HILGENBRINK: Yes.

8 MR. ROATE: Ms. Olson?

9 MS. OLSON: Yes.

10 MR. ROATE: Mr. Penn?

11 MR. PENN: Yes.

12 MR. ROATE: Mr. Sewell?

13 MR. SEWELL: Yes.

14 MR. ROATE: Chairman Galassie?

15 CHAIRMAN GALASSIE: Yes.

16 MR. ROATE: That's eight votes in the

17 affirmative.

18 CHAIRMAN GALASSIE: Motion passes.

19 Congratulations. Have a good day. Thank you.

20 CHAIRMAN GALASSIE: Item D, Alteration

21 Requests; we have none.

22 Item E, Declaratory Rulings, E-01 is

23 Pinckneyville Hospital.

24 If you folks would introduce yourselves and

1 spell your names for our recorder, we'll swear you in.

2 (Pause)

3 MR. HUDGINS: My name is Tom Hudgins,

4 H-u-d-g-i-n-s.

5 MR. PARKHURST: Ed Parkhurst, CON consultant.

6 (Oath given)

7 CHAIRMAN GALASSIE: Thank you.

8 Staff report?

9 MR. CONSTANTINO: Thank you, Mr. Chairman.

10 The permit holders are requesting a second  
11 extension of the obligation period. We brought this  
12 request to the Board for their approval, because in my  
13 recollection, this is the first time anyone has ever asked  
14 for a second extension of the obligation period. If you  
15 recall, this project was for the establishment -- or the  
16 discontinuation and establishment of a new hospital, a  
17 25-bed hospital, in Pinckneyville, Illinois at  
18 approximately \$46 million. They've had some difficulty  
19 raising funds and getting approval for funds from HUD, and  
20 they now believe that they will be able to get financing  
21 through the USDA, and they're asking for an extension of  
22 the obligation period to October 1st, 2013, another  
23 one-year extension.

24 Thank you, Mr. Chairman.

1 CHAIRMAN GALASSIE: Thank you.

2 Gentlemen, comments for the Board?

3 MR. HUDGINS: Yes. My name is Tom Hudgins.

4 I'm the CEO of the hospital and the hospital district, and  
5 appreciate the opportunity to ask for this extension, which  
6 I understand is the first of its kind, and I appreciate the  
7 efforts of the Staff in helping us put this together.

8 We originally had this project approved in  
9 April 2010, based on the indication from HUD that they  
10 might finance us. Late in the process, with some of the  
11 concerns that are out there about healthcare reform and  
12 finance, they ran some what-if scenarios on our project and  
13 indicated some concern, if any one of those could happen,  
14 that it might cause us some problems.

15 We are still sitting with an approved project.  
16 We have reduced the scope of it down now from the original  
17 number, where we believe the whole project, all in, will be  
18 in the \$31 million range. When the project was bid the  
19 first time, it came in \$5 million under projections. I  
20 don't anticipate that again.

21 USDA, back in March of this year, indicated an  
22 interest in this project. In looking at us, they felt this  
23 is something they could fund. We submitted a  
24 pre-application to them, based on a \$22.7 million debt, and

1 their first review of it in their local office indicated we  
2 could have asked for up to 27 million, based on our  
3 financials.

4 We're now sitting in a situation where the  
5 community has begun to realize the issues that are facing  
6 us that could negatively impact the hospital. I think a  
7 lot of that has come from questioning the staff at the  
8 hospital about these things, and while some of them may  
9 question whether I'm giving them all of the information,  
10 when they're talking to friends and neighbors, all of a  
11 sudden it takes on a whole new meaning, not only for their  
12 employment, but if the hospital goes away, the community  
13 loses access to its physicians. So, there are several  
14 potential, significant impacts to what might go on in the  
15 community.

16 : We've recently received a \$340,000 capital  
17 investment grant through IDPH, and the City of  
18 Pinckneyville stepped up a couple of weeks ago and  
19 obligated a third of a million dollars to help us out.  
20 We're currently short of the obligation level for the  
21 project, but that's solely driven by the fact we're trying  
22 to identify someone who believes that this project is  
23 doable.

24 We're currently -- or largely an outpatient

1 base facility. In our alteration permit, which has been  
2 filed -- it is on schedule to be heard September 11th -- to  
3 shrink the hospital, that also includes eliminating seven  
4 beds and some other space to make sure this project is  
5 comfortably feasible financially. We're sitting in a  
6 situation now that, with the USDA schedule in terms of how  
7 the financing runs out, we don't believe that they can make  
8 this happen by our October 20th expiration date. We're  
9 running against a September 30 year-end for USDA, and in  
10 light of that, we're looking at how the schedule runs.  
11 We're figuring it could be at least the summer before we  
12 get an answer out of them, and we would like to have an  
13 opportunity to pursue this.

14 From what we can see, this is probably our  
15 last shot to pull financing together for this project. If  
16 we are unable to fund this, then we have Plan B and Plan C  
17 that we will have to bring out to look at very seriously,  
18 to make sure we can maintain whatever local access and  
19 services we can in the community, which could mean not  
20 having a hospital anymore, which would be a significant  
21 negative impact on the local economy. Our unemployment is  
22 over 10 percent right now, and behind the State Prison,  
23 we're the largest employer in the County. Construction  
24 project looks like it will create about 200 jobs for 12 to

1 14 months.

2 MR. MORADO: 30 seconds.

3 MR. HUDGINS: Again, that would be a big help  
4 to us, and we simply just need more time, and are asking  
5 the indulgence of the Board to give us an extension, to be  
6 able to pursue this through USDA financing.

7 I'd be happy to take any questions.

8 CHAIRMAN GALASSIE: Thank you, Mr. Hudgins.  
9 As I recall, we were quite excited for you and the  
10 community when you initially came to the Board for this  
11 project.

12 Before I open it up to the Board -- I'm not  
13 sure if I'm asking this question to Staff. Pardon me. Do  
14 we have the authority to grant a second extension, within  
15 our rules?

16 MR. URSO: Mr. Chair, according to your rules,  
17 1130.730, it says the Board may grant a permit holder a  
18 single extension of time to obligate the project.

19 MR. BURDEN: Can you get closer to the  
20 microphone, please?

21 MR. URSO: According to your rules, Section  
22 1130.730, Extension of the Obligation Period, it says the  
23 Board may grant a permit holder a single extension of time,  
24 one single extension, to obligate the project.

1 CHAIRMAN GALASSIE: Mike, do you recall if  
2 the Board has ever granted a second extension?

3 MR. CONSTANTINO: Not to my recollection, no,  
4 sir.

5 CHAIRMAN GALASSIE: So, you're suggesting we  
6 don't have the authority for a second extension?

7 MR. URSO: That's according to your rules,  
8 that's correct.

9 CHAIRMAN GALASSIE: I don't think that's the  
10 desire of the Board --

11 MR. BURDEN: It isn't mine. Excuse me for  
12 interrupting, if I am. It's clear that they're in a bad  
13 spot. If they don't get at least the (inaudible), they're  
14 out of business, and they've got a couple of months. Too  
15 bad you're not closer to Urbana. Maybe you can talk to the  
16 Carle Foundation to come down, but that's a little  
17 distance.

18 But I'm disappointed that we're -- that we  
19 can't act --

20 CHAIRMAN GALASSIE: I agree.

21 MR. BURDEN: Because of a rule that says we  
22 can't. They have to have an extension to survive. That's  
23 how I read this. I really don't think we're in a position  
24 to close a hospital down that doesn't have (inaudible) for

1 the hospital.

2 CHAIRMAN GALASSIE: Agreed.

3 Member Sewell?

4 MR. SEWELL: Well, if we don't have the  
5 authority, does that mean a completely new permit  
6 application?

7 MR. CONSTANTINO: If you don't approve this  
8 extension and they don't obligate by October 1st, 2012,  
9 their permit becomes null and void. So they would have to  
10 file a new application for permit, once they get financed,  
11 once they can secure financing.

12 CHAIRMAN GALASSIE: David?

13 MR. CARVALHO: The rationale for this rule is,  
14 in most instances, a concern that once you give someone a  
15 permit to exhaust a certain quantity of need in an area,  
16 they are basically blocking anyone else. So, perhaps in  
17 considering whether you want to do something differently  
18 here, it would be good to know from Michael, is there -- is  
19 this an environment where there's competitors seeking to  
20 use the need that is consumed by this applicant? And, if  
21 not, that might be a situation where the Board might be  
22 less concerned about the blocking effect of an extension.

23 MR. CONSTANTINO: This is a critical access  
24 hospital, Dave. So, it is addressing the need in that

1 community.

2 MR. CARVALHO: There aren't other applicants  
3 that we know of --

4 MR. CONSTANTINO: No.

5 MR. CARVALHO: This -- in other situations,  
6 we've got several people competing to try to get into a  
7 market, and here we don't have that situation?

8 MR. CONSTANTINO: That's correct.

9 MR. SEWELL: What is the form of financing  
10 that you would get, if you were successful from  
11 Agriculture? Is it a grant or an interest subsidy?

12 MR. HUDGINS: It would be a direct community  
13 loan. It's through their community loan program.

14 MR. SEWELL: So there will be a debt service  
15 associated?

16 MR. HUDGINS: Yes, there will be debt service  
17 on the 22.7 million. Other than -- that would be the only  
18 debt we would have on the facility. What little debt we  
19 have left would be paid off about the time the project --  
20 before the project would be finished, and we already have  
21 the money escrowed to make those last payments on the two  
22 outstanding debts we have.

23 MR. SEWELL: And that's no different than  
24 earlier you were seeking from HUD? That would have been

1 the same--

2 MR. HUDGINS: That is correct.

3 MR. SEWELL: So it would not require another  
4 financial review analysis?

5 MR. HUDGINS: We actually have a second  
6 feasibility study done by Wipfli on the smaller project.  
7 We submitted the debt capacity survey I mentioned earlier  
8 and HUD commented we could have asked for over 4.3 million,  
9 but we didn't want to max out the debt, which is why we  
10 shrunk the project down where we believe some of our  
11 services in existing buildings that are not attached to the  
12 current hospital. We think this facility will put us in a  
13 better position to continue to deliver outpatient care and  
14 to become a hub for trying to keep people out of hospitals,  
15 which is why we're looking to shrink the number of beds, as  
16 well. Our mission is changing from one of "treat you in a  
17 bed" to "keep you out of the beds," and I think having this  
18 facility in the community will allow us to work  
19 collaboratively with the Department of Health and with  
20 groups in the town to make this happen for the future of  
21 the area.

22 MR. PARKHURST: Just add one comment to what  
23 Mr. Hudgins said. The new financial feasibility study, as  
24 well as the alteration permit application, is on file with

1 the State, and we're slated for the September agenda for  
2 that -- the alteration permit to be heard. So, all of that  
3 information is in the State Agency Staff's hands.

4 CHAIRMAN GALASSIE: Cath.

5 MS. OLSON: I guess my concern is, what we're  
6 saying is, by rule, we can't do this. So, my concern is  
7 that we may ultimately be penalizing this applicant by  
8 doing something that's against our rules. In light of the  
9 fact that Mr. Carvalho is telling us that there isn't seven  
10 other people lined up to come in, can they not come back to  
11 the September meeting and we can approve their application  
12 again with the changes they're already talking about?

13 CHAIRMAN GALASSIE: Well, if I may try to  
14 answer that, I talked with Frank. I think there's a couple  
15 issues going on here. Number one, we haven't had this  
16 issue come to us before, and I think I'm hearing the Board  
17 is more desirous of trying to work with this applicant,  
18 which means we're finding this rule, perhaps, overly  
19 restrictive. That's an issue we need to ask Counsel to  
20 address. If we are now -- well, I guess I need to ask that  
21 question to the Board members. Are we feeling this is  
22 overly restrictive, the single requirement?

23 MS. OLSON: I don't know. I believe that  
24 Mr. Carvalho told us there is a good reason it is in place

1 to begin with, and I have a concern about every time you  
2 run up against something that you really want to do that  
3 doesn't necessarily fit with your rules, you change the  
4 rules. I don't like that at all. I think we can work with  
5 these people. I think we can commit to them that we want  
6 to see their hospital happen, without going around the  
7 rules. I don't like going around the rules.

8 CHAIRMAN GALASSIE: How are you suggesting we  
9 do that?

10 MS. OLSON: Well, I think we have to say no to  
11 this and have them come back in September with a new  
12 application that we can then approve with all of the  
13 information that they have in it, unless I'm not  
14 understanding something. I don't see why -- I mean, all  
15 you've got to do is copy it and change the dates and make  
16 the changes they're talking about, right?

17 MR. CONSTANTINO: No. If they don't obligate  
18 by October 1st of 2012, the permit is null and void. So if  
19 they want to go forward, they would have to submit a new  
20 application to us, and then we'd have to give notice, and  
21 there would be an opportunity for a public hearing in  
22 Pinckneyville. So, they wouldn't be able to come back with  
23 a new application in September.

24 CHAIRMAN GALASSIE: They've already got

1 difficulty in securing their financing. I suspect if we  
2 put them back into an application mode again, it's going to  
3 complicate their lives for financing that much more.

4 I want to go back to the -- I was looking to  
5 my right, and I apologize for not looking to the left. Are  
6 we feeling this is an overly restrictive issue?

7 MR. PENN: I'm afraid of the precedent we  
8 might be setting. That's my concern. I also had a chance  
9 to visit the hospital when we approved the application, and  
10 I went to Mt. Vernon and Carbondale, and from my findings,  
11 there was no other applicants lined up to challenge this  
12 critical access hospital, and I think we were moving  
13 forward with the right purpose. I -- this dilemma, what do  
14 we do here with these restrictions -- are we opening  
15 Pandora's box for other applications to come back, if we  
16 set this as a precedence? I don't know, but I do know they  
17 need this hospital in Pinckneyville. I saw that firsthand,  
18 and I thought the application was well prepared and served  
19 the community, as well as the surrounding communities. I  
20 know there is no challenge from Mt. Vernon; there's no  
21 challenge from Carbondale. There is a need, and I think  
22 that's what we need to focus on, is the need for the  
23 residents of Pinckneyville.

24 CHAIRMAN GALASSIE: There's no question. I

1 hear the Board is desirous of working with this applicant.  
2 Certainly with the mission that we have, we do not want to  
3 eliminate the only hospital in a community of a population  
4 of--

5 MR. HUDGINS: The community itself is 3,300.  
6 Actually, 5,500, but the other 2,200 are in the local  
7 prison.

8 CHAIRMAN GALASSIE: So, a population of 5,500  
9 people would be impacted here. That having been said, we  
10 still have the difficulty of our rules. One option is to  
11 defer it to next month, but the rule isn't going to change  
12 between now and next month, so I don't think deferring does  
13 the applicant any good.

14 MR. HILGENBRINK: Mike, is there a fast track?  
15 What's the soonest they could redo an application,  
16 resubmit?

17 MR. CONSTANTINO: I'm guessing the first of  
18 the year, first of next year.

19 MR. HILGENBRINK: What impact does that have?

20 MR. HUDGINS: One of the issues we're facing  
21 right now, the reason we put the original request in, was  
22 the physical plant is of such an age it is starting to  
23 cause us operational problems, and we're due for our  
24 tri-annual inspection by the Department of Health somewhere

1 between the middle of September and middle of November. We  
2 know what's wrong with our building, as do they, and we're  
3 sitting on a situation where we had a cooling tower that  
4 literally fell apart and dropped the blower fan into the  
5 unit. Fortunately, it did no damage. We were able to weld  
6 it back together. We've got a replacement coming.

7           But we have aging infrastructure. This  
8 building was put up back in the mid 60's and 70's, and  
9 we're just concerned that we're going to have a major  
10 system failure that will shut us down all together, and  
11 there -- at that point in time, we'll be out of the  
12 business of providing care locally. The docs will leave  
13 town, and we've got 200 people who get all or a part of  
14 their income from us, and some of them will find jobs in  
15 other places, the LPN's, the technical skills. Folks in  
16 dietary, billing, laundry are probably going to end up on  
17 the unemployment rolls.

18           CHAIRMAN GALASSIE: Mr. Hudgins, can you just  
19 give us a minute or two? If this were denied today, what  
20 is the reality of your coming back with another  
21 application?

22           MR. HUDGINS: I would think that would  
23 probably take us into next year by the time we did  
24 anything, and I can't tell you what's going to happen with

1 our visit from the State when they inspect the building.  
2 We were, frankly, hoping that we could get an extension  
3 tied to our working with USDA. As I mentioned earlier, if  
4 we're not successful with USDA, given the concerns and the  
5 financial market right now, some of the uncertainties about  
6 the future of healthcare reimbursement, I don't think there  
7 is anybody else we can go.

8 CHAIRMAN GALASSIE: I appreciate your  
9 frankness.

10 MR. PARKHURST: Maybe one more comment. Right  
11 now there is an approved application. The USDA is  
12 reviewing the financials and the application with respect  
13 to an approved application, CON. If the CON is null and  
14 void -- and Tom needs to answer this question -- I believe  
15 that the USDA will then not continue with looking at the  
16 application, because there isn't a permit. So, it's a  
17 chicken and egg situation with respect to timing that the  
18 hospital is going through at the present time.

19 CHAIRMAN GALASSIE: Agreed. Understood.

20 MR. CONSTANTINO: Mr. Chairman?

21 CHAIRMAN GALASSIE: Yes.

22 MR. CONSTANTINO: We've always looked at  
23 critical access hospitals in a different light. IDPH has  
24 determined there is a need for this hospital in that area,

1 and our rules are designed much more so for a larger  
2 hospital in larger communities rather than a critical  
3 access hospital. So, we have a rule for extension of  
4 obligation. You can only go through that process one time.  
5 Here we have a unique situation with a unique hospital  
6 that, in my view, probably should be granted this one-time  
7 exemption.

8 CHAIRMAN GALASSIE: Let's at least, for our  
9 own purposes, make a note that we want to revisit this rule  
10 and perhaps include some wording for rural versus urban, to  
11 avoid this issue.

12 I am going to propose a motion to approve the  
13 declaratory ruling for Pinckneyville Hospital to extend the  
14 obligation date for Project 09-068, Pinckneyville Hospital,  
15 to 10-1-2013, recognizing the rule limitation, but the  
16 Board perceiving the only critical access hospital in this  
17 community is jeopardized, period, is jeopardized without  
18 the approval of this, period.

19 MR. BURDEN: So moved.

20 CHAIRMAN GALASSIE: We're recommending  
21 approving it recognizing this is a unique situation.

22 We have a motion. Is there a second?

23 (Pause)

24 CHAIRMAN GALASSIE: I got to get a second or

1 the motion dies.

2 MR. EAKER: But I need to know part of the  
3 wording at the beginning. Were you deferring until October  
4 1st?

5 CHAIRMAN GALASSIE: Granting the extension.

6 MR. EAKER: I second that. I was unclear.

7 CHAIRMAN GALASSIE: Motion and second.

8 Discussion, Member Sewell?

9 MR. SEWELL: Can we obligate ourselves to,  
10 during that period, revisit this rule as it pertains to  
11 specialty hospitals? I mean, even make it part of the  
12 motion, because I think it creates context for why we're  
13 doing this, because the difficulty here is, in voting for  
14 this, we are violating another rule. So, we have to, I  
15 think, give notice that we're going to take a look at this.  
16 Staff has said it was written for larger hospitals and  
17 larger communities, not specialty hospitals where IDPH has  
18 said that is a need. So, I think we ought to obligate  
19 ourselves to take a look at it. It doesn't mean that we're  
20 going to change it, but just to review.

21 CHAIRMAN GALASSIE: So, a friendly amendment  
22 to that motion would be with the recognition that the Board  
23 is committing itself to review rule number --

24 MR. URSO: 1130.730.

1 CHAIRMAN GALASSIE: -- prior to October 1st,  
2 2013. So we'll revisit this rule. And we also have the  
3 minutes as a record to show, if this comes up in the future  
4 with another applicant.

5 We've got a motion and a second. We're at  
6 discussion. Is there any other discussion?

7 MR. HILGENBRINK: I have a question. What  
8 happens if you don't get approval of financing this time?

9 MR. HUDGINS: We have alternate plans that  
10 would not involve the existence of a hospital. We still  
11 have a very viable rural health clinic, and we will look at  
12 what other services we might be able to offer with that.  
13 As I indicated earlier, it would eliminate local access to  
14 both inpatient care. We would close our Emergency Room and  
15 send a lot of people into the unemployment roles; but when  
16 we first started looking at this back in 2003, we  
17 recognized that we had to have alternate plans, if all else  
18 failed, and they are there, but our desire is not to have  
19 to go down those roads.

20 MR. HILGENBRINK: There's no other financing  
21 option?

22 MR. HUDGINS: We do not believe at this point  
23 in time there is anyone else. We have been searching since  
24 the HUD Program decided not to back our project in December

1 of 2010, and we spent all of 2011 and the early part of  
2 2012 trying to identify other sources in the bond market,  
3 and right now, unless you have a really solid, large bottom  
4 line, it's very difficult for a hospital our size to go  
5 into the market and get anything at a reasonable rate, and  
6 with USDA, we're looking at a three and a half percent rate  
7 over 40 years, which makes -- we're going to pay some more  
8 interest, but it makes the monthly payment very affordable,  
9 and that's what was figured into our financial feasibility  
10 study, that this project does work. We just need to find  
11 someone that will help us. We think USDA, with their rural  
12 focus -- and they've done a number of other projects in  
13 Illinois and surrounding states very much like us. We hope  
14 they will look at us as a project that is necessary in this  
15 rural area.

16 CHAIRMAN GALASSIE: Any other questions?

17 (Pause)

18 CHAIRMAN GALASSIE: Hearing none, I call for  
19 a vote.

20 MR. ROATE: Motion made by Dr. Burden,  
21 seconded by Mr. Eaker.

22 Dr. Burden.

23 MR. BURDEN: I'm going to vote yes. Of  
24 course -- and I'm -- as part of the discussion, I should

1 have brought this up, but I'm concerned about what  
2 physicians you already have on board, with all of this  
3 discussion today, and their awareness. I hope that this  
4 keeps the community intact until we see how this works out.  
5 I'm concerned about this.

6 MR. HUDGINS: I believe it will.

7 MR. ROATE: Mr. Eaker?

8 MR. EAKER: Yes.

9 MR. ROATE: Justice Greiman?

10 MR. GREIMAN: Yes. After 25 years on the  
11 Bench, my oath was to follow the law, but in some cases, I  
12 had to do justice. So, I vote yes.

13 MR. ROATE: Mr. Hilgenbrink?

14 MR. HILGENBRINK: Yes.

15 MR. ROATE: Ms. Olson?

16 MS. OLSON: I was going to respectfully vote  
17 no, until Justice Greiman made that comment. I will go  
18 ahead and vote yes. I do have concerns about this. I hope  
19 we're not setting a bad precedent for changing the rule. I  
20 vote yes.

21 MR. ROATE: Mr. Penn?

22 MR. PENN: Yes.

23 MR. ROATE: Mr. Sewell?

24 MR. SEWELL: Yes.

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: Yes, believing it's a  
3 unique situation.

4 MR. ROATE: That's eight votes in the  
5 affirmative.

6 CHAIRMAN GALASSIE: Motion passes. Good luck,  
7 gentlemen.

8 MR. HUDGINS: I'd like the thank you on behalf  
9 of the community of Pinckneyville.

10 CHAIRMAN GALASSIE: We wish you well.

11 Thank you, Board and Staff.

12 Moving on to Item F, Healthcare Workers Self-  
13 Referral Act, we have no issues there.

14 Item G, Status Reports on Conditional or  
15 Contingent Permits. Item G-01, Project 08-104, Fresenius.  
16 Anyone representing Fresenius?

17 MR. CONSTANTINO: Mr. Chairman.

18 CHAIRMAN GALASSIE: Yes, sir.

19 MR. CONSTANTINO: The Staff is asking you to  
20 remove the conditions on this permit.

21 CHAIRMAN GALASSIE: Got it.

22 MR. CONSTANTINO: The permit was permit number  
23 08-104, Fresenius Medical Care, Elgin, to establish a  
24 12-station ESRD facility in Elgin, and the condition was to

1 provide us with quarterly reports on the payor mix. We now  
2 are able to collect that information annually through our  
3 ESRD survey, and the Staff feels that the condition is no  
4 longer applicable. We're asking the Board to approve  
5 removal of that condition.

6 CHAIRMAN GALASSIE: May I have a motion to  
7 remove conditions placed on Project 08-104, Fresenius  
8 Medical Care of Elgin?

9 MR. SEWELL: So moved.

10 MS. OLSON: Second.

11 MR. ROATE: Motion made by Mr. Sewell,  
12 seconded by Ms. Olson.

13 Dr. Burden?

14 MR. BURDEN: Yes.

15 MR. ROATE: Mr. Eaker?

16 MR. EAKER: Yes.

17 MR. ROATE: Justice Greiman?

18 MR. GREIMAN: Yes.

19 MR. ROATE: Mr. Hilgenbrink?

20 MR. HILGENBRINK: Yes.

21 MR. ROATE: Ms. Olson?

22 MS. OLSON: Yes.

23 MR. ROATE: Mr. Penn?

24 MR. PENN: Yes.

1 MR. ROATE: Mr. Sewell?

2 MR. SEWELL: Yes.

3 MR. ROATE: Chairman Galassie?

4 CHAIRMAN GALASSIE: Yes.

5 MR. ROATE: That's eight votes in the  
6 affirmative.

7 CHAIRMAN GALASSIE: Motion passes. Thank you  
8 very much.

9 Moving on, Item G-01, Project 07-148, similar  
10 scenario. No presentation necessary. Mike, you're asking  
11 us to change the reporting status?

12 MR. CONSTANTINO: Yes. We'd like to change  
13 the reporting status from quarterly to yearly or  
14 semi-annually. The applicants -- if you recall, this  
15 project was for the establishment of a new hospital up in  
16 New Lenox at a cost of approximately \$400 million, and as  
17 part of that approval, conditions were placed on the  
18 permit. The permit holders were required to submit bylaws  
19 of the Silver Cross Healthy Community Commission, provide  
20 for a Federal Qualified Health Center at the old Silver  
21 Cross Hospital campus.

22 CHAIRMAN GALASSIE: Right.

23 MR. CONSTANTINO: And then provide for 24/7  
24 transportation from the old to the new campus. And

1 finally, they were able to establish an outpatient clinic  
2 for veterans at the old campus, as part of their --

3 CHAIRMAN GALASSIE: Transition?

4 MR. CONSTANTINO: Yes, sir.

5 CHAIRMAN GALASSIE: Thank you very much.

6 May I have a motion to change the reporting  
7 status placed on Project 07-148, Silver Cross Hospital  
8 Medical Center, New Lenox, from quarterly to yearly  
9 reports?

10 MR. BURDEN: So moved.

11 MR. GREIMAN: Second.

12 MR. ROATE: Motion made by Dr. Burden,  
13 seconded by Justice Greiman.

14 Dr. Burden?

15 MR. BURDEN: Yes.

16 MR. ROATE: Mr. Eaker?

17 MR. EAKER: Yes.

18 MR. ROATE: Justice Greiman?

19 MR. GREIMAN: Yes.

20 MR. ROATE: Mr. Hilgenbrink?

21 MR. HILGENBRINK: Yes.

22 MR. ROATE: Ms. Olson?

23 MS. OLSON: Yes.

24 MR. ROATE: Mr. Penn?

1 MR. PENN: Yes.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: Yes.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Yes.

6 MR. ROATE: That's eight votes in the  
7 affirmative.

8 CHAIRMAN GALASSIE: Motion passes. Thank you,  
9 very much.

10 Moving on to Item H-01, Project 12-023,  
11 Advanced Eye Surgery and Laser Center of Decatur. Is  
12 anyone here to represent them?

13 MR. CONSTANTINO: We had no findings on this  
14 project and no opposition. I don't -- we had talked at the  
15 pre-meeting whether or not we wanted to bundle all of these  
16 projects. Is that still the scenario we want to follow? :

17 CHAIRMAN GALASSIE: We do. I just didn't have  
18 it on my agenda.

19 MR. SEWELL: Mr. Chairman, what does "no  
20 findings" mean, no negative findings?

21 MR. CONSTANTINO: No negative findings, yes,  
22 sir.

23 CHAIRMAN GALASSIE: What I had suggested to  
24 the Staff is, if we have items that have no negative

1 findings and no community opposition, that presentation is  
2 only going to potentially hurt the individuals rather than  
3 help the individuals, and I say that with respect. So, we  
4 were going to bundle several items here together.

5 MR. CONSTANTINO: That's correct sir.

6 CHAIRMAN GALASSIE: Are you comfortable with  
7 that, folks?

8 (Pause)

9 CHAIRMAN GALASSIE: This -- and which ones  
10 are we bundling, Mike? Give us the numbers, so the Board  
11 is aware of it.

12 MR. CONSTANTINO: Okay. Project No. 12-023,  
13 Advanced Eye Surgery; Project 12-028, Orland Park Surgical  
14 Center; Project 12-024, Danville Healthcare; Project  
15 12-033, Center for Comprehensive Services; Project 12-030,  
16 Fresenius Medical Care Elgin. It's the first five projects  
17 on the agenda.

18 CHAIRMAN GALASSIE: Thank you.

19 Now, Board members, if you have reviewed the  
20 materials, which I'm sure you have, and if you have any  
21 questions on these five items, we're going to take them  
22 individually for individual votes.

23 So, at this point in time, I am suggesting a  
24 motion on H-01. May I have a motion to for a change of

1 ownership on Project 12-023, Advanced Eye Surgery and Laser  
2 Center, Decatur?

3 MS. OLSON: So moved.

4 MR. SEWELL: Seconded.

5 CHAIRMAN GALASSIE: Moved and seconded. Any  
6 questions?

7 MR. GREIMAN: Yeah. You have no charitable  
8 work at all, no charity? Somebody walks into your place  
9 and doesn't have anything, and you just throw them out or  
10 what?

11 MR. LEE: No. I'm Dr. Robert Lee. I'm going  
12 to be the Medical Director of the new entity, which is  
13 Gailey Eye Surgery, Decatur. Presently Advanced Eye  
14 Surgery Laser Center operates similarly to the way we will,  
15 with no advertised charity, but we take it on a  
16 case-by-case basis. A lot --

17 MR. GREIMAN: But your statistics don't show  
18 that, though.

19 MR. LEE: Right. A lot of the cases --

20 CHAIRMAN GALASSIE: I'm sorry. I apologize  
21 for interrupting you. Bear with us. Actually, the  
22 intention here is that there -- we need to swear these  
23 folks in, if we're going to have questions. So, we were  
24 trying to expedite things. Questions are absolutely

1 welcome, but I need to have you introduce yourselves, be  
2 sworn in, and then we will pursue the Judge's questions.

3 MR. GREIMAN: I don't mind. It isn't the kind  
4 of thing that requires an oath.

5 CHAIRMAN GALASSIE: Okay. We'll recognize  
6 that. Please complete your answer.

7 MR. LEE: Okay. Thank you. We'll take  
8 vision-threatening issues, on a case-by-case basis, and a  
9 lot of times a patient will have -- if no insurance or some  
10 sort of coverage, we'll waive the rest, or just do the case  
11 if it needs to be done. That's what we've gone at Gailey  
12 Eye Surgery in Decatur.

13 MR. GREIMAN: So you don't charge, so it  
14 doesn't show? Is that what we're telling me?

15 MR. LEE: I didn't understand your question.

16 MR. GREIMAN: You don't say, "We did \$300  
17 worth of work on this guy," and we mark it down on our  
18 books. We just say, "We are going to do the work on this  
19 guy" and --

20 MR. LEE: Right. It doesn't get turned over  
21 to collections or anything.

22 CHAIRMAN GALASSIE: Any other questions?

23 (Pause)

24 CHAIRMAN GALASSIE: Hearing none, do I have a

1 motion and second? Roll call.

2 MR. ROATE: Motion made by Ms. Olson, seconded  
3 by Mr. Sewell.

4 Dr. Burden?

5 MR. BURDEN: Yes.

6 MR. ROATE: Mr. Eaker?

7 MR. EAKER: Yes.

8 MR. ROATE: Justice Greiman?

9 MR. GREIMAN: Yes.

10 MR. ROATE: Mr. Hilgenbrink?

11 MR. HILGENBRINK: Yes.

12 MR. ROATE: Ms. Olson?

13 MS. OLSON: Yes.

14 MR. ROATE: Mr. Penn?

15 MR. PENN: Yes.

16 MR. ROATE: Mr. Sewell?

17 MR. SEWELL: Yes.

18 MR. ROATE: Chairman Galassie?

19 CHAIRMAN GALASSIE: Yes.

20 MR. ROATE: Eight votes in the affirmative.

21 CHAIRMAN GALASSIE: Motion passes. Thank you.

22 We appreciate it.

23 For Items H-2 through H-6, we will invite the  
24 applicants to the table. Introduce yourselves. You'll be

1 sworn in. If Board members have questions -- if they  
2 don't, no presentation will be necessary, and if there are  
3 questions, we'll ask them at that time, and if not, we'll  
4 proceed further. 2 through 5.

5 (Pause)

6 CHAIRMAN GALASSIE: Item H-02, Project  
7 12-028, Orland Park Surgical Center. Good morning. If you  
8 will introduce yourselves, and we'll have you sworn in.

9 MR. WARDELL: My name is Dr. Steven Wardell.

10 MR. PIVNICK: David P-i-v-n-i-c-k.

11 (Oath given)

12 CHAIRMAN GALASSIE: Mike?

13 MR. CONSTANTINO: Thank you, Mr. Chairman.

14 The applicants are proposing a change of  
15 ownership of a multi-specialty ambulatory treatment center.  
16 The cost of the proposed transaction is \$550,000. There  
17 was no public hearing and no opposition. The applicants  
18 have met all of the requirements of the State Board.

19 CHAIRMAN GALASSIE: If this item meets all of  
20 the requirements, there is no public opposition, and Staff  
21 has no negative findings, I propose a motion to approve a  
22 change of ownership of Project 12-023, Orland Park Surgical  
23 Center of Orland Park.

24 MS. OLSON: So moved.

1 MR. BURDEN: Second.  
2 CHAIRMAN GALASSIE: Moved and seconded. Roll  
3 call.  
4 MR. ROATE: Motion made by Ms. Olson, seconded  
5 by Dr. Burden.  
6 Dr. Burden?  
7 MR. BURDEN: Yes.  
8 MR. ROATE: Mr. Eaker?  
9 MR. EAKER: Yes.  
10 MR. ROATE: Justice Greiman?  
11 MR. GREIMAN: Yes.  
12 MR. ROATE: Mr. Hilgenbrink?  
13 MR. HILGENBRINK: Yes.  
14 MR. ROATE: Ms. Olson?  
15 MS. OLSON: Yes.  
16 MR. ROATE: Mr. Penn?  
17 MR. PENN: Yes.  
18 MR. ROATE: Mr. Sewell?  
19 MR. SEWELL: Yes.  
20 MR. ROATE: Chairman Galassie?  
21 CHAIRMAN GALASSIE: Yes.  
22 MR. ROATE: Eight votes in the affirmative.  
23 CHAIRMAN GALASSIE: Motion passes. Thank you  
24 very much. Congratulations. Have a good day.

1 Project 12-024, Danville Healthcare of  
2 Danville. If you folks would introduce yourselves and be  
3 sworn in, we'll then have the Staff report on this item.

4 MR. BROWN: Good morning. I'm Michael Brown,  
5 B-r-o-w-n. I'm the CEO of United Samaritans.

6 MR. AXEL: Jack Axel, Axel & Associates.

7 CHAIRMAN GALASSIE: Staff report?

8 MR. CONSTANTINO: Thank you, Mr. Chairman.

9 The applicants are proposing a change of  
10 ownership of a multi-specialty ambulatory surgical  
11 treatment center in Danville, Illinois. The cost of the  
12 transaction is \$4.8 million. There was no opposition and  
13 no public hearing. The applicants have met all of the  
14 requirements of the State Board.

15 Thank you, Mr. Chairman.

16 CHAIRMAN GALASSIE: Thank you, Mike.

17 Recognizing those issues again, no opposition,  
18 meets all of the requirements, and no negative findings,  
19 I'm proposing a -- may I have a motion to approve a change  
20 of ownership for Project 12-024, Danville Healthcare,  
21 Danville, Illinois?

22 MR. HILGENBRINK: So moved.

23 MR. BURDEN: Seconded.

24 CHAIRMAN GALASSIE: Moved and seconded.

1 MR. ROATE: Motion made by Mr. Hilgenbrink,  
2 seconded by Dr. Burden.

3 Dr. Burden?

4 MR. BURDEN: Yes.

5 MR. ROATE: Mr. Eaker?

6 MR. EAKER: Yes.

7 MR. ROATE: Justice Greiman?

8 MR. GREIMAN: Yes.

9 MR. ROATE: Mr. Hilgenbrink?

10 MR. HILGENBRINK: Yes.

11 MR. ROATE: Ms. Olson?

12 MS. OLSON: Yes.

13 MR. ROATE: Mr. Penn?

14 MR. PENN: Yes.

15 MR. ROATE: Mr. Sewell?

16 (Pause).

17 MR. ROATE: Absent.

18 Chairman Galassie?

19 CHAIRMAN GALASSIE: Yes.

20 MR. ROATE: That's seven votes in the  
21 affirmative.

22 CHAIRMAN GALASSIE: Motion passes. Thank you  
23 very much. Congratulations. Have a good day.

24 Item H-04, Project 12-030, Center for

1 Comprehensive Services of Palatine.

2 (Pause)

3 CHAIRMAN GALASSIE: Good morning, gentlemen.  
4 Welcome back, ladies. If you would introduce yourselves  
5 and spell your name for our reporter, we'll swear you in.

6 MR. WILLIAMSON: Chris Williamson, C-h-r-i-s,  
7 W-i-l-l-i-a-m-s-o-n.

8 MS. HOLLENDER: Heaven Hollender,  
9 H-o-l-l-e-n-d-e-r.

10 MR. MILLER: Steve Miller, S-t-e-v-e,  
11 M-i-l-l-e-r.

12 CHAIRMAN GALASSIE: Thank you very much.  
13 Staff report?

14 MR. CONSTANTINO: Thank you, Mr. Chairman.  
15 The applicants are proposing to establish an 8-bed,  
16 community-based, comprehensive rehab center in Palatine,  
17 Illinois. The cost of the project is approximately  
18 \$853,000. The anticipated project completion date is  
19 October 30th, 2012. There was no opposition to this  
20 project and no public hearing.

21 This project is before you under the  
22 Alternative Healthcare Delivery Act. It needs to be  
23 completed within a one-year time frame.

24 CHAIRMAN GALASSIE: And no negative findings?

1 MR. CONSTANTINO: And no negative findings, no  
2 public comment, no public hearing.

3 CHAIRMAN GALASSIE: Recognizing those issues,  
4 may I have a motion to approve Project 12-033, Center for  
5 Comprehensive Services, Palatine, to authorize the  
6 establishment of an 8-bed, community-based, comprehensive  
7 rehabilitation center?

8 MS. OLSON: So moved.

9 MR. BURDEN: Second.

10 CHAIRMAN GALASSIE: Moved and seconded. Roll  
11 call, please.

12 MR. ROATE: Motion made by Ms. Olson, seconded  
13 by Dr. Burden.

14 Dr. Burden.

15 MR. BURDEN: Yes.

16 MR. ROATE: Mr. Eaker?

17 MR. EAKER: Yes.

18 MR. ROATE: Justice Greiman?

19 MR. GREIMAN: Yes.

20 MR. ROATE: Mr. Hilgenbrink?

21 MR. HILGENBRINK: Yes.

22 MR. ROATE: Ms. Olson?

23 MS. OLSON: Yes. I just want to say, this is  
24 an outstanding model, and I think there's only four in

1 Illinois. I'd like to see more. I think it's wonderful.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Mr. Sewell?

5 MR. SEWELL: Yes.

6 MR. ROATE: Chairman Galassie?

7 CHAIRMAN GALASSIE: Yes.

8 MR. ROATE: Eight votes in the affirmative.

9 CHAIRMAN GALASSIE: Motion passes.

10 Congratulations. Good luck.

11 Moving on to Item H-05, Project 12-030. And

12 I'll recommend break after this item. Fresenius Medical

13 Care of Elgin. Good morning.

14 MS. RANALLI: Clare Ranalli, R-a-n-a-l-l-i, on

15 behalf of Fresenius Medical Care.

16 CHAIRMAN GALASSIE: Thank you. :

17 Staff report?

18 MR. CONSTANTINO: Thank you, Mr. Chairman.

19 The applicants are proposing a change of

20 ownership of a 12-station ESRD facility. There is no cost

21 to this project. This is an internal transaction. There

22 was no public hearing, no opposition comments were

23 received. The applicants have met all of the requirements

24 of the State Board.

1 Thank you, Mr. Chairman.

2 CHAIRMAN GALASSIE: Thank you, Mike.

3 That having been said, may I have a motion to  
4 approve a change of ownership for Project 12-030, Fresenius  
5 Medical Care of Elgin, Elgin, Illinois.

6 MR. SEWELL: So moved.

7 MR. BURDEN: Second.

8 CHAIRMAN GALASSIE: Moved and seconded.

9 MR. ROATE: Motion made by Mr. Sewell,  
10 seconded by Dr. Burden.

11 Dr. Burden?

12 MR. BURDEN: Yes.

13 MR. ROATE: Mr. Eaker?

14 MR. EAKER: Yes.

15 MR. ROATE: Justice Greiman?

16 MR. GREIMAN: Yes.

17 MR. ROATE: Mr. Hilgenbrink?

18 MR. HILGENBRINK: Yes.

19 MR. ROATE: Ms. Olson?

20 MS. OLSON: Yes.

21 MR. ROATE: Mr. Penn?

22 MR. PENN: Yes.

23 MR. ROATE: Mr. Sewell?

24 MR. SEWELL: Yes.

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: Yes.

3 MR. ROATE: That's eight votes in the  
4 affirmative.

5 CHAIRMAN GALASSIE: Motion passes. Thank  
6 you.

7 I'm going to recommend a ten-minute break. My  
8 watch says five after 11:00. Bring it back here at 11:15.

9 (Recess)

10 CHAIRMAN GALASSIE: Call back to order.  
11 Thank you for being timely.

12 We'll be moving forward here to Item H-06 on  
13 our agenda, Project 12-022, Resthave Home of Morrison. If  
14 you folks would come up and introduce yourselves and spell  
15 your names for our recorder, we'll have you sworn in.

16 (Pause)

17 MS. TEGDLER: Tami Tegdler, T-a-m-i,  
18 T-e-g-d-l-e-r.

19 MR. SMITH: John Smith, J-o-h-n, S-m-i-t-h.

20 MR. DIALS: Christopher Dials, D-i-a-l-s.

21 (Oath given)

22 CHAIRMAN GALASSIE: Staff report, please?

23 MR. CONSTANTINO: Thank you, Mr. Chairman.

24 The applicant proposes to modernize an

1 existing long-term care facility and add 21 long-term care  
2 beds to the existing 49-bed skilled care facility, for a  
3 total of 70 beds. The total cost of the project is \$9.5  
4 million. The project completion date is June 1st, 2014.  
5 No public hearing was requested and no letters of  
6 opposition were received.

7 Thank you, Mr. Chairman.

8 CHAIRMAN GALASSIE: Thank you, Mike.

9 Good morning. Comments for the Board, if any?

10 MR. SMITH: Yes. We're talking about  
11 financing.

12 CHAIRMAN GALASSIE: If you could just use  
13 that microphone, please.

14 MS. TEGDLER: I'm just going to introduce  
15 Resthave a little bit to you. I'm the Administrator there.  
16 We're a not-for-profit founded just over 50 years ago by  
17 the churches in the community. We serve a very small,  
18 rural community. We're in need of modernization and  
19 expanding. We do have a significant waiting list. We have  
20 very small double rooms. We have an excellent survey  
21 history. We're a five star facility under the CMS  
22 guidelines, and our residents and families and staff are  
23 very excited about this potential modernization and  
24 expansion.

1 CHAIRMAN GALASSIE: Thank you.

2 MR. SMITH: This being the comment regarding  
3 our financing, at this stage, we have eight banks that are  
4 interested and two that are very interested, and all of  
5 them want the CON before they write their firm letter of  
6 commitment, but we have office documentation that they are  
7 interested, if that is needed, and we feel very comfortable  
8 that we will be financed, and we are seeking for USDA  
9 guarantees for these loans. So, these are very useful for  
10 the banks to finance.

11 CHAIRMAN GALASSIE: Thank you.

12 Questions from Board members?

13 MS. OLSON: I have just one question. I'm  
14 wondering why your pre-planning costs are so much higher  
15 than the State standard. Could you speak to that briefly?

16 MR. SMITH: Yes, certainly. In total, our  
17 costs are \$1.6 million below the State standards. In this  
18 area, this would be more akin to owners representation fee  
19 and management construction costs. We've been able to get  
20 significant low construction costs and architect fees. So,  
21 in the total, looking at this in total, we are \$1.6 million  
22 below the maximum that the State permits.

23 MS. OLSON: Thank you.

24 MR. SEWELL: I guess I want to ask the Staff a

1 question about what the rule actually says. There's  
2 testimony that they have eight organizations interested,  
3 two very interested, but does the standard require the  
4 financing to be secured before the CON is given?

5 MR. CONSTANTINO: No, sir, it doesn't. What  
6 we've had problems with is that applicants come before you,  
7 and we've allowed you to -- we've issued a positive  
8 finding, based upon their letters from banks, and those  
9 letters have been a letter that even I could get that they  
10 will finance me for \$15 million, if I do this, this and  
11 this. What's happened is that we've had a number of  
12 projects where their financing falls through or they've  
13 been delayed considerably. So we're just taking a harder  
14 view about what the applicants are presenting to us.

15 MR. SEWELL: Well, would you say that now this  
16 applicant meets the standard about a mortgage being  
17 secured, or is there no change?

18 MR. CONSTANTINO: I couldn't give that  
19 recommendation, no. They're telling me that they have to  
20 have the CON in place before their financing will go  
21 forward. Well, I need something a little more than that.  
22 We hear that all the time, yet the financing, in my mind,  
23 has to be in place before we can give a positive finding on  
24 that.

1 MR. SEWELL: Could you say more about securing  
2 financing?

3 MR. SMITH: Yes. The banks we have talked to  
4 want the CON in place before they commit themselves  
5 completely. They are very interested. The facility has --  
6 it's in expansion. It's an ongoing facility. It's a very  
7 good credit risk. It's got money, more than \$3 million in  
8 the banks. So, the banks were very, very comfortable that  
9 with a significant amount of equity, the very fact that  
10 it's going to be a USDA guarantee situation, the facility  
11 is eligible for that in all sorts of ways, and we feel very  
12 comfortable that the financing will be in place. In fact,  
13 as I say, last week we got another letter of significant  
14 interest in that financing.

15 MR. DIALS: Tami, do you want to expand on  
16 that a little bit?

17 MS. TEGDLER: The Board is already actually  
18 even looking at a ground breaking date of August 7,  
19 wanting -- they're ready to go. The drawings are done.  
20 They're ready. The bids for the initial phase are already  
21 in. The Board approved them last week. I mean, they're  
22 ready to go, pending this approval.

23 CHAIRMAN GALASSIE: Dr. Burden?

24 MR. BURDEN: I want to -- the issue about

1 financing, I recall the history, having been around here  
2 about five years, that a major university in the northern  
3 part of our state made this presentation similar to what  
4 I'm hearing now. They needed a CON certificate before the  
5 financing could be secured. We didn't issue that. We had  
6 a problem with it, and allowed this very expensive and very  
7 elaborate radiology facility not to go to the university.  
8 It went to a private hospital in the northern part of our  
9 state because of that issue. So I'm curious to hear more  
10 about what we have.

11 I've heard from Mr. Constantino that he's a  
12 little uncomfortable for approving financing with this  
13 statement that the CON has to be in place before. A little  
14 bit like the cart in front of the horse. I'm afraid to say  
15 that we can make a decision based on that. I don't think  
16 that's proper. But I am concerned to hear it, because it  
17 did cause this Board a considerable issue.

18 If you remember, Mr. Constantino -- and you  
19 know what I'm referring to without naming the place -- we  
20 approved the permit, and it caused a lot of consternation  
21 and caused a lot of difficulty to straighten that out. I  
22 don't know whether this is a proper thing to discuss now,  
23 but I do know that the idea that I'm hearing is that the  
24 CON comes before the financing. That's a little unusual.

1 I believe the idea of having secured financing -- which  
2 probably with an institution like I read about, is not an  
3 issue. I would assume that. You have an excellent rating.  
4 You're 98 percent occupied, all of the things that make me  
5 think it's not a problem, but still, it's come up now, and  
6 I don't know how we will be resolving these applications on  
7 the basis of, "The Certificate of Need is in place, then I  
8 get financing." Personally, I'm a little uncomfortable  
9 with that. That's all.

10 CHAIRMAN GALASSIE: And you'll see more of  
11 those issues later in the day.

12 MR. GREIMAN: If we gave you a certificate  
13 today, could you get financing or mortgage commitment  
14 within 30 days?

15 MR. SMITH: We have got a letter from Central  
16 Bank, saying that, "Based on your timely delivery of any  
17 document necessary to underwrite the file, Central Bank can  
18 accommodate a closing date within 90 days of your request."  
19 So, they're talking about 90 days on a closing basis, once  
20 they get the information.

21 MR. GREIMAN: So, to answer my question, if we  
22 put a condition on the passage of this and said that, yes,  
23 we are giving it to you, but within 30 days, you have to  
24 give us a mortgage commitment, would that be appropriate

1 for you? Could you live with that?

2 MR. SMITH: We probably could. I would feel  
3 more comfortable with 60 days, based on the summer  
4 schedule.

5 MR. GREIMAN: How about 45?

6 MR. SMITH: But, you know, obviously, yes, we  
7 could work, if necessary, within those kind of parameters,  
8 yes.

9 MR. GREIMAN: Mr. Chair, could we amend our --

10 CHAIRMAN GALASSIE: Yes, Judge, I'll include  
11 it in the motion.

12 Seeing no other questions, may I have a motion  
13 to approve project 12-022, Resthave Home, Morrison, to  
14 modernize its existing facility and add 21 skilled care  
15 beds to an existing 49-bed inventory, contingent upon a  
16 commitment of mortgage within 45 days?

17 MR. BURDEN: So moved.

18 MS. OLSON: Second.

19 CHAIRMAN GALASSIE: Moved and seconded. Roll  
20 call, please.

21 MR. ROATE: Motion made by Dr. Burden,  
22 seconded by Ms. Olson.

23 Dr. Burden.

24 MR. BURDEN: I'm going to vote yes, and a

1 little addendum. 67 years ago I won a Blue Ribbon in the  
2 Whiteside County Fair with a heifer, and I won't ever  
3 forget that moment. That's been a long time ago.

4 MR. ROATE: Mr. Eaker?

5 MR. EAKER: Yes.

6 MR. ROATE: Justice Greiman?

7 MR. GREIMAN: Yes.

8 MR. ROATE: Mr. Hilgenbrink?

9 MR. HILGENBRINK: Yes.

10 MR. ROATE: Ms. Olson?

11 MS. OLSON: Yes.

12 MR. ROATE: Mr. Penn?

13 MR. PENN: Yes.

14 MR. ROATE: Mr. Sewell?

15 MR. SEWELL: Yes.

16 MR. ROATE: Chairman Galassie?

17 CHAIRMAN GALASSIE: Yes.

18 MR. ROATE: Eight votes in the affirmative.

19 CHAIRMAN GALASSIE: Motion passes.

20 Understand, you've got 45 days. Otherwise it does not get  
21 approved.

22 Thank you and good luck.

23 (Pause)

24 CHAIRMAN GALASSIE: Moving on to Project 07,

1 we have one public comment, who I will invite up, for  
2 Lutheran Home for the Aged. Mr. Christopher Dials?

3 MR. DIALS: Yes, that's right.

4 CHAIRMAN GALASSIE: Good morning, Mr. Dials.

5 MR. DIALS: Good morning. Thank you.

6 CHAIRMAN GALASSIE: You have two minutes.

7 MR. DIALS: I am representing Transitional  
8 Care Center of Arlington Heights and Transitional Care  
9 Management on this objection. Transitional Care supports  
10 the renovation of Lutheran Home is needed. However, we  
11 can't support the application based on two issues. First  
12 off, the charity care issue, and the cost of the project  
13 issues that we've raised in our written comment. I won't  
14 repeat those, other than to say, this isn't a sour grapes  
15 objection from a competitor, a future competitor of  
16 Lutheran Home in Arlington Heights, but we do ask for a  
17 level playing field when it comes to charity care versus  
18 tax paying status. Certainly, Lutheran Home is a tax  
19 exempt, and on that basis, they argue that it's because  
20 they provide charity care. However, the charity care in  
21 the nursing facility itself is minimal. So, we would like  
22 to see more information. We requested more information  
23 from Lutheran Home on what their direct and indirect costs  
24 are related to charity care, according to FASB 2010-23.

1 They have not provided that information. I think it would  
2 be relevant for the Board to see that information also.

3 Certainly, this is a hot topic when it comes  
4 to hospitals as well. You've all seen it in the  
5 newspapers. I would like to see something along the lines,  
6 coming from the Lutheran Home nursing facility, of 2.5 to 3  
7 percent of net patient revenue as charity care.

8 MR. MORADO: Thirty seconds.

9 MR. DIALS: Or that they, in fact, pay  
10 property tax then.

11 Finally, on the cost of the facility, we deal  
12 with construction of nursing facilities frequently. 79  
13 million for a new wing? They could build a new facility at  
14 the cost that we're building a Transitional Care Center in  
15 Arlington Heights. So it seems more appropriate that a \$60  
16 million price tag on this facility makes more sense to me,  
17 based on what we're paying to build a new nursing facility  
18 in Arlington Height. And we say they did not fully  
19 consider the alternative of a new facility on a new site in  
20 this application.

21 Thank you.

22 CHAIRMAN GALASSIE: Thank you.

23 MR. GREIMAN: I don't quite understand.

24 CHAIRMAN GALASSIE: We will be calling for

1 questions.

2 MR. GREIMAN: There's something I don't  
3 understand here. The charity care --

4 CHAIRMAN GALASSIE: Judge, let's hold that  
5 question for when the folks come up, please.

6 MR. GREIMAN: Okay.

7 CHAIRMAN GALASSIE: Representatives for  
8 Project 12-025 Lutheran Home, for the Aged. .

9 Good morning, gentlemen. If you'll introduce  
10 yourselves and spell your names for our reporter, we'll  
11 have you sworn in.

12 MR. SHEETS: Chuck Sheets from Polsinelli  
13 Shughart, representing the applicant.

14 MR. HEMMER: Phil Hemmer, Administrator of  
15 Lutheran Home.

16 CHAIRMAN GALASSIE: Spell your last name.

17 MR. HEMMER: H-e-m-m-e-r.

18 MR. TECSON: Andrew Tecson, T-e-c-s-o-n,  
19 Chuhak & Tecson, representing the applicant.

20 Carl Moellenkamp, the Chief Financial Officer  
21 of Lutheran Home, Lutheran Life Communities. Last name is  
22 M-o-e-l-l-e-n-k-a-m-p.

23 MS. CARLSON: I'm Marie Carlson, Senior  
24 Vice-President of Strategic Development for Lutheran Life

1 Communities. My last name is C-a-r-l-s-o-n.

2 CHAIRMAN GALASSIE: Thank you. We'll have  
3 you sworn in.

4 (Oath given)

5 CHAIRMAN GALASSIE: Are there fees based upon  
6 the number of people they have representing them?

7 (Laughter)

8 CHAIRMAN GALASSIE: Mike, can we have Staff  
9 report, please?

10 MR. CONSTANTINO: Thank you, Mr. Chairman.

11 The applicants propose to modernize and expand  
12 its existing 334-bed skilled nursing facility in Arlington  
13 Heights. The total cost of the project is approximately  
14 \$78.8 million. Project completion date is March 30th,  
15 2017. There was a public hearing on this project, and we  
16 had one letter of opposition.

17 Thank you, Mr. Chairman.

18 CHAIRMAN GALASSIE: Thank you very much.

19 Who would like to speak to the Board?

20 MR. SHEETS: Good morning, members of the  
21 Board, Staff. I'm going to turn this over to Phil Hemmer,  
22 who is the current Administrator, to briefly describe the  
23 project.

24 MR. HEMMER: Okay. Good morning. Again, my

1 name is Phil Hemmer. I'm the Administrator of the Lutheran  
2 Home, which is located at 800 West Oakton Street in  
3 Arlington Heights, Illinois. I am here today to  
4 respectfully ask the Illinois Health Facilities and  
5 Services Review Board to approve the application for permit  
6 submitted by the Lutheran Home to modernize our skilled  
7 nursing facility.

8 We are incredibly excited about this project  
9 and the opportunity to improve the facilities in which we  
10 provide care for our residents. The purpose of our project  
11 is primarily to bring our aging facilities into compliance  
12 with the requirements of federal law by installing  
13 sprinkler systems and replace our outdated systems. In  
14 addition, we're adding private bathroom for our residents'  
15 comfort and privacy, and adding more space for physical  
16 therapy, as our current space is very small and outdated.  
17 The current bathrooms and patient rooms are very small,  
18 contain only a toilet, and are shared by two resident  
19 rooms. We are not adding any new beds as part of this  
20 project.

21 The Lutheran home has been providing quality  
22 care for the residents of Arlington Heights for 120 years.  
23 Our mission has always been to provide the best possible  
24 care to our residents. In order to provide the best

1 possible care to our residents, we need to modernize our  
2 facilities, to replace and modernize systems which have  
3 reached the end of their useful life, such as the water  
4 piping systems, HVAC system, and fire suppressant systems.  
5 Further, to comply with federal regulations, we need to  
6 install sprinkler systems by August 2013.

7           In addition to replacing outdated systems and  
8 adding sprinkler systems, the project will modernize the  
9 facilities for our residents so they can enjoy a more  
10 home-like setting with private bathrooms and a new space  
11 for social activities. One aspect of the project that the  
12 residents are most excited about is a change from communal  
13 showers the residents must share, to rooms with private  
14 bathrooms with ADA accessible showers. At the Lutheran  
15 Home, we pride ourselves in providing our residents with a  
16 comfortable environment that focuses on the dignity of the  
17 residents. With private bathrooms, we will be able to  
18 increase our residents' comfort and privacy.

19           To accommodate the extra space needed for the  
20 upgrades, a new building will be constructed. When our  
21 building was built in the 1970's, the design was primarily  
22 focused on the delivery of healthcare in an institutional  
23 setting, which means there is little space for social  
24 activities, therapy, and meeting with families. To address

1 this issue, as part of the modernization, we will be adding  
2 additional common spaces, as well as living and dining  
3 areas for the residents and their families. These new  
4 common spaces will allow the Lutheran Home to expand its  
5 social activities and wellness programs, which is something  
6 that will truly enhance our residents' experience.

7           The modernization will also permit the space  
8 to be configured into several neighborhoods, each  
9 neighborhood where residents will dine together and  
10 participate in recreational activities together, which will  
11 increase their social interaction. The entire design of  
12 the modernized space with support patient-centered care,  
13 which will improve the physical and spiritual well-being of  
14 our residents.

15           I want to take a few moments to address the  
16 few negative findings in the State Agency Report. First  
17 with respect to financing, though our financing has not yet  
18 been secured, we are competent that we will be able secure  
19 sufficient tax exempt bond financing to finance the full  
20 project. The Lutheran Home and its affiliates have an  
21 excellent track record of obtaining tax exempt bond  
22 financing to finance its healthcare facilities. Since the  
23 1990's, the Lutheran Home and its affiliates have  
24 successfully secured approximately 149 million tax exempt

1 bonds in seven separate bond issuances. We have already  
2 started the process to secure financing for the project  
3 with our underwriter Ziegler Capital Markets Group. A  
4 representative from Ziegler is here today and can answer  
5 any questions you may have about financing for this  
6 project.

7 MR. MORADO: Thirty seconds.

8 MR. HEMMER: With respect to the project cost,  
9 the only area in which we exceeded the State standard was  
10 in the areas of site preparation, site survey, and soil  
11 investigation. There are a number of unique issues  
12 involved in this portion of the project that lead to this  
13 increase, including removal of hazardous materials  
14 including the asbestos, the installation of temporary  
15 sprinklers before permanent sprinklers can be installed,  
16 the completion a new large parking lot, rerouting major  
17 utilities, and installation of underground storm detention  
18 traps. Kevin Madalinski, the Senior Project Manager from  
19 Hoffman LLC, is here today to answer any questions you  
20 might have about the design and construction of the  
21 project, including the unique issues with site preparation.

22 In addition, the cost of the project has  
23 increased because of the need to phase this project over a  
24 period of years. In order to continue to serve our

1 residents during construction, we phased the project so we  
2 could maintain occupancy levels during the entire  
3 construction process.

4 MR. MORADO: Please conclude your comments.

5 MR. HEMMER: Thank you for the opportunity to  
6 be here today, and we're happy to answer any questions.

7 CHAIRMAN GALASSIE: We appreciate that  
8 information.

9 I will open it up to the Board for questions.

10 MR. GREIMAN: I don't think I understood what  
11 the gentleman that preceded you said about your charity  
12 care. From our report, it seems like 26 percent of your  
13 revenues are charitable -- or your charges, are charitable,  
14 which is incredibly large. We see hospitals, if they do 2  
15 percent, that's a big number. So, what was that about?

16 CHAIRMAN GALASSIE: Give us the context of  
17 your charity care.

18 MR. SHEETS: Sure, Judge. I'm going to turn  
19 that over to Mr. Carl Moellenkamp, who is the financing  
20 expert.

21 MR. MOELLENKAMP: Our charity care, it's been,  
22 obviously, a challenge at certain levels to determine how  
23 it should be calculated. We do have close to a million  
24 dollars -- about 700,000 -- of totally free care per year,

1 in terms of people who are living with no other sources of  
2 income.

3 CHAIRMAN GALASSIE: How would I qualify for  
4 free care?

5 MR. MOELLENKAMP: If you are in any kind of a  
6 room whereby there was no outside provision from a  
7 governmental entity.

8 CHAIRMAN GALASSIE: Why wouldn't I qualify  
9 for Public Aid?

10 MR. MOELLENKAMP: Assisted living, for  
11 instance, as well as some of our other portions of our  
12 shelter care and other areas, do not qualify for Public  
13 Aid.

14 CHAIRMAN GALASSIE: Thank you.

15 MR. MOELLENKAMP: From a Public Aid  
16 perspective, we conservatively are probably in the \$4  
17 million range per year, in terms of the -- just the cost  
18 above what we are reimbursed on that.

19 CHAIRMAN GALASSIE: Other questions?

20 MR. PENN: Looking back through the letters  
21 of support, it seems everybody had the same form letter  
22 that they've all signed. Do you have any other letters of  
23 support, other than these form letters that all read  
24 exactly the same?

1 MR. SHEETS: There are unique letters of  
2 support that are provided in the application by various  
3 city officials and other persons that know the Lutheran  
4 Home well.

5 MS. OLSON: If I could speak to that, I was  
6 actually at the hearing in May. I think we were there four  
7 or five hours, and there was one person who spoke against  
8 the project. Everyone else was in support of the project.  
9 The room was full.

10 CHAIRMAN GALASSIE: Mr. Carvalho?

11 MR. CARVALHO: Thank you.

12 Could I follow up on the issue of charity  
13 care? I've got a question for you. Many nursing homes  
14 across the state, if you're admitted on Medicaid or  
15 Medicare and then you're continued legibility for that,  
16 either you exhaust the availability or whatever, when it  
17 runs out, then the nursing home seeks to have the person  
18 discharged and all those hundreds of appeals come to the  
19 Department of Public Health, involuntary termination,  
20 discharge. For the period of time in between when the  
21 payment eligibilities run out and the person actually  
22 leaves, I suppose they're unpaid, and so maybe we call that  
23 charity care. Is that where your charity care comes from,  
24 or does it come from admitting somebody up-front who has no

1 payment eligibility, or is it just continuing to keep them  
2 until they're discharged when they lose their eligibility?

3 MR. MOELLENKAMP: It's typically the latter,  
4 continuing to keep them when they lose their eligibility.  
5 We have never asked anyone to leave because of a lack of  
6 funds. We, of course, have done involuntary discharges  
7 because people had funds or they simply refused to pay or  
8 there was some problems there, but we typically have 20 to  
9 25 people in any given month who are moving from exhausting  
10 their funds onto Public Aid and, typically again, 75 to 80  
11 people who are on Public Aid, as well as another 20 or 25  
12 at various levels who are under free care.

13 MR. CARVALHO: And I don't want to diminish  
14 that. I mean, clearly it would be nice if people who  
15 weren't eligible could come in, but many homes are very  
16 aggressive about kicking people out once they've lost their  
17 payment, and you are not aggressive about that. That would  
18 be one reason why your charity care numbers are higher than  
19 others.

20 CHAIRMAN GALASSIE: Any other questions from  
21 Board members?

22 MR. BURDEN: I'm happy to hear what's been  
23 said regarding the transitional care management advocate  
24 who presented issues that I don't think we're able to

1 really resolve totally, other than your independent  
2 reaction to it, which may be self-serving, but is there  
3 indeed -- I have a question. My mind is askew on this. Is  
4 there indeed an unlevelled playing field in the relationship  
5 of charity care and tax exempt paying status? That's quite  
6 a statement. That's something we can't solve today, nor  
7 would I expect you to, but I throw it out there to hear  
8 what you might say.

9 MR. MOELLENKAMP: We, of course, don't believe  
10 that at all. We believe we're obviously taking care and  
11 using contributions, as well as our various services that  
12 we provide, in order to meet the same status, and we would,  
13 in our opinion, meet the status under the new rules put out  
14 for hospitals.

15 .

16 CHAIRMAN GALASSIE: Member Sewell?

17 MR. SEWELL: The State Agency Report does this  
18 financial ratio analysis, and even your projections or the  
19 projections for the year 2016 don't appear to be within the  
20 standard for a couple of the ratios. So, is that the  
21 nature of the business, or is there something unique about  
22 Lutheran Life Communities that makes you depart from these  
23 standards?

24 MR. MOELLENKAMP: Sure. For the most part,

1 it's the nature of the business. We meet most of those  
2 ratios, as you can see. The cushion ratio at 2.75 is the  
3 area where we do not meet that ratio, and that is a ratio  
4 which, as time goes on and as our organization continues to  
5 grow and thrive, that will move up there. Three times the  
6 amount of our maximum debt service is quite a large number.  
7 That maximum debt service is probably about 15 to 20 years  
8 in the future, rather than what we have to pay in the  
9 upcoming years, because of the way it's structured. So, as  
10 the net profits and surpluses that are kept in the  
11 business, those go to build those reserves and get to that  
12 ratio over time.

13 MR. SEWELL: Just won't get there by 2016?

14 MR. MOELLENKAMP: Just won't get there by  
15 2016, which is right after we finish the project.

16 CHAIRMAN GALASSIE: Can you live with a  
17 45-day contingency for securing the bond financing.

18 MR. SHEETS: Mr. Chairman, I think Mr. Tecson  
19 might be the best person to answer that. He's the General  
20 Counsel for the Communities.

21 MR. TECSON: Thank you. 45 days would not  
22 work for this current financing. We actually need to go  
23 before the Illinois Finance Authority, and we're on track  
24 to try to get before them in August. But once you get

1 through the August approval, you still need to finish your  
2 bond documents, you need to basically have Ziegler -- who  
3 is here to talk more about the process, if you wish to hear  
4 from them -- go forward and do the marketing of the bonds,  
5 publish the official statement. There's a whole process.  
6 So, the 45 days would not be possible.

7 CHAIRMAN GALASSIE: What's the time frame you  
8 think is possible?

9 MR. TECSON: We think realistically we would  
10 be able to close by early October. So, if possible, we  
11 would ask for a November 1 cut-off date.

12 CHAIRMAN GALASSIE: Thank you.

13 Does the Board want a contingency on this  
14 item, similar to the last?

15 MR. SEWELL: Yes.

16 MS. OLSON: Yes.

17 CHAIRMAN GALASSIE: Any other questions?

18 MR. HILGENBRINK: One of the letters from the  
19 homeowners, Sherwood Improvement Association, had some  
20 concerns about storm water. Have you solved those to their  
21 satisfaction?

22 MR. SHEETS: Marie, can you answer that?

23 MS. CARLSON: The project itself includes  
24 storm water retention areas underground, so that they will

1 not be obtrusive to the neighborhoods and neighbors who do  
2 not wish to visualize anything like that, and permit us to  
3 accommodate the estimated storm water run-off that will  
4 result from this project. And our architects are here to  
5 speak to the specifics of that in a way that I probably  
6 can't be as articulate.

7 MR. TECSON: Just because of the extra storm  
8 water retention that's being put in, the amount of storm  
9 water that will be able to be retained on the entire site  
10 is increasing by over one foot per acre. So, it's actually  
11 increasing the overall retention of storm water.

12 CHAIRMAN GALASSIE: Satisfied?

13 MR. HILGENBRINK: Not really. Are you holding  
14 it longer, or is it still being released into streams, or  
15 is it going to--

16 MR. TECSON: If we could have one of our  
17 architects answer that question. Thanks.

18 CHAIRMAN GALASSIE: Introduce yourself,  
19 please.

20 MR. MADALINSKI: I am Kevin Madalinski with  
21 Hoffman. The question regarding storm water management,  
22 yes, actually, the additional storm detention that  
23 Mr. Tecson had referenced is in addition to the MWRD  
24 landfill of Arlington Heights' requirements. More volume

1 and the amount or rate of discharge will be greatly  
2 improved from current conditions, meeting full  
3 requirements.

4 MR. SHEETS: Kevin, can you talk about whether  
5 it's held longer, or how do you get there?

6 MR. MADALINSKI: Yes, it is held longer,  
7 actually. There are two large, underground storage traps  
8 which are being created on the north end and on the south  
9 end of where the proposed addition is for the project on  
10 the west end of the campus. On the east end of the campus,  
11 we're expanding parking, asphalt parking surface, and we  
12 will be collecting that in a small detention basin and,  
13 again, meeting the requirements for discharge, holding the  
14 water longer before it is discharged into the municipal  
15 system.

16 MR. HILGENBRINK: Thank you.

17 CHAIRMAN GALASSIE: Member Penn?

18 MR. PENN: Did you say completion date would  
19 be March of 2017? That seems like -- four and a half  
20 years. When did you break ground? Is it shovel ready now?

21 MR. SHEETS: We're going to bring back the  
22 architect.

23 MR. MADALINSKI: Thank you. Yes, we're  
24 looking to break ground this fourth quarter of this year.

1 Part of the -- the primary reason why the schedule of this  
2 is so long is that it's a multi-phased project. There are  
3 several requirements. Based on the planned additions,  
4 parking lot expansion, several steps have to be taken, the  
5 first of which is new parking spaces on the east end, which  
6 I spoke about earlier. No building project could begin  
7 until that on-site parking is relocated. We also have a  
8 series of utility, sanitary water distribution systems,  
9 electrical distribution systems, power service that come  
10 into the site that have a several-month relocation process  
11 to maintain current operations of the facility. Once those  
12 are all completed, we would then begin the addition on the  
13 west side of the campus. The reason -- the addition would  
14 not take that long, to 2017, except that we're maintaining  
15 high levels of occupancy within the current building.  
16 We're looking at a phased approach to the project to,  
17 again, continue to care for residents for a long period of  
18 time. Renovation of the Olson Pavilion will be in two  
19 phases: Relocating residents; then taking a year to  
20 renovate, which would involve a sequence of steps to abate  
21 the hazardous materials, shut down utilities to other  
22 portions or relocate utilities to other portions, to  
23 maintain life safety control. That will take several  
24 steps, which, again, dictates why our construction schedule

1 is so long.

2 MR. PENN: Is this brick and mortar or stick  
3 building?

4 MR. MADALINSKI: It is steel in concrete,  
5 bricks and mortar.

6 MR. SHEETS: Mr. Penn, unfortunately there is  
7 asbestos in the part that's being renovated.

8 MR. PENN: It should be abated.

9 CHAIRMAN GALASSIE: Any other questions from  
10 Board members? Mr. Sewell?

11 MR. SEWELL: Just one. This is on the  
12 reasonableness of project cost. I've heard explanations  
13 for everything except for this large parking lot. Is there  
14 something unusual about your parking lot?

15 MR. MADALINSKI: I think part of the rationale  
16 of the increased cost is, although we have described  
17 relocating parking on the campus to meet the demand, not  
18 only are we meeting the demand, but we are increasing  
19 parking without changing use of the facility. We're  
20 finalizing that, but it -- we have a large amount of  
21 parking that can be expanded without changing use, which is  
22 driving the increased cost.

23 CHAIRMAN GALASSIE: You are in agreement with  
24 our placing a contingency for successful bond financing by

1 November 1st, 2012?

2 MR. SHEETS: Yes.

3 MR. PENN: One more question. Is there lead  
4 to be abated also.

5 MR. MADALINSKI: There is not.

6 CHAIRMAN GALASSIE: May I have a motion to  
7 approve project 12-025, Lutheran Home for the Aged,  
8 Arlington Heights, to modernize and expand its existing 334  
9 skilled nursing facility, contingent upon appropriate bond  
10 financing by November 1st, 2012?

11 MR. BURDEN: So moved.

12 MS. OLSON: Second.

13 CHAIRMAN GALASSIE: Moved and seconded.

14 MR. ROATE: Motion made by Dr. Burden,  
15 seconded by Ms. Olson.

16 Dr. Burden. :

17 MR. BURDEN: I'm going to vote yes, even  
18 though the Medicare star rating is only four stars. We  
19 hope to see five.

20 MR. ROATE: Mr. Eaker?

21 MR. EAKER: Yes.

22 MR. ROATE: Justice Greiman?

23 MR. GREIMAN: Yes.

24 MR. ROATE: Mr. Hilgenbrink.

1 MR. HILGENBRINK: Yes.

2 MR. ROATE: Ms. Olson.

3 MS. OLSON: Yes.

4 MR. ROATE: Mr. Penn?

5 MR. PENN: Yes.

6 MR. ROATE: Mr. Sewell?

7 MR. SEWELL: No. I wasn't comfortable with  
8 the financial..

9 MR. ROATE: Chairman Galassie?

10 CHAIRMAN GALASSIE: Yes.

11 MR. ROATE: Seven votes in the affirmative.

12 One vote in the negative.

13 CHAIRMAN GALASSIE: Motion passes.

14 Congratulations. Good luck on the project. Hope you  
15 secure that financing.

16 Moving on to Item H-08, Project 12-027, Good  
17 Samaritan. We have six public comment requests. Those of  
18 you that are asking to give public comment can come up  
19 front, please. You will not have to be sworn in.  
20 Remember, you are limited to two minutes, so please be  
21 focused on your comments. I also see that three of the  
22 individuals asking to speak are staff members from Good  
23 Samaritan. I would ask that your comments not be redundant  
24 or that all three of you not have to speak.

1 (Pause)

2 CHAIRMAN GALASSIE: Good morning, folks.  
3 Would you introduce yourselves? We'll go from my left,  
4 starting on your right.

5 MR. BLAKEMAN: My name is Tom Blakeman.  
6 That's spelled B-l-a-k-e-m-a-n. I'm an attorney who does  
7 civil work for Livingston County, and I have been involved  
8 with the nursing home program in the county since May of  
9 2002, when the first consultant was hired to study nursing  
10 home needs within Livingston County. At the time, the  
11 County owned and operated Livingston Manor Nursing Home.  
12 After years of study, advisory committees and advisory  
13 referendum, more consultants, more studies and two requests  
14 for proposals, the County Board decided upon Good Samaritan  
15 as the only applicant that met the criteria developed by  
16 the county.

17 The Livingston County Board stands firmly  
18 behind Good Samaritan in its efforts to complete this  
19 project and respectfully requests that the Board approve  
20 the discontinuation of the existing unit, located in a  
21 rural area, serviced by a septic system and a well, and  
22 approve a Certificate of Need for a replacement, 122-bed  
23 facility which will accept Medicare and Medicaid patients,  
24 located within the City of Pontiac, hook-up to city water

1 and city sewer, and adjacent to a local hospital.

2 Thank you.

3 CHAIRMAN GALASSIE: Thank you.

4 MR. HEATH: Good morning. My name is Dave  
5 Heath, H-e-a-t-h. I'm presently a Livingston County Board  
6 member and the Chairman of the Livingston County Nursing  
7 Home Committee.

8 Livingston County has had a long and  
9 recognized history of caring for its poor and elderly.  
10 This tradition dates back to as far as 1859, when we had  
11 our first poor farm, which was built in 1860. The current  
12 home was built in the early 1960's and has served its  
13 residents very well. In 2001, the home had an occupancy  
14 rate of 92.6 percent but still had a deficit, due to the  
15 high cost of county employee benefits. In 2007, it became  
16 apparent to the Board that the present nursing home  
17 building could no longer provide the quality of care that  
18 had been the standard for so many years. It also became  
19 apparent that the concept of county government providing  
20 direct nursing home care had become less common, as a  
21 majority of counties within the state of Illinois no longer  
22 provided such care. The County was aware that the nursing  
23 care field was changing rapidly and that a committee of  
24 County Board members did not have the knowledge or

1 expertise necessary to supervise or manage such program.

2 With the release of the second request for  
3 proposals, the County sought to locate an organization to  
4 build a new home that would create enough replacement beds  
5 to ensure that the residents of the county could find  
6 nursing bed care when it was needed. The County was  
7 pleased when Good Samaritan of Flanagan, one of three  
8 responders to the second RFP, responded to the County's  
9 request and was willing to carry on the home's mission.

10 MR. MORADO: Thirty seconds.

11 MR. HEATH: Good Samaritan is a local,  
12 not-for-profit facility that has provided quality care for  
13 many of the Livingston County residents. Livingston County  
14 continues to support this project and looks forward to its  
15 completion.

16 Thank you.

17 CHAIRMAN GALASSIE: Just to remind Board  
18 members, if there are questions, we will hold them until  
19 the actual presentation by representatives of Good  
20 Samaritan. This is public comment. Thank you.

21 MS. HOWARD: Deb Howard, H-o-w-a-r-d.

22 A few years ago, I became in a situation that  
23 nobody want to be in regarding their parent. My  
24 father-in-law had a heart attack -- a stroke, and he moved

1 to Alabama with a brother, who took very good care for him  
2 for about two years. My father-in-law was worth about a  
3 million dollars at that point. Two years into this, the  
4 brother who took care of him had a heart attack and another  
5 brother took over, who is not as nice. He cut off all  
6 contact with him and us for four years. We did not know  
7 what situation my father-in-law was in or if he had any  
8 money left.

9 Four years into this, we get a call from an  
10 aunt that says he's being abused and could we come and get  
11 him. We live in Illinois. He's in Alabama. It took  
12 probably a week to arrange sheriff's police, the Elder Care  
13 Association, everybody we could get so we could get in  
14 there and remove him. I started calling nursing home  
15 facilities up in my area, who all wanted financial  
16 information, which we could not give, and we were kind of  
17 stuck, because we didn't know exactly what we were going to  
18 do with him when we brought him home.

19 I called Good Sam, and they were wonderful.  
20 "Don't worry about the money. We'll figure it all out when  
21 he gets here. Don't worry about the money. We'll take  
22 care of it. If he doesn't have money, we'll do what we  
23 have to do," which was wonderful for us. We got him. We  
24 brought him up. We had a doctor review him. Good Sam

1 was -- put him in -- we were able to put him in Good Sam.  
2 They took the best possible care of him that I could  
3 imagine. Anything that man wanted, anything, day or night,  
4 was taken care of.

5 MR. MORADO: Thirty seconds.

6 MS. HOWARD: It came to a situation where we  
7 were going to take him home. They sent staff members to  
8 our home, to go through our home and evaluate doorways and  
9 find out how we get a bathtub for him and everything. I  
10 could not ask for a better situation than what Good Sam  
11 provided our family, when other agencies in the area would  
12 not do so without financial information that we couldn't  
13 get. It ended up going to court to get his money back.

14 MR. MORADO: Please conclude your comments.

15 MS. HOWARD: And Good Sam waited actually a  
16 year to get payment for him being there, because it took us  
17 a year to get control of his finances.

18 CHAIRMAN GALASSIE: Thank you very much.  
19 Pleased that worked out for your family.

20 MS. BECKER: My name is Martha Becker,  
21 B-e-c-k-e-r, and I have worked in the home for 38 years, 36  
22 years for the County, two years for Good Samaritan Pontiac.  
23 Part of my position is to work with Public Aid to get  
24 residents Medicaid approved. I can tell you that Good

1 Samaritan has continued to take Medicaid residents, just as  
2 the County Home did. Along with that, while the census was  
3 declining due to ongoing public debates about the future of  
4 the home and the rumors that the home would close, many of  
5 our Medicaid residents left the home and the planning area  
6 because there was not Medicaid beds available. In fact, we  
7 have had residents in our home on Medicaid, because other  
8 local providers limit the number of Medicaid residents.

9 In closing, I would like to share a story that  
10 is happening today at our home. We have a resident who  
11 simply wants to have dinner in town with his family. While  
12 this should be non-event, because of our rural location  
13 this requires much advance planning. We have to make  
14 arrangements with the Showbus, our local transportation, to  
15 pick him up and bring him back, and those hours are  
16 restricted. Unfortunately, that story is all too common.  
17 Our high Medicaid census means many of our residents'  
18 families are low income and do not have transportation to  
19 visit. Winters complicate this problem for residents and  
20 staff. The replacement facility would be on a regular  
21 Showbus stop every hour.

22 MR. MORADO: Thirty seconds.

23 MS. BECKER: I ask that you please grant our  
24 request for a replacement facility today, so our residents

1 can enjoy a better quality of life. Thank you.

2 CHAIRMAN GALASSIE: Thank you.

3 MS. KEENAN: Hi. My name is Terri Keenan,  
4 K-e-e-n-a-n, and I've been a nurse at the home for 16  
5 years, under both the County and Good Samaritan of Pontiac.  
6 The County Home was known for its quality and exceptional  
7 care, and Good Samaritan has continued that tradition.  
8 There is no regard for payor source or in giving care to  
9 our residents.

10 Our current facility sits on old Route 66 and  
11 very near a railroad tracks. The replacement facility will  
12 provide a safe environment for not only our dementia  
13 residents, with a locked-down unit, but also for all of our  
14 residents, since it will be located on a less-traveled side  
15 road. As a nurse, I also feel that the location very close  
16 to the hospital will save precious seconds, in the event  
17 one of our residents would need emergency care. I also  
18 feel that the location would make it easier for volunteers  
19 to access us, and to allow us to provide more outdoor  
20 activities in a safe environment, which would greatly  
21 increase the quality of life for our residents.  
22 Frequently, ambulances from outside of Pontiac have trouble  
23 finding us when a new resident arrives.

24 The small room size of the current facility

1 makes it difficult to get necessary equipment, such as  
2 lifts, into the rooms, and to provide privacy to the  
3 resident at all times. With the replacement facility, we  
4 could also provide care for a wider range of residents, not  
5 only in the Dementia Unit, but also because we could extend  
6 our care to bariatric residents, who need additional wound  
7 care, (unintelligible), peritoneal dialysis, and cardiac  
8 rehab, for example. A replacement facility that has line  
9 of sight from the nurse's station for all rooms, bathrooms  
10 in the rooms, individual room temperature control, and  
11 secured gardens, not to mention good water, adequate room  
12 size and a community location, would provide our residents  
13 with the environment they deserve.

14 MR. MORADO: Thirty seconds.

15 MS. KEENAN: In conclusion, I would like to  
16 thank you in advance from our residents for finding it in  
17 your heart to grant our application. Thank you.

18 CHAIRMAN GALASSIE: Thank you.

19 MR. PAULSEN: My name is Tom Paulsen,  
20 P-a-u-l-s-e-n. I'm the Maintenance Director at Good  
21 Samaritan Pontiac. I've been employed with Good Sam for  
22 almost three years. In that short time, it has become  
23 apparent to me that a replacement facility is needed, and I  
24 believe it is the only viable option for the following

1 reasons: First, the boilers that heat the building are  
2 over 40 years and run on fuel oil. That expense alone runs  
3 us in hundreds of thousands of dollars each year. Two  
4 steam hot water tanks have been patch-welded numerous  
5 times. One requires this is every year. Secondly, we are  
6 on a well. The water is extremely hard and is causing  
7 extensive corrosion and mineral build-up, which causes many  
8 pin-hole leaks in our piping, as well as causing inadequate  
9 water pressure throughout the building (unintelligible) in  
10 the faucets, an issue we were tagged for in our last  
11 survey. Also many of the pipes are insulated with  
12 asbestos, which would be needed to be abated before repair  
13 or replacement. We also have a large capacity pressure  
14 tank that is very corroded, but the location of this tank  
15 would make it virtually impossible to repair since the tank  
16 is not accessible on two sides.

17 Thirdly, our resident rooms do not have  
18 air-conditioning. They are supplied to the halls and has  
19 to filter into the rooms. Also, the room size no longer  
20 meets your requirements, causing us to obtain a room-size  
21 waiver.

22 Lastly, there is the ongoing requirements of  
23 getting our existing facility up to the current Life Safety  
24 Codes. This year alone, we were required to replace

1 several light fixtures, add safety switches to our fire  
2 alarm system, and retrofit our kitchen range hood, all at a  
3 considerable cost. There are also upcoming plumbing  
4 requirements (unintelligible), which by itself would be  
5 extremely costly, but would cause us to update our alarm  
6 system as well.

7 MR. MORADO: Thirty seconds.

8 MR. PAULSEN: In conclusion, I think it's  
9 reasonable to conclude that our present building presents  
10 many challenges. When you combine that with the continual  
11 dwindling healthcare dollars, it's imperative that our  
12 nursing facility not be spending those dollars on constant  
13 repairs, replacements or upgrades, but on patient care.  
14 Revamping our current facility is not economically or  
15 logistically feasible with the magnitude of the problems  
16 that the building has. The replacement facility would  
17 greatly improve the lives of our residents.

18 Thank you.

19 CHAIRMAN GALASSIE: Thank you very much. We  
20 appreciate your comments. Thank you.

21 If there are representatives from Good  
22 Samaritan Pontiac for Project 12-027, please come to the  
23 table, introduce yourselves, spelling your names, and we  
24 will have you sworn in.

1 (Pause)

2 MR. CLANCY: Good morning. My name is Ed  
3 Clancy, C-l-a-n-c-y.

4 MS. TANNAHILL: Hi. Glenda Tannahill,  
5 G-l-e-n-d-a, T-a-n-n-a-h-i-l-l.

6 MR. HIATT: My name is Rick Hiatt, H-I-a-t-t.

7 CHAIRMAN GALASSIE: Thank you, folks.

8 Staff report, Michael.

9 MR. CONSTANTINO: Thank you, Mr. Chairman.

10 The applicants are proposing to discontinue an  
11 existing 122-bed skilled nursing facility and construct a  
12 122-bed replacement facility in Pontiac, Illinois. The  
13 total cost of the project is \$14.6 million. There was no  
14 public hearing requested. We did receive letters of  
15 opposition.

16 Thank you, Mr. Chairman.

17 CHAIRMAN GALASSIE: Thank you. Comments for  
18 the Board?

19 MR. HIATT: Chairman Galassie, members of the  
20 Planning Board, and the Staff. I'm the President of the  
21 Pontiac Group Board and the Vice-President of the Good  
22 Samaritan Pontiac Board. I've been in this community for  
23 37 years. I know every inch of the county and the Service  
24 Area, and my job is a farm manager and also president of

1 two banks.

2 We respectfully request the Board's approval  
3 for a CON so we may continue to provide healthcare to our  
4 county, as the County has done since 1860 and we have  
5 demonstrated with our sister facility in Flanagan for the  
6 last four years. We have an agreement, as you heard, with  
7 the County to make a replacement facility. We will not  
8 turn away any residents unless our physical ability or  
9 costs cannot properly care for the individual.

10 A huge difference in our mission is, like the  
11 County, we will care for all. Our reputation, our quality  
12 of care, is superior, and this is due to the people that we  
13 have serving our facility. We have a very energetic staff.  
14 We have people that are committed to their work and go far  
15 beyond that. They also participate and support marketing  
16 for Good Samaritan Pontiac. People make the difference,  
17 from the residents to the Administrator.

18 You will hear in a minute from our  
19 Administrator, Glenda Tannahill, who sets the mark with her  
20 energy and competency to lead this challenge. It's  
21 important that I describe her. She comes as a resident of  
22 the County, lives on a family farm in Blackstone, Illinois.  
23 She has a doctorate degree. She been, in her career, a  
24 consultant to corporations, a professor at Parkland

1 College, and Dean at the Lincolnland College, with a  
2 concentration and study in accounting, technology, and  
3 management. Under previous management, we were a financial  
4 mess. Today we know where every penny is. She has  
5 excellent business skills, and at the time -- and a very  
6 caring and compassionate person. She gave up her career to  
7 come home and take care of her mother, who recently passed  
8 away, and was a resident of our home. Today, she is our  
9 leader. In her off-duty hours, she keeps track of her  
10 father, who is 95 years old and still driving his truck.

11 I take time to share this with you, because in  
12 my career, my first ingredient for success that I have  
13 found -- and particularly for this replacement facility and  
14 to build it back to an affordable, safe home -- is the  
15 people. The people make the difference. The staff comes  
16 to work every day, but they give more than what they're  
17 paid for. The Board is excellent. They give time, support  
18 and marketing. We have happy and content residents.

19 As I mentioned, I've been in this area for --  
20 in this community for 37 years. I've also personally had a  
21 grandmother there for 13 years and a second grandmother  
22 there for 9 years. They were cared for excellently. I  
23 currently have five family members that have the potential  
24 to be there and four clients.

1 I was surprised and shocked to see the  
2 opposition come only from the coalition of fellow nursing  
3 homes in the area. They had the same opportunity that we  
4 had to make application for considerations that the Board  
5 was giving to take over the County Nursing Home. In my  
6 work, I believe that you develop a niche in the market  
7 area, and our niche will be to care for the poor, the  
8 dementiaed and perhaps the geriatric and other social  
9 concerns.

10 MR. MORADO: Thirty seconds.

11 MR. HIATT: You will learn from the needs of  
12 those people what is needed. There are two major issues:  
13 Financing and timing. Honestly, we had two administrators  
14 who were trying to complete this process by themselves, and  
15 they were getting nowhere. In six months, Glenda and I  
16 have put together the accountant, the attorney, the  
17 consultant, and the bank on board, and the CON is filed.  
18 End of story.

19 Financing, we are working with the bank. We  
20 are also working with the USDA. They are committed to this  
21 project. They are very excited about it. We do not have  
22 final financing, as that is one of the balls that are  
23 bouncing in the air.

24 MR. MORADO: Please conclude your comments.

1 MR. HIATT: The amendment that we filed was  
2 necessary to address the concerns of the people as they saw  
3 the picture of our facility and said privacy, a home  
4 atmosphere, and the space was necessary.

5 Thank you.

6 CHAIRMAN GALASSIE: Thank you, and you  
7 utilized your four minutes. I'm going to open it up for  
8 questions from the Board.

9 Can you live with a financing contingency on  
10 this project?

11 MR. HIATT: If that's what we have to do, we  
12 could. One of the concerns we have is, our real estate  
13 contract which is in place is contingent on the CON. Our  
14 agreement with the County is contingent on the CON, which  
15 expires December 1st. Our financing, as told to us both by  
16 the bank and the USDA, we need to get the CON and we need  
17 the CON to move forward.

18 CHAIRMAN GALASSIE: Understood. So what time  
19 frame are you suggesting is reasonable for you?

20 MR. HIATT: We would have to have things  
21 moving before six months. I would think that that would be  
22 a time frame that -- we have been told that we have to go  
23 to Washington with our application, because it exceeds what  
24 the State is allowed to approve.

1                   CHAIRMAN GALASSIE:    This question is more for  
2 Board members. With the financing being unstable, again,  
3 are we interested in a contingency here?

4                   Some yes and some no.

5                   MR. PENN:    Yes.

6                   CHAIRMAN GALASSIE:    I heard the applicant  
7 request six months. Michael, what do you find to be a  
8 reasonable time, if I may ask?

9                   MR. CONSTANTINO:   I really don't know, Dale.

10                  CHAIRMAN GALASSIE:    You're suggesting you  
11 have to have your ducks in order by December?

12                  MR. HIATT:    Um-hum.

13                  CHAIRMAN GALASSIE:    So --

14                  MR. HIATT:    Some of those agreements, I'm sure  
15 we could get the sympathy to have them extended, but we've  
16 got to get moving for other financial reasons.

17                  CHAIRMAN GALASSIE:    Well, the CON is  
18 contingent on it, so I don't want to just arbitrarily give  
19 you a number, but four months or five months is going to  
20 take us to December. So, a five-month contingency?

21                  MS. OLSON:    Mr. Chairman, I would like to look  
22 at another issue that I think is relevant to this. It  
23 looks to me like there's several facilities in the area not  
24 at capacity, and both of Good Samaritan's facilities have a

1 two-star Medicare rating. Could you address that?

2 MS. TANNAHILL: Actually, the current  
3 utilization in the County is only 3.3 percent below the 90  
4 percent optimum for the State.

5 The two-star rating for our facility --

6 MR. PENN: Excuse me. Could you talk in the  
7 mike?

8 MS. TANNAHILL: The two-star rating has  
9 actually just recently, within the last month, been rated  
10 up to a three-star. We started two years ago, March 1st,  
11 2010, we started with zero, in a month one star. So, each  
12 year we have been gaining a star. So, yes, now we are at  
13 three-star. We fully feel we will be better, but you don't  
14 get the advantage of that, because, technically, we are  
15 kind of new, starting over, when we took over the operating  
16 agreements.

17 MS. OLSON: Because it seems in my mind, there  
18 is no doubt this other facility needs to close, based on  
19 what your maintenance general said and what's in the  
20 application. But your financing is so up in the air. My  
21 concern is -- how many residents are there now?

22 MS. TANNAHILL: We have 42 residents in-house  
23 today.

24 MS. OLSON: And there's a 56-bed excess

1 capacity, so there are empty beds elsewhere in the county.

2 MS. TANNAHILL: The truth to that, though, is  
3 we are currently 70 percent Medicaid. We are the highest  
4 Medicaid patient day in the Planning Area, and because -- I  
5 know you all are aware of how far behind the State has been  
6 in its payments, getting in that payment line, we are one  
7 of the highest in the state at our Medicaid census. So, as  
8 you heard one of our public comments, when the census was  
9 falling off, some of those Medicaid residents were not able  
10 to stay in the Planning Area, even though there were beds  
11 available. Generally speaking, there were not appropriate  
12 Medicaid beds available.

13 CHAIRMAN GALASSIE: Member Sewell, and then  
14 Member Penn.

15 MR. SEWELL: Yes. On this excess capacity  
16 issue, it sounds like I'm getting a characterization of the  
17 Planning Area that, aside from you as a provider, it  
18 doesn't appear to be the commitment to serving Medicaid,  
19 uninsured patients, that you have as a part of your value  
20 set, because I heard that in some of the testimony. Am I  
21 taking that too far? Are those comments correct that I  
22 just made? It seems like you're the one with the  
23 commitment to serving Medicaid and uninsured patients.

24 MR. HIATT: We are. That's been true since

1 day one, and that was the operation of the County Home when  
2 they were operating the home. It started out as a poor  
3 farm. Our mission, since we started in business 40 years  
4 ago in Flanagan, is we turn nobody away. We've had a  
5 tremendous support group out there with donations and  
6 fundraising and the little things that you do in between,  
7 and that is still there today, and we look for that to  
8 expand and continue to be generous.

9 MS. TANNAHILL: And I'd like to add, too, that  
10 I know there was a concern about our financial viability  
11 ratios, and we are non-profit. We fully are aware that  
12 we're never going to get rich doing this, especially the  
13 way that we do it, not turning people away, but our goal is  
14 only to break even in the long run, and we do have bad  
15 years, and we do have good years. But the bottom line is  
16 that in the 40 years of running the home in Flanagan, which  
17 is just 12 miles away, we've always had the support from  
18 the community and the churches and we've made it, and we do  
19 supply this very much needed care to these people that  
20 can't get it other places.

21 CHAIRMAN GALASSIE: Member Penn?

22 MR. PENN: I was having a hard time hearing  
23 the questions. I had a question about excess beds. It  
24 says there's 56 excess beds in this Planning Area.

1 MS. TANNAHILL: And that is generally  
2 speaking. What we know from experience is that when the  
3 census was dropping -- because we are 72 percent  
4 Medicaid -- that the Medicaid residents could not find beds  
5 in the Planning Area, even though general beds were  
6 available.

7 CHAIRMAN GALASSIE: Any other questions?  
8 Hearing none, do I have a motion to approve  
9 Project 12-027, Good Samaritan Pontiac in Pontiac, to  
10 discontinue its existing 122 skilled nursing facility and  
11 construct a 122-bed replacement facility, contingent upon  
12 funding by December 1st, 2012?

13 MR. BURDEN: So moved.

14 MR. HILGENBRINK: Second.

15 CHAIRMAN GALASSIE: Moved and seconded. Roll  
16 call.

17 MR. ROATE: Motion made by Dr. Burden,  
18 seconded by Mr. Hilgenbrink.

19 Dr. Burden?

20 MR. BURDEN: Yes.

21 MR. ROATE: Mr. Eaker?

22 MR. EAKER: Yes.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: Yes.

1 MR. ROATE: Mr. Hilgenbrink?

2 MR. HILGENBRINK: Yes.

3 MR. ROATE: Ms. Olson?

4 MS. OLSON: No, based on financing.

5 MR. ROATE: Mr. Penn?

6 MR. PENN: No, based on financing.

7 MR. ROATE: Mr. Sewell?

8 MR. SEWELL: Yes.

9 MR. ROATE: Chairman Galassie?

10 CHAIRMAN GALASSIE: Yes.

11 MR. ROATE: That's six votes in the positive,  
12 two votes in the negative.

13 CHAIRMAN GALASSIE: Motion passes. Good  
14 luck. We hope you secure your financing by December.

15 We'll take one more project, and then we'll be  
16 breaking for lunch.

17 Project 12-032, Alden Courts of Shorewood, in  
18 Shorewood. If you folks would introduce yourselves,  
19 spelling your last name, and we'll have you sworn in.

20 (Pause)

21 MR. CONSTANTINO: Mr. Chairman, we received  
22 comments on this State Agency Report for this project. I'd  
23 like to pass them out.

24 CHAIRMAN GALASSIE: Please.

1 MR. CONSTANTINO: In your packet that George  
2 is passing out, there's more comments other than on this  
3 project. They're all in the same packet.

4 CHAIRMAN GALASSIE: Is this the one you  
5 e-mailed us?

6 MR. CONSTANTINO: Yes.

7 CHAIRMAN GALASSIE: You folks can go ahead  
8 and introduce yourself.

9 MR. KNIERY: My name is John Kniery,  
10 K-n-i-e-r-y, CON consultant to the applicant.

11 MS. SCHULLO: Randi Schullo, R-a-n-d-i,  
12 S-c-h-u-l-l-o.

13 MR. OURTH: Joe Ourth, O-u-r-t-h.

14 MR. MOLITOR: Bob Molitor, M-o-l-i-t-o-r.

15 (Oath given)

16 CHAIRMAN GALASSIE: Thank you.

17 Staff report, please?

18 MR. CONSTANTINO: Thank you, Mr. Chairman.

19 The applicants propose to add 50 beds to an  
20 existing 100-bed skilled nursing facility in Shorewood,  
21 Illinois. The total cost of the project is approximately  
22 \$10.4 million. The expected project completion date is May  
23 31st, 2014. No public hearing was held or requested, and  
24 no letters of opposition were received by the State Board

1 Staff.

2 Thank you, Mr. Chairman.

3 CHAIRMAN GALASSIE: Thank you, Mike.

4 MR. URSO: Mr. Chair, I'd like to just inform  
5 the Board that they received some comments on this, what  
6 would appear to be from the State Agency Report, that they  
7 need to make a decision at this point in time whether they  
8 want to move forward with this project and accept these  
9 comments or whether these comments need additional analysis  
10 by Staff and, therefore, defer this project. So, there are  
11 several choices the Board has to make at this point in  
12 time.

13 CHAIRMAN GALASSIE: So, if Board members have  
14 had a chance to review this earlier and are feeling, based  
15 upon the issues, we want a Staff review, then there would  
16 be a motion to defer this applicant to our next meeting.  
17 If the Board members are comfortable in absorbing the  
18 information and moving forward, we'll have a presentation  
19 and move forward.

20 MS. OLSON: Mr. Chairman, I'm wondering if we  
21 should defer, because, obviously, there is an issue with  
22 the financing on this one as well.

23 CHAIRMAN GALASSIE: Yes.

24 MS. OLSON: If we defer it, perhaps we'll have

1 more concrete information on financing as well, because I'm  
2 not comfortable on the financing.

3 CHAIRMAN GALASSIE: We can certainly do that.  
4 I'm needing a sense of a desire on the Board's part to move  
5 forward or to defer.

6 MR. OURTH: Could we maybe just briefly  
7 address what the substantive thing was that was added?

8 CHAIRMAN GALASSIE: Not right now. I say that  
9 respectfully.

10 Is the Board comfortable then in accepting  
11 this information? If we accept this information, we can  
12 move forward.

13 MR. PENN: Wasn't the second part the  
14 question if the Staff had a chance to digest this and  
15 review this, if they're comfortable with this information?

16 MR. CONSTANTINO: Yes, we're comfortable with  
17 it.

18 CHAIRMAN GALASSIE: So we should be able to  
19 accept the information, rather than defer it, and move  
20 forward. Show of hands if this is satisfactory.

21 (Pause)

22 CHAIRMAN GALASSIE: No opposition to that.  
23 Thank you.

24 Now you can give your presentation.

1 MS. SCHULLO: Thank you.

2 Mr. Chairman, members of the Board, I am Randi  
3 Schullo, President of Alden Realty Services and officer of  
4 the applicant. I'm pleased to have with me today Bob  
5 Molitor, our Chief Operating Officer, John Kniery, our CON  
6 consultant, and Joe Ourth, our CON counsel. I also have  
7 others with me, if you have questions that they can answer.

8 Before I begin, I would like to thank Mr.  
9 Constantino and the Staff for their work on the State  
10 Agency Report.

11 Just a quick overview and history of the  
12 project. Four years ago, we proposed and you approved a  
13 project to construct a 100-bed skilled facility and a  
14 50-bed assisted living dementia unit on our Shorewood  
15 campus. We are proud to let you know that the skilled  
16 facility opened earlier this year and under budget. This  
17 9-acre senior campus consists of a 50-unit independent  
18 senior living development, a 100-bed skilled facility, as  
19 well as the proposed 50-bed memory care component.

20 I would like you to know that the independent  
21 living was our first to open over a year ago and is full,  
22 with over 100 on the wait list. Our skilled facility  
23 opened in May and began taking residents. Just to let you  
24 know, over the last two months, we've had six calls from

1 families in need of memory care.

2           Following a financial crash of 2008, HUD had  
3 changed its lending criteria to essentially stop or  
4 severely limit funding for new assisted living projects.  
5 Consequently, while our HUD loan for the skilled facility  
6 proceeded well, HUD funding for assisted living dried up.  
7 We then filed and obtained a permit alteration to omit the  
8 assisted living, dementia beds.

9           The project we bring to you today continues to  
10 be for a 50-bed dementia unit, although in the context of a  
11 skilled facility rather than assisted living. This change  
12 to a skilled unit allows us to obtain HUD financing to  
13 provide this dementia care and complete the project we had  
14 intended. It also allows us to care for a wider spectrum  
15 of dementia residents.

16           We are willing to dive into the State Agency's  
17 findings. However, the letter we submitted earlier last  
18 week did respond to the State Agency Report's findings.  
19 Therefore, in consideration of your time and your long  
20 agenda, we are happy to answer any questions you may have,  
21 and we are hopeful to have your support for this project,  
22 as your approval will allow us to proceed with the dementia  
23 care, similar to what you approved previously, and which we  
24 believe is much needed in the community.

1 Thank you.

2 CHAIRMAN GALASSIE: Thank you.

3 Questions from the Board members?

4 Hearing none, I will move forward.

5 MS. OLSON: Are we going to do any contingency  
6 on financing here, or are we just going to let it go?

7 CHAIRMAN GALASSIE: That is your pleasure.

8 MS. OLSON: I do have some questions. I was  
9 wondering if you could respond to the rather high number of  
10 type A violations that you've had since 2009. I'd like to  
11 hear something about that. Eight of them, I believe, since  
12 2009.

13 MR. MOLITOR: There was a total of eight, but  
14 it's down to five now, through the hearing process. I  
15 would like to have everyone note that we do operate over 35  
16 facilities in the state of Illinois, 22 of which are  
17 skilled facilities. So, I look at that as a relatively low  
18 number, five days over the course of those three years.  
19 All of the deficiencies have been remedied, and we are  
20 still in hearing on the five remaining, and we anticipate  
21 those to be done soon.

22 MS. OLSON: I also was curious -- because I  
23 did receive and review the information that was handed out  
24 this morning. If I add this up correctly -- and there were

1 form letters where you had a doctor fill in a number. But  
2 this potential referral, 396 patients a year, that seems  
3 like an inordinate high number to me. You better be  
4 getting rid of them fast, if they're going to come in that  
5 fast. That number is not working for me. Can you speak to  
6 that?

7 MR. KNIERY: First of all, we were very  
8 careful -- the same doctors provided the referrals as the  
9 initial application for the general long-term care. So we  
10 were very careful to ask them and make sure that they were  
11 only counting dementia residents, their patient load. And  
12 I think it is consistent. We have a facility -- Randi,  
13 where is your nearest dementia unit?

14 MS. SCHULLO: Naperville has 33 beds of  
15 dementia. It's full, with a wait list.

16 MR. KNIERY: So that would be consistent.  
17 Obviously, we can't, and don't think we will be able to,  
18 accommodate that full need. But this is -- we think will  
19 complement the campus that is being proposed in Shorewood.

20 CHAIRMAN GALASSIE: Is that answering your  
21 question?

22 MS. OLSON: It does.

23 CHAIRMAN GALASSIE: Any other questions?

24 MR. URSO: Mr. Chair, I have a comment,

1 please. For the Board members' information, I just want to  
2 let you know that in the second quarterly report from the  
3 Illinois Department of Public Health, they cited two  
4 additional A violations against Alden homes.

5 CHAIRMAN GALASSIE: Is that part of the five  
6 you mentioned?

7 MR. MOLITOR: No. There's two more additional  
8 as of 2012.

9 MR. GREIMAN: What was the nature of the  
10 violation at Alden. What was the nature?

11 MR. MOLITOR: Excuse me?

12 CHAIRMAN GALASSIE: What was the nature of  
13 the violations?

14 MR. MOLITOR: The last two?

15 CHAIRMAN GALASSIE: Yeah.

16 MR. MOLITOR: One was at Alden Orland Park.  
17 It was a one-time occurrence. I believe it had something  
18 to do with a fall. And then the second one was Alden  
19 Wentworth that actually went back two years from a Public  
20 Health finding. They came out, and it actually goes back  
21 two years since this date, and we're getting -- we got a  
22 violation for that.

23 MR. GREIMAN: Are you doing anything about it  
24 so that won't happen again?

1 MR. MOLITOR: Every time we get cited with any  
2 deficiency, we put a plan together and make sure it doesn't  
3 occur. Orland Park facility was a one-time occurrence.  
4 That facility has the most perfect surveys in our whole  
5 company. And the Wentworth situation was something we  
6 didn't even know about -- it came from a hospital -- but we  
7 still looked at the situation and made sure that everything  
8 was in place to make sure that couldn't occur in the future  
9 at all.

10 CHAIRMAN GALASSIE: Thank you.

11 I'm going to go back to Member Olson. Are we  
12 desiring a financial contingency on this?

13 MS. OLSON: Well, yeah, I think so. We've  
14 required that of everybody else. I don't know why we  
15 wouldn't in this case as well.

16 CHAIRMAN GALASSIE: Yes?

17 MR. GREIMAN: I think so.

18 CHAIRMAN GALASSIE: The time frame that is  
19 comfortable for you, within reason?

20 MS. SCHULLO: Well, truthfully, our financing  
21 deals with HUD is a very lengthy process. We'll be ready  
22 to submit our application to HUD within 60 days, and then  
23 we're basically at their mercy. Typically, HUD financing  
24 has taken anywhere from 6 to 9 months. So, I guess if you

1 were looking to put an outside date, I'd say 9 months.

2 MS. OLSON: So does HUD require the CON in  
3 order to file? Is that what you're saying?

4 MS. SCHULLO: Absolutely.

5 CHAIRMAN GALASSIE: Six to nine months,  
6 thoroughly consistent?

7 MR. CONSTANTINO: This group got HUD financing  
8 for the original 100-bed facility. So it -- and they're  
9 putting more equity into this project. So, it would appear  
10 to me that they would be in pretty good shape with the HUD  
11 financing.

12 CHAIRMAN GALASSIE: I will propose -- ask for  
13 a motion to approve Project 12-032, Alden Courts of  
14 Shorewood in Shorewood, to add 50 beds to an existing  
15 100-bed skilled care facility, contingent upon successful  
16 financing by March 1st of 2013.

17 MR. EAKER: So moved.

18 MR. BURDEN: Second.

19 CHAIRMAN GALASSIE: Moved and seconded.

20 Roll call.

21 MR. ROATE: Motion made by Mr. Eaker, seconded  
22 by Dr. Burden.

23 Dr. Burden?

24 MR. BURDEN: Yes.

1 MR. ROATE: Mr. Eaker?

2 MR. EAKER: Yes.

3 MR. ROATE: Justice Greiman?

4 MR. GREIMAN: Yes.

5 MR. ROATE: Mr. Hilgenbrink?

6 MR. HILGENBRINK: Yes.

7 MR. ROATE: Ms. Olson?

8 MS. OLSON: No, based on financing. I think

9 that's too up in the air.

10 MR. ROATE: Mr. Penn?

11 MR. PENN: No, based on the financing.

12 MR. ROATE: Mr. Sewell?

13 MR. SEWELL: No.

14 MR. ROATE: Chairman Galassie?

15 CHAIRMAN GALASSIE: No. Financing issues.

16 MR. ROATE: Four in the affirmative, four in

17 the negative.

18 CHAIRMAN GALASSIE: Motion does not pass.

19 MR. URSO: You'll be receiving an Intent to

20 Deny. So, you have another opportunity to come before the

21 Board, as well as submitting additional information. Thank

22 you.

23 MR. KNIERY: Thanks for your time.

24 CHAIRMAN GALASSIE: It is now 12:40. I'm

1 going to recommend that we break for lunch, and we will  
2 attempt to be back here at 1:30.

3 (Lunch recess)

4 CHAIRMAN GALASSIE: Thank you very much.  
5 Welcome back.

6 We are moving into Project No. H-10, Project  
7 12-036, Healthcare Center at Monarch Landing in Naperville.  
8 If you folks would introduce yourselves, spell your last  
9 name for our reporter, we'll have you sworn in.

10 MR. CLANCY: Good afternoon. My name is Ed  
11 Clancy, C-l-a-n-c-y.

12 MS. deFIEBRE: I'm Denise deFiebre, d-e  
13 F-i-e-b-r-e.

14 MS. CISEWSKI: Renee Cisewski,  
15 C-i-s-e-w-s-k-i.

16 MR. FEAUTO: And Mick Feauto, F-e-a-u-t-o.

17 MR. MURACA: Frank Muraca, M-u-r-a-c-a.

18 (Oath given)

19 CHAIRMAN GALASSIE: Thank you.

20 Staff report, gentlemen?

21 MR. CONSTANTINO: Thank you, Mr. Chairman.

22 The applicants propose to establish a 96-bed  
23 skilled nursing facility on the campus of Monarch Landing,  
24 an existing independent living facility community in

1 Naperville, Illinois. The cost of the project is  
2 approximately \$24.4 million. There was no public hearing  
3 requested and no letters of opposition received.

4 Thank you, Mr. Chairman.

5 CHAIRMAN GALASSIE: Thank you.

6 Would someone like to address the Board?

7 MS. deFIEBRE: Sure. Good afternoon. My name  
8 is Denise deFiebre, and I'm the Vice-President of  
9 Acquisitions for Senior Care Development. We are the  
10 managing member of Naperville Senior Care, who is the owner  
11 of Monarch Landing.

12 Monarch is a CCRC, a continuing care  
13 retirement community, that opened in 2006 with 365  
14 independent living apartments. Its previous owner made a  
15 commitment to the independent living residents at that time  
16 to construct a skilled nursing facility on the campus and  
17 had obtained this Board's approval to do so. However, the  
18 prior owner's financial condition deteriorated to the point  
19 that that promise was unfulfilled.

20 We bought the community in November of 2010  
21 and plan to fulfill the commitment of providing the full  
22 continuum of care on the campus, by constructing the  
23 healthcare center with 96 skilled nursing beds. Those beds  
24 will meet the needs of the existing Monarch Landing

1 residents, as well as help alleviate its Planning Area's  
2 need for 937 additional long-term care beds, as identified  
3 by IDPH. At this point, and for more than six years,  
4 Monarch Landing's current residents who have needed skilled  
5 nursing care have been forced to transfer to another  
6 location to receive that care, disrupting the continuity of  
7 care that they receive, leaving behind family, friends, and  
8 the support of the Monarch Landing community. The project  
9 as it's designed is meant to promote the continuity of care  
10 across independent living, assisted living, and skilled  
11 nursing levels. To deliver this range of services and have  
12 a connection to the existing community, there will be a  
13 common area, shared by multiple operations programs. A  
14 town center will provide a link directly to the Monarch  
15 Landing Independent Living Community and the health center,  
16 and is designed to promote efficient delivery of both  
17 skilled nursing and assisted living care. The town center  
18 will be the core of services for residents, and include  
19 rehabilitation services, a gym, as well as ancillary  
20 services, including kitchen, a dedicated food service  
21 preparation area, et cetera.

22 We are demonstrating our commitment to medical  
23 care to our current residents by having a full-time  
24 physician on staff at Monarch Landing. That physician is

1 affiliated with Edward Hospital, the Edward Medical Group,  
2 and that physician provides primary care to the independent  
3 living residents. More than 95 percent of them use that  
4 physician as their primary care physician.

5 In conclusion, we ask that you consider  
6 approving our application to establish the 96-bed skilled  
7 nursing facility to meet the needs of its current and  
8 future residents of Monarch Landing, as well as help  
9 alleviate the identified need for the 937 long-term beds in  
10 the Planning Area. And we look forward to answering your  
11 questions.

12 CHAIRMAN GALASSIE: Thank you.

13 I'd like to open it up to the Board members  
14 for questions.

15 (Pause)

16 MS. OLSON: Could you address -- you know what  
17 I'm going to ask.

18 MS. deFIEBRE: Let me guess.

19 MS. OLSON: Financing, could you just help us  
20 with that a little bit.

21 MS. deFIEBRE: Yes, absolutely. We have a  
22 financing commitment from Fundamental Advisors, our  
23 financial partner, and it's our intent to execute that  
24 financing right before construction starts, which is

1 November 1st of this year.

2 MS. OLSON: Thank you.

3 CHAIRMAN GALASSIE: Other questions?

4 (Pause)

5 MR. BURDEN: Page 3 of the application,  
6 there's a list of State Board standards not met. I'm not  
7 accustomed to seeing so many. I've listened to the  
8 financing feasibility. The question was answered that was  
9 proposed by Ms. Olson. You answered. I said that's  
10 (inaudible), a four-syllable word meaning reasonable quick.  
11 Did I hear that, or is my hearing --

12 MS. deFIEBRE: I confirmed with Commissioner  
13 Olson that we do have a financing vehicle in place to fund  
14 the construction. I thought that was the question.

15 MR. BURDEN: Is this financing vehicle secure  
16 enough to -- for us to approve your recommendation? Is  
17 it -- do I understand, like we've heard a lot today, that  
18 the application that you presented us today demands our  
19 approval before you get this financing secured? Is that  
20 correct?

21 MS. deFIEBRE: That is correct, and the  
22 project is financially feasible both for the construction  
23 and the --

24 MR. BURDEN: I am beginning to sound like my

1 children. I have three lawyers, and two of them are trial  
2 attorneys, and I resent how they interrogate me, but I am  
3 starting to take it on, whether I like it or not. But at  
4 any rate, they -- I just wonder. I mean, there are 49  
5 facilities within 30 minutes. Over three-fourths of them  
6 are not operating at 90 percent. That's a standard that we  
7 have. I think it's a concern. Can you help me on that?  
8 Do you feel that that's unjust or doesn't merit  
9 consideration, when we look at your application?

10 MS. deFIEBRE: As a continuing care retirement  
11 community, Monarch Landing residents have been promised  
12 assisted living and skilled nursing on its campus. The key  
13 driver of resident satisfaction and future marketability  
14 for the community rests in providing the full continuum of  
15 care on that campus. So, we believe that the internal  
16 demand from the independent living residents, once the  
17 community is full, will probably fill three-quarters of the  
18 beds that are being proposed here. We anticipate about 70  
19 to 75 of the 96 beds will be demanded for by the  
20 independent living residents. So, we believe there is  
21 sufficient demand to fill these beds sufficiently. In  
22 addition, there is an identified need for skilled nursing  
23 beds in the Planning Area.

24 MR. BURDEN: I love the way you twist that

1 around. I listened carefully to you.

2 CHAIRMAN GALASSIE: Can you put that mike --

3 MR. BURDEN: I shouldn't see any concern on my  
4 part for you guys to build this facility, because there is  
5 sufficient demand, but I'm looking at these lengthy State  
6 Board standards not met, and I'm assuming you're telling  
7 me, "Don't pay any attention to this. We're fine, and  
8 we're going to fill these beds, and that should not disturb  
9 your competing present facilities," some of whom, I  
10 presume, are planning expansion and renovation projects.  
11 They usually do. We hear that after we say okay to you.  
12 Am I wrong on this? I'm not trying to be difficult. I  
13 just am wanting you to help me understand.

14 MS. deFIEBRE: We believe there is sufficient  
15 demand for the 96 beds.

16 CHAIRMAN GALASSIE: Mike, would you comment  
17 on Dr. Burden's issue?

18 MR. BURDEN: I sort of resent being told,  
19 "Don't pay attention to what you read." I believe what I  
20 read in front of me.

21 Mike, help us out.

22 MR. CONSTANTINO: There is a calculated bed  
23 need by calendar year 2018 of 917 beds in this Planning  
24 Area. That is correct. Currently, though, they have -- 36

1 of the 49 facilities within 30 minutes are not at 90  
2 percent target occupancy. That's currently based on 2010  
3 information, the most recent data we have.

4 MR. BURDEN: So, am I to assume, if you took  
5 this data and moved it up two years, that there would be  
6 certainly fewer facilities at risk than are proposed to be  
7 at risk, somewhat because of their target occupancy? Is  
8 that right? I think that's what I'm hearing.

9 MR. CLANCY: That's part of it, Dr. Burden.  
10 It's going to be a couple years before the facility is  
11 completed. In addition -- and I know you've heard this  
12 before -- they calculate the occupancy rate on licensed  
13 beds and not on actual number of beds in the facility. So,  
14 the -- it's our belief that the occupancy is well above the  
15 percentage that is reported in terms of, if you calculated  
16 on the basis of actual beds in the facility and not stored  
17 away or something like that, which is often the case. As  
18 the facilities were older and they were -- used to have two  
19 or three beds in each room, they've been refurbished, a  
20 number of them have, and maybe just one bed or two beds in  
21 there, at maximum.

22 So, we believe that the actual percentage  
23 occupied in these facilities is greater than what's  
24 indicated in the State Agency Report.

1 MR. CONSTANTINO: Dr. Burden, based upon 2010  
2 information, there's a utilization of about 78 percent for  
3 all facilities in the State of Illinois, based upon  
4 licensed beds. We have had many discussions with the  
5 long-term care industry to get an accurate count on these  
6 beds that are no longer in service. However, we've been  
7 debating that issue for a number of years, and we have to  
8 accept licensed beds. You cannot operate a bed in this  
9 state unless it's licensed by the Department of Public  
10 Health for long-term care.

11 MR. EAKER: Where are the residents in your  
12 assisted living facility going now when they need skilled  
13 nursing care?

14 MS. deFIEBRE: We actually don't have assisted  
15 living. We just have independent living, and for the most  
16 part, they go to Tabor Hill. We have an admission  
17 relationship with them.

18 CHAIRMAN GALASSIE: Other questions?

19 MR. URSO: Mike, are they taking their own  
20 residents? Are they going along with the restrictions for  
21 a CCRC?

22 MR. CONSTANTINO: No. They didn't ask for the  
23 variance, it's not applicable in this case, because there's  
24 a calculated bed need.

1 CHAIRMAN GALASSIE: Seeing no other  
2 questions --

3 MR. PENN: I'm just not clear or maybe not  
4 satisfied with your answer. Talking a little further, the  
5 existing facility is not operating at target occupancy.  
6 Proposed facility will impact other facilities within 30  
7 minutes. It's going to have a great impact on the other  
8 facilities, is what our report says.

9 CHAIRMAN GALASSIE: Are you asking the  
10 applicants or Mike?

11 MR. PENN: I'm asking the applicants. I see  
12 what Mike has written, and I'd like for you to comment on  
13 that.

14 MR. CLANCY: Well, if one were to assume that  
15 the occupancy percentages as indicated in the State Agency  
16 Report, then the number of beds would obviously have some  
17 impact on the other facilities in the Planning Area. We  
18 don't believe that that is an accurate number. In addition  
19 to that, Mr. Penn, is that this facility is actually  
20 creating part of its own need. We have people coming in  
21 from outside of the Planning Area to live there. Currently  
22 there are --

23 MS. deFIEBRE: We have 290 units occupied with  
24 over almost 400 residents.

1 MR. CLANCY: So, the facility itself, the  
2 independent living, is creating a need also. So, we don't  
3 believe that it impacts the other facilities as greatly in  
4 terms of the 96 beds that we're asking for, 75 percent of  
5 which we believe are going to fill up with our own need.  
6 So, if you take that into consideration, it's approximately  
7 20 beds.

8 MS. OLSON: Mike, were there any letters of  
9 opposition?

10 MR. CONSTANTINO: No.

11 MR. EAKER: Mike, I have a question, too. On  
12 the Transitional Care Center of Naperville, are they not  
13 open yet?

14 MR. CONSTANTINO: That's correct, yes.

15 MR. EAKER: So we've already approved a  
16 120-bed facility in Naperville that's not operational yet?

17 MR. CONSTANTINO: That's correct, and they've  
18 asked for an extension of their obligation and a permit  
19 renewal to get financing.

20 CHAIRMAN GALASSIE: Any other questions?

21 (Pause)

22 CHAIRMAN GALASSIE: Seeing none, may I have a  
23 motion to approve project 12-036, Healthcare Center at  
24 Monarch Landing in Naperville, to authorize the

1 establishment of a 96-bed long-term care facility?

2 MS. OLSON: So moved.

3 MR. GREIMAN: Second.

4 THE COURT: Moved and seconded. Roll call,  
5 please.

6 MR. ROATE: Motion by Ms. Olson, seconded by  
7 Justice Greiman.

8 Dr. Burden?

9 MR. BURDEN: I'm going to say no.

10 MR. ROATE: Mr. Eaker?

11 MR. EAKER: I'm going to vote no, because of  
12 the negative impact of other facilities in the area.

13 MR. ROATE: Justice Greiman?

14 MR. GREIMAN: I'll say yes.

15 MR. ROATE: Mr. Hilgenbrink?

16 MS. HILGENBRINK: Yes.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: Yes.

19 MR. ROATE: Mr. Penn?

20 MR. PENN: No, because of the negative impact  
21 on other facilities.

22 MR. ROATE: Mr. Sewell?

23 MR. SEWELL: No.

24 MR. ROATE: Chairman Galassie?

1 CHAIRMAN GALASSIE: Yes.

2 MR. ROATE: That's four votes in the negative  
3 and four votes in the positive.

4 CHAIRMAN GALASSIE: Motion does not pass.

5 MR. URSO: You're going to be receiving an  
6 Intent to Deny. You have another opportunity to come  
7 before the Board, as well as submitting additional  
8 information. Thank you.

9 CHAIRMAN GALASSIE: Thank you.

10 Moving on to Project 12-039. We have four  
11 requests for public comment. We'll ask you to introduce  
12 yourselves. You will not have to be sworn in. A reminder  
13 that you're limited to two minutes. We appreciate you  
14 being focused and, if possible, not redundant.

15 MS. SURDICK: Joyce Surdick, S-u-r-d-i-c-k.

16 CHAIRMAN GALASSIE: Thank you, Joyce. Feel  
17 free to make your comments.

18 MS. SURDICK: I'm the Administrator of a small  
19 nursing home in Crystal Lake. We're currently 46 beds.  
20 And some of my points are just going to address the issues  
21 on the application.

22 We are currently in the middle of a just over  
23 \$3 million project, an addition to our facility. It will  
24 be 16 private rooms and a new therapy center, and at the

1 same time, we are increasing our capacity by only 4 beds,  
2 and we did this for a couple of reasons, one of them being  
3 we didn't see the need in Crystal Lake for more beds. We  
4 have many, many beds in the area. There's three nursing  
5 homes just in Crystal Lake already. There is three in one  
6 of the towns next to us and another big huge one in another  
7 town over. So, we didn't feel there was a need to go in  
8 front of the Board to request more beds, because, as we saw  
9 it -- and having been the Administrator there since the  
10 year 2000 -- there just doesn't seem to have been a need.

11 We're currently running at a 78 percent  
12 census, and I'll let the other gentlemen speak to their  
13 facilities, but I know the area facilities are not running  
14 up to a 90 percent, which the Board wishes for.

15 MR. MORADO: Thirty seconds.

16 MS. SURDICK: Also, our private pay census,  
17 which Manor Care mostly is, has gone down by 10 percent.  
18 And we're also renovating our current building, to keep it  
19 up to standards also.

20 Thank you.

21 MR. LEVITT: Good afternoon. Thank you for  
22 the opportunity to be here. My name is Michael Levitt,  
23 L-e-v, as in Victor, i-t-t, and I represent Crystal Pines  
24 Rehab Health Center in Crystal Lake.

1 I would like to make a couple comments.  
2 Probably the most important is something that was just  
3 touched on in the previous application, and that is the  
4 impact on the competitors in the immediate market. This  
5 service area has a large number of nursing homes, even  
6 within the Crystal Lake area. Our building, fortunately,  
7 is -- does hit 90 percent occasionally. We serve --  
8 approximately 65 percent is Medicaid that we serve in the  
9 community. We always have -- because of the fact we do a  
10 lot of rehab work, we're also in the middle of about a  
11 little over half a million dollar renovation to update,  
12 expand our rehab department and some of our rehab suites,  
13 as well as some other upgrades for home-like environment.  
14 We have, since we've been operating this building for 22  
15 years, made multiple changes and upgrades, probably  
16 invested over \$4 million in total over that time in  
17 modernization and upgrading this facility.

18 We do serve all of the medically complex  
19 through Medicare, managed care, and because the average  
20 length of stay for those clients is not tremendously long,  
21 we always have the opportunity to admit residents whether  
22 there be Medicare, managed care, or Medicaid.

23 MR. MORADO: Thirty seconds.

24 MR. LEVITT: Thank you.

1 I think what we would ask the Committee to do  
2 in the least today would be to defer this application,  
3 because it's not so much what might be in the applicant's  
4 proposal, but it's what's not in there. So, keenly pointed  
5 out, a couple points the doctor mentioned earlier, about  
6 putting the cart before the horse. This applicant has not  
7 secured a zoning permit for the location of this facility.  
8 I think they want to secure their CON before they make the  
9 commitment to do some of the things they need to do that  
10 are required under the statute. And the other is the  
11 impact on the community. Staffing is a huge issue. I  
12 think we all know that. I won't get into any details on  
13 it, but these are the kind of issues we need to look at  
14 that will have a significant impact on the rest of the  
15 facility.

16 CHAIRMAN GALASSIE: Thank you, Mr. Levitt.  
17 And we're not questioning public comment but, for the  
18 record, you're opposed to the project?

19 MR. LEVITT: That is correct.

20 CHAIRMAN GALASSIE: Mr. Weldler.

21 MR. WELDLER: My name is Mark Weldler,  
22 W-e-l-d-l-e-r. I am the owner of the Springs at Crystal  
23 Lake, another facility in Crystal Lake. Our facility is a  
24 few minutes away from the proposed site of this facility.

1                   We currently have over 30 beds that are  
2   unoccupied at the moment, and we are a five-star facility.  
3   We are a facility that -- actually, the applicant suggests  
4   that there are types of services that may not be available  
5   in the area that they would like to provide; for instance,  
6   wound care, G-tube, IV therapy or a trach, bariatric. We  
7   have all of these services in our facility, and, like I  
8   said, the quality is there. There may be, based on the  
9   application, some health services need. I don't see in  
10   this area. Maybe in another area there are health  
11   services -- in the Health Service Area that is possible.  
12   In Crystal Lake, not.

13                   And, quite frankly, we just received approval  
14   from the City of Crystal Lake for enhancement to our  
15   facility, and we are going to be adding on to the facility.  
16   What we will be doing is -- the facility is a wonderful  
17   facility, but we are going to need more common areas, based  
18   on the consumer, going forward. So, we are definitely  
19   there providing all of the services they claim they would  
20   like to add to the area.

21                   So, in conclusion, I would respectfully  
22   request the Board to just --

23                   MR. MORADO: Thirty seconds.

24                   MR. WELDLER: -- look a little closer into

1 better utilizing the current facilities before we go and  
2 act on something I think should be a component to the  
3 process.

4 Thank you for your time. I appreciate it.

5 CHAIRMAN GALASSIE: Thank you. And, for the  
6 record, you are opposed to the project?

7 MR. WELDLER: Yes. Thank you, sir.

8 CHAIRMAN GALASSIE: Thank you.

9 MR. SILBERMAN: Good afternoon. My name is  
10 Mark Silberman, S-i-l-b-e-r-m-a-n, and I will just simply  
11 point out a couple of points on behalf of all of the  
12 facilities here. This isn't about a lack of willingness to  
13 take on competition. There was a suggestion in the  
14 application that the facilities needed competition to  
15 inspire them to meet the needs. But I think it's clear,  
16 all three of the facilities within 10 minutes of this  
17 proposed site are already taking steps, each one  
18 individually, to provide the same services that this  
19 project proposes, and no one is questioning the Board's  
20 need methodology, but I think an important point was raised  
21 in the last application, which is, what might the need be  
22 in 2018 versus what the need is today. And the fact that  
23 we sit here before you, and of the 23 facilities closest to  
24 this proposed site, 15 of them show that they are not yet

1 at the Board's target utilization. That means there's  
2 capacity at 15 of 23 facilities to meet the needs, and we  
3 have a proposal for a brand new, 130-bed facility, built  
4 within 10 minutes of three facilities that provide all of  
5 these services, provide them well, and are committed to  
6 continuing to do so.

7 So, in effect, what we're really asking this  
8 Board to do is to be cautious in evaluating this project,  
9 without really knowing the answers to two questions. One  
10 is, what are the other facilities in this community doing?  
11 Because a simple review found three facilities closest that  
12 are already proposing to meet these needs and do so in a  
13 way that will take substantial steps to meeting the future  
14 need identified by the Board. And the other is, what is  
15 the effect going to be on the existing facilities? Because  
16 that is one area where this project did not come in  
17 compliance, and there really needs to be an assessment.  
18 The two biggest areas are staff --

19 MR. MORADO: Thirty seconds.

20 MR. SILBERMAN: Thank you. -- and residents.  
21 There is no understanding of where the staffs are going to  
22 come from, and maintaining quality staff is a constant  
23 struggle for all long-term care facilities in Illinois.

24 On top of that, this facility didn't provide

1 any information -- excuse me. This proposed project didn't  
2 provide any information of where the proposed residents are  
3 going to come from and without doing that, we have to  
4 assume this is going to adversely affect existing  
5 facilities. So, we would ask for the Board to get the  
6 answers to those questions. How will this affect the  
7 facilities that are already here before you, have already  
8 been approved by this Board? And what's already being done  
9 to meet these needs?

10 Thank you.

11 CHAIRMAN GALASSIE: Thank you, Mr. Silberman.  
12 Again, for the record, you are opposed to the project?

13 MR. SILBERMAN: Yes, sir.

14 CHAIRMAN GALASSIE: Thank you very much.

15 Moving forward, if there are representatives  
16 from Manor Care Health Services, if you would have a seat,  
17 introduce yourselves, spelling your last name, we will have  
18 you sworn in. Thank you.

19 (Pause)

20 MS. FRIEDMAN: I'm Kara Friedman.

21 MR. GODLA: Larry Godla, G-o-d-l-a.

22 MR. REPPY: Don Reppy, R-e-p-p-y.

23 MS. CREDILLE: Cece Credille, C-r-e-d-i-l-l-e.

24 (Oath given)

1 CHAIRMAN GALASSIE: Thank you.

2 Staff report, please.

3 MR. CONSTANTINO: Thank you, Mr. Chairman.

4 The applicants are proposing to establish a 130-bed skilled  
5 care facility in Crystal Lake, Illinois. The total cost of  
6 the project is \$16.9 million. The expected project  
7 completion date is November 30th, 2015. There was no  
8 public hearing requested. We did receive opposition  
9 comments on this project.

10 Thank you, Mr. Chairman.

11 CHAIRMAN GALASSIE: Thank you.

12 MR. URSO: Board members, Mr. Chair, I just  
13 want to point out that Cece Credille is a member of this  
14 Board's Long-Term Care Advisory Subcommittee. So I just  
15 wanted to make sure Board members knew that.

16 CHAIRMAN GALASSIE: We appreciate your efforts  
17 in that regard.

18 MR. CONSTANTINO: Mr. Chairman, we also did  
19 receive comments on the State Agency Report that we've  
20 handed out to you. They're labeled 12-039. Essentially  
21 reflects what was stated here today by the opponents.

22 CHAIRMAN GALASSIE: Understood. Thank you.

23 Comments for the Board?

24 MR. GODLA: Thank you, sir. My name is Larry

1 Godla. I'm Vice-President of Development Construction for  
2 HCR Manor Care. With me today is Don Reppy, who is  
3 Director of Health Planning for Manor Care, Cece Credille,  
4 who is Regional Director of Operations for our Chicago area  
5 and has been for the last 18 years, and Kara Friedman, who  
6 is our Legal Counsel. We appreciate the opportunity to  
7 speak with you today regarding a proposal to develop this  
8 new 130-bed skilled nursing center in Crystal Lake.

9           The State Agency bed-need formula indicates a  
10 bed need here of 469 additional beds in 2018 and, more  
11 importantly, 328 additional beds in 2015, when this  
12 proposed project would be open. Additionally, the 2010  
13 McHenry County Healthy Community Study indicated there is a  
14 lack of sufficient nursing home options in the county.  
15 Finally, our own analysis of this community and of the  
16 market shows that there is -- in the immediate market that  
17 there is a need. Currently there are 27 beds per thousand  
18 people age 65 plus in the sub-market, which is well below  
19 the 43 beds per thousand people 65 plus on the national  
20 average.

21           There's two issues that is the basis of the  
22 negative findings for this project: The occupancy of the  
23 surrounding providers and the lack of referral letters.  
24 Regarding occupancy of the existing providers, while it's

1 true that some of the skilled nursing facilities within 30  
2 and 45 minutes are not operating above the 90 percent  
3 occupancy standard, a number of them are, and as the  
4 previous applicant pointed out, in the Illinois Long-Term  
5 Care Profile Report, which shows the licensed versus set-up  
6 beds for nursing homes in the state of Illinois, there are  
7 a large number of facilities that do not have the full  
8 licensed component set up. That's because of quad rooms,  
9 triple rooms being drawn down, the need for ancillary  
10 services spaces, therapy spaces, and, quite frankly, a lot  
11 of the vacancy that does exist in the portfolio or in the  
12 existence is a third bed in a triple room or a third or  
13 fourth bed in a quadruple room. So, we feel strongly that  
14 the actual occupancy is significantly higher than what is  
15 actually in the State Report.

16 That being said, in Crystal Lake proper, of  
17 the four closest facilities to our site, three are  
18 operating at 90 percent occupancy of the total licensed  
19 beds, and the one that is at lower occupancy is not  
20 Medicaid certified. Our own history is that 75 to 80  
21 percent of our residents come from within a five-mile  
22 radius of the site, and in this sub-market, there is a lot  
23 of market there. Our market share analysis for our own  
24 assessment does not assume taking business from other

1 providers. It assumes that, based on the bed need and the  
2 growth in the community, there is sufficient market for  
3 another building to be developed in this market area.

4           Regarding the referral letters, the  
5 application does not include notarized referral letters  
6 from CEO's of area hospitals. We contacted all of the  
7 hospitals in the area, and while none of them indicated  
8 they would not be making referrals into the facility, they  
9 all indicated that it was their corporate policy not to  
10 make notarized, CEO-confirmation referral letters, for  
11 legal reasons and corporate policy.

12           Manor Care Crystal Lake will specialize in  
13 providing intensive rehabilitation care for high acuity  
14 patients needing post-acute complex care, and returning  
15 those patients to the home as soon as possible. Close to  
16 90 percent of our patients come to us from an acute care  
17 setting, and we discharge 65 percent back to the community  
18 within 40 days. We're proposing to bring those same  
19 services, high acuity services, to Crystal Lake, just as we  
20 currently provide them in other communities in the Chicago  
21 area and the rest of the state of Illinois.

22           MR. MORADO: Thirty seconds.

23           MR. GODLA: We believe that health planning is  
24 about need, geographic access, economic access, quality

1 care costs and financially feasibility, and we feel that  
2 the project we're proposing today best meets the needs of  
3 this community, and we ask you for your approval, and we're  
4 ready to take questions.

5 CHAIRMAN GALASSIE: Thank you, sir.

6 Questions from Board members?

7 MR. BURDEN: Thank you.

8 This may well be for Mike as well. I'm  
9 referring to the reasons for non-compliance. You addressed  
10 service demand by effectively providing me with a question.  
11 According to what I read there on page 3, the applicants  
12 did not provide referral letters as required, and yet in  
13 the body of the letter, it says that the hospitals in  
14 question stated their policy not to provide referral  
15 letters for Certificate of Need applications. How do I  
16 interpret that data? That was two sentences in conflict.  
17 Hospitals say they won't do it, and yet you, in your  
18 statement of non-compliance, say they didn't provide it.  
19 What --

20 MR. CONSTANTINO: They didn't provide referral  
21 letters in compliance with our rules, but in response to  
22 our requests for referral letters, that is what they sent  
23 us. The applicants provided a letter which stated the  
24 italicized wording that they wouldn't provide the letters,

1 the hospital would not provide the letters.

2 MR. BURDEN: Well, what's true here? Do  
3 hospitals provide the letters or no?

4 MR. CONSTANTINO: We've gotten letters from  
5 hospitals in the past as part of the referral  
6 documentation. These particular hospitals said they would  
7 not provide them, according to the applicants.

8 MR. BURDEN: That's what I'm looking for.  
9 This is the applicant's interpretation of the requests for  
10 referral letters. So, there is some incongruity there for  
11 me, as a simple physician. I'm not an attorney, as I  
12 mentioned earlier. My children are.

13 MS. OLSON: Don't referral letters come from  
14 the doctor a lot?

15 MR. BURDEN: No. These are from the hospitals  
16 who provide patients.

17 MS. OLSON: But doctors can refer patients as  
18 well. Did you ask doctors?

19 MS. FRIEDMAN: We did include numerous support  
20 letters for the project, but there is a certain format for  
21 the hospital letters, and one hospital, Mercy Health  
22 Systems, did provide a letter, but it wasn't in the correct  
23 format with the number of referrals.

24 MR. REPPY: Our representatives visited with

1 each of these hospitals, and they refused to provide the  
2 letters.

3 MR. BURDEN: I don't know what to believe  
4 here. I'm just trying to understand --

5 MR. CONSTANTINO: We have to have some  
6 mechanism to determine demand, and we use referral letters  
7 that are provided by the applicants. In this case, they  
8 didn't provide us those letters, but they did provide me a  
9 letter with that statement in it. So, since they did not  
10 provide the referral letters from the hospital, as  
11 required, I couldn't be positive on that criteria, Dr.  
12 Burden.

13 MR. BURDEN: Okay. That's fine, Mike.  
14 I have one more question, and I think it's  
15 interesting. How can it be -- this is sort of hard for me  
16 to figure out -- that we have a calculated need of 470  
17 long-term beds to be essentially by 2018? Now, we're --  
18 how many beds essentially are there calculated to be under  
19 the calculated need now as of this year, 2012? Do we have  
20 the data of that? Where are we in terms of --

21 MR. CONSTANTINO: We don't make that  
22 calculation.

23 MR. BURDEN: It's in 2010 the calculation was  
24 made.

1 MS. FRIEDMAN: If it's a -- I'm sorry to  
2 interrupt you. You could look and make your own estimation  
3 of it. If it's a constant increase of bed need over the  
4 years, it would be about 47 a year, because it's a 10-year  
5 projection. So, we did the math for you for 2015, and it's  
6 328.

7 MR. REPPY: It's just a mathematical  
8 calculation.

9 CHAIRMAN GALASSIE: I think we need to have  
10 Mr. Constantino respond to that question.

11 MR. CONSTANTINO: Doctor, we do that bed-need  
12 calculation, in the past, every 10 years for a 10-year  
13 period. That was recently changed with the update to the  
14 statute, where we're going to be doing it every 5 years.  
15 In this case, we estimated the number of beds needed in  
16 this Planning Area for the 10 years, starting at 2008. We  
17 estimated it out to 2018. And right now we're projecting  
18 470-some beds needed by 2018, based on population growth,  
19 historical utilization, and every facility being at 90  
20 percent occupancy.

21 MS. FRIEDMAN: One thing that may be helpful  
22 to know, if I may --

23 CHAIRMAN GALASSIE: Are there other questions  
24 from Board members?

1 MR. URSO: Dr. Burden, was your question  
2 answered?

3 MR. BURDEN: I think it is.

4 CHAIRMAN GALASSIE: Mr. Hilgenbrink?

5 MR. HILGENBRINK: I guess I'm not clear yet on  
6 the answer that Dr. Burden was seeking. Mike, have we  
7 gotten referral letters from (inaudible) hospitals in the  
8 past or not?

9 MR. CONSTANTINO: I can't recall if we did,  
10 but other hospitals have given us referral letters. In  
11 this case, the hospitals did not provide them for this  
12 application.

13 MR. HILGENBRINK: I understand that, but I  
14 didn't know if it was particular to this application.

15 MR. CONSTANTINO: I can't tell you,  
16 Mr. Hilgenbrink. I don't know.

17 MR. GREIMAN: I have a couple of questions.  
18 So what kind of occupancy do you need to break even?

19 MR. GODLA: Well, we assume in our pro forma  
20 that we operate around 90 percent occupancy. The higher  
21 acuity that we have in our buildings, 90 percent occupancy  
22 is essentially full occupancy, because of the bed turn, the  
23 short length of stay.

24 MR. GREIMAN: Is that where you make a lot of

1 money, or you just break even?

2 MR. GODLA: Well, that is the pro forma that  
3 we've included into the application.

4 MR. GREIMAN: I understand. Everybody wants  
5 to be at 90 percent, I understand, but reality --

6 MR. GODLA: We are financially feasible at an  
7 occupancy less than 90 percent. I don't have the actual  
8 calculations where there's a break-even point, where it's  
9 not financially feasible, but it is a lower number than 90  
10 percent, yes.

11 MR. GREIMAN: What makes you believe that --  
12 you're moving to an area that is pretty full up -- that  
13 you're going to come out close to the 90 percent that you  
14 need to break even?

15 MR. GODLA: I'm sorry. What was --

16 MR. GREIMAN: What makes you believe -- what  
17 brings you to believe that you can come out okay when  
18 moving to an area like this? You want to put in what, \$16  
19 million or so into an area that is all filled up? What  
20 makes you think you're going to come out okay?

21 MR. GODLA: Well, I would answer that with,  
22 again, our own market analysis and, obviously, if we're  
23 going to make that type of investment, we are depending on  
24 more than just the stated bed need from the State, and we

1 have gone into the marketplace --

2 MR. GREIMAN: What do you do that will seduce  
3 other old people to come over to your place?

4 MR. GODLA: Well, I think people come to our  
5 facilities because of the quality of care that we provide  
6 and the outcomes and services that we have shown  
7 historically in our other buildings in the Chicago  
8 marketplace and the rest of the state of Illinois, and  
9 we --

10 MR. GREIMAN: So you just provide better  
11 services?

12 MR. GODLA: We provide a very high level of  
13 care, and we provide good rehabilitative services, and we  
14 send a large portion of our residents back in the community  
15 in a relatively short period of time.

16 MR. GREIMAN: When you said send back to the  
17 community, what does that mean?

18 MR. GODLA: We send -- again, about 90 percent  
19 of our residents come to us from an acute care setting, and  
20 about 65 percent of those acute rehab residents go back  
21 into their previous residential setting.

22 MR. GREIMAN: Okay. I gotcha. Okay. That's  
23 fine.

24 CHAIRMAN GALASSIE: Other questions?

1 (Pause)

2 CHAIRMAN GALASSIE: Hearing none, may I have  
3 a motion to approve Project 12-048, the Admiral at the Lake  
4 -- I'm sorry. Excuse me. I got ahead of myself.

5 May I have a motion to approve Project 12-039,  
6 Manor Care Health Services, Crystal Lake, to authorize the  
7 establishment of a 130-bed long-term care facility?

8 MR. BURDEN: So moved.

9 MR. GREIMAN: Second.

10 CHAIRMAN GALASSIE: Moved and seconded. Roll  
11 call, please.

12 MR. ROATE: Motion made by Dr. Burden,  
13 seconded by Justice Greiman.

14 Dr. Burden?

15 MR. BURDEN: I'm going to vote no, based on  
16 the -- several factors, not the least of which would be my  
17 concern for the projection of health needs at least six  
18 years in advance. I think we can address that in the  
19 future adequately. No.

20 MR. ROATE: Mr. Eaker?

21 MR. EAKER: I'm going to vote no for the same  
22 reasons.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: I'm going to vote yes, because

1 I've come to think that competition is okay.

2 MR. ROATE: Mr. Hilgenbrink?

3 MR. HILGENBRINK: I'm going to vote no because  
4 of the previous reasons that were cited.

5 MR. ROATE: Ms. Olson?

6 MS. OLSON: I vote no for the reasons stated.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: I'm voting no for the reasons  
9 stated.

10 MR. ROATE: Mr. Sewell?

11 MR. SEWELL: I vote no. Not enough demand.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: Vote no for the reasons  
14 that have been stated.

15 MR. ROATE: Seven votes in the negative, one  
16 vote in the position.

17 CHAIRMAN GALASSIE: Motion fails.

18 MR. URSO: You're going to be receiving an  
19 Intent to Deny. You have another opportunity to come  
20 before the Board, as well as submit additional material.

21 CHAIRMAN GALASSIE: Good luck.

22 Moving on to Project 12-048, The Admiral at  
23 the Lake, Chicago. I don't believe we have any public  
24 comments. Representatives from the Admiral, if you'll come

1 up and introduce yourselves, spelling your last name for  
2 our recorder, we'll have you collectively sworn in.

3 (Pause)

4 MR. BRICHACEK: Glenn Brichacek, B as in boy,  
5 r-i-c-h-a-c-e-k.

6 MR. STRAUB: Brad Straub, S-t-r-a-u-b.

7 MS. HEID-GRUBMAN: Jean Heid-Grubman, H-e-i-d,  
8 hyphen, G-r-u-b-m-a-n.

9 MS. FRIEDMAN: Kara Friedman.

10 (Oath given)

11 CHAIRMAN GALASSIE: Thank you.

12 Staff report, please?

13 MR. CONSTANTINO: Thank you, Mr. Chairman.

14 The applicants are proposing to establish a  
15 36-bed skilled care facility in Chicago, Illinois. The  
16 total cost of the project is a hundred -- approximately :  
17 \$179 million. The project completion date is June 30th,  
18 2013. This project has been before you before as Permit  
19 No. 07-137. It was approved by you. The applicants are  
20 before you today essentially to remove the CCRC variance in  
21 which they were approved for Permit No. 07-137.

22 CHAIRMAN GALASSIE: Do you want to explain  
23 that, Mike?

24 MR. CONSTANTINO: Yeah. At the time of

1 approval, there was no bed need in the Planning Area, and  
2 they had to come in under the CCRC variance, which allows a  
3 variance to the calculated bed need, and at that time, the  
4 Board did approve the project under that CCRC variance.  
5 Today they're asking you to remove that variance, and to do  
6 that, they had to submit another application.

7 CHAIRMAN GALASSIE: Thank you very much.

8 MR. CONSTANTINO: The facility is practically  
9 built and ready to go, as you can see, by the completion  
10 date June 30th, 2013.

11 CHAIRMAN GALASSIE: Right. Thank you.

12 And someone is going to explain to us the  
13 reason for the request.

14 MS. FRIEDMAN: Yes, sir. I think, actually,  
15 Glenn is. I just wanted to mention, Jean Heid-Grubman came  
16 all the way to provide some comments, but I think you might  
17 be kind of limited in time. Jean is the new Health  
18 Services Administrator. She was prepared to discuss the  
19 model of care across the continuum. But I guess I'll just  
20 let you know that's why she's here, if any specific members  
21 have any questions.

22 CHAIRMAN GALASSIE: Health Administrator --

23 MS. FRIEDMAN: For all of the residents of the  
24 continuing care retirement center, not just skilled, but

1 across the continuum.

2 CHAIRMAN GALASSIE: For whom?

3 MS. HEID-GRUBMAN: Admiral at the Lake.

4 CHAIRMAN GALASSIE: Thank you very much.

5 MR. BRICHACEK: Thank you for your time this  
6 afternoon. My name is Glenn Brichacek. I'm CEO of the  
7 organization. I've been with this organization for the  
8 past 10 years.

9 The Admiral at the Lake is Chicago's oldest  
10 non-profit organization, serving older adults, with a  
11 154-year history, founded in 1858. The Admiral has  
12 remained a non-profit continued care retirement community  
13 through the years, providing primarily a residential  
14 setting for older adults, with a smaller health center to  
15 meet the changing needs of our residents.

16 This whole new development is centered around  
17 200 independent living apartments. As residents age and  
18 require additional forms of support, there are 39 Assisted  
19 living suites, 17 memory support rooms, and 36 skilled  
20 nursing rooms for the residents.

21 Let me briefly outline for you the reasons for  
22 our new application, and in so doing, address the negative  
23 findings of the State Agency Report. Our unrelated  
24 requests for the elimination of continued care variance and

1 the increased costs of the project are reasonable, because  
2 they are similar to those that were approved for a  
3 comparable project at the April meeting of this Board and,  
4 indeed, there have been some negative financing cost issues  
5 for our project, but the increased project costs are  
6 explainable and understandable, given the effects of trying  
7 to complete this project under a severe and lengthy  
8 recession. This project was essentially put on hold after  
9 the collapse of the credit markets late in 2008, at a time  
10 when tactics and financings were not being done. The  
11 credit markets did not open up again. Interest rates were  
12 not affordable for us to continue until a later time.

13 In the meantime, while we didn't change the  
14 project's scope, there were additional incurring costs  
15 until financing could eventually be obtained. In fact, our  
16 project was one of only a few nationwide that was fortunate  
17 enough to survive the recession and begin construction.  
18 There has been continued strong demand for our project from  
19 future residents, with 76 percent reservation deposits for  
20 independent living, and scheduled move-in's that will allow  
21 us to reach 50 percent occupancy by October, about six  
22 months ahead of plan and our bond requirements.

23 The neighborhoods of Edgewater and Uptown  
24 eagerly await the completion of this project. Not only

1 does the project signal positive development in those  
2 neighborhoods, where there have been few projects that have  
3 occurred there in the past years, but the neighborhood is  
4 also enthusiastic about the full economic impact of our  
5 project on local businesses, because the Admiral at the  
6 Lake is one of the largest employers in these  
7 neighborhoods. Beyond these neighborhoods, we're currently  
8 engaged in conversations with two of Chicago's largest  
9 healthcare systems, because each has expressed interest in  
10 exploring ways the Admiral at the Lake might collaborate  
11 with these institutions. Also, there were numerous letters  
12 of support with the first application being made, and we  
13 provided an additional two letters with this application,  
14 one from Northwestern Memorial Hospital and the other one  
15 from Methodist Hospital.

16           So, in summary, there is a lot of continued  
17 support and strong support for this project. Our request  
18 to eliminate the continued care variance is in the best  
19 interests of our residents --

20           MR. MORADO: Thirty seconds.

21           MR. BRICHACEK: -- and the general public.  
22 With our residents moving into the building and independent  
23 living, they will remain independent for a number of years,  
24 and so if we were allowed to admit directly into skilled

1 nursing, that will better utilize our facility in the  
2 coming years. We also looked very closely at the skilled  
3 nursing beds closest to the Admiral at the Lake, within a  
4 15-minute radius, and, indeed, found that while there was  
5 under utilization of the approximately 8,400 beds in this  
6 region, about half of those beds were actually occupied by  
7 persons under the age of 65, and virtually all these  
8 persons suffered from some sort of mental illness.

9 MR. MORADO: Please conclude your comments.

10 MR. BRICHACEK: The Admiral at the Lake has  
11 not and will not serve this population.

12 Thank you for your consideration.

13 CHAIRMAN GALASSIE: Thank you, sir. I'd like  
14 to open it up for questions from Board members.

15 MR. SEWELL: Mr. Chairman, even though I see  
16 what is in the State Agency Report, I'm not sure I  
17 understand why this applicant is here. They have a permit.  
18 They got to use it in the CCRC Variance. Had they done  
19 nothing, what would happen? Had they not come here, what  
20 would have happened?

21 MR. CONSTANTINO: What would happen if they  
22 didn't come here?

23 MR. SEWELL: Yeah, and they did what they were  
24 proposing to do.

1 MR. CONSTANTINO: They would be in violation  
2 of the permit, and they'd be subject to fines and  
3 penalties, if they did not remove that variance from the  
4 original permit.

5 MR. SEWELL: Because of different kinds of  
6 beds?

7 MR. CONSTANTINO: No, they're the same types  
8 of beds, licensed beds, but at the time this application  
9 was approved, we had what was known as a CCRC variance to  
10 the calculated bed need, and the only way they could be  
11 approved was under that variance, because there was no bed  
12 need in that Planning Area. So now they want to service  
13 the entire area, rather than just that small community, and  
14 they -- to do that, they had to come in before you and get  
15 your approval.

16 MR. SEWELL: I see.

17 MR. HILGENBRINK: Could you elaborate a little  
18 bit more? In the application, it talks about removing that  
19 barrier, on page 66, that would open that up to accepting  
20 Medicaid patients. I'm a little fuzzy on why that is  
21 needed to access Medicaid patients. Or maybe the  
22 applicants can answer that.

23 MR. CONSTANTINO: Yeah, I couldn't answer  
24 that, Mr. Hilgenbrink. I don't know. That's a voluntary

1 program, Medicaid, and it would be up to the applicants.

2 MR. STRAUB: Yeah, I can speak to it, and then  
3 perhaps Glenn Brichacek can speak as well.

4 The main reason being, the community was  
5 previously only able to fill the skilled nursing beds from  
6 within its existing residents, whether they were an  
7 independent living, assisted living, or the memory support.  
8 The length of time that was contemplated to be able to fill  
9 the skilled nursing beds was longer than what we would be  
10 estimating, based on the current projections, to be able to  
11 fill not only from within our existing population but also  
12 from the broader community at large. What that allows for  
13 is, it reduces some of those operating start-up losses  
14 during the fill-up of the skilled nursing, which affords  
15 the community the ability to take in a resident population,  
16 perhaps, that are on the Public Aid and would have a need  
17 for Public Aid. And so what the recommendation or the  
18 observation that the applicant made is that by being able  
19 to do that, rather than previously assuming it would be  
20 strictly a private pay and then Medicare population for its  
21 internal residents, by being able to open from outside,  
22 that it would afford the community the opportunity and the  
23 financial resources to take some individuals that are on  
24 the Medicaid population.

1 MR. HILGENBRINK: So that's the main reason  
2 for eliminating the restrictions?

3 MR. BRICHACEK: That's in part. In addition  
4 to that, we believe that we offer a quality alternative.  
5 When we looked at all of those nursing homes within a  
6 15-minute radius of our community, we found that on  
7 average, the quality rating was about 3.1. We historically  
8 have an outstanding record for quality care. In fact, when  
9 we were an operating community, we participated with a  
10 small group of nursing homes throughout the state of  
11 Illinois, what was called deep (phonetic) status program.  
12 What that meant is that we were not subject to an annual  
13 survey by the Illinois Department of Public Health.  
14 Instead IDPH looked to the annual survey by the Joint  
15 Commission. So, that demonstrates the high quality of care  
16 that our residents expect, and when we looked to that  
17 15-minute radius around our community, we see quality  
18 rating of about 3.1. So, we believe that we can offer a  
19 better quality alternative to the people in the community  
20 around us.

21 MR. HILGENBRINK: Thank you.

22 CHAIRMAN GALASSIE: Mike, do we frequently  
23 see this variance removal request?

24 MR. CONSTANTINO: Yes, we have quite a bit

1 here in the last couple years.

2 CHAIRMAN GALASSIE: Guestimate? Five, ten?

3 MR. CONSTANTINO: I'd say between five and  
4 ten.

5 CHAIRMAN GALASSIE: Okay.

6 MR. BRICHACEK: If I could add one more thing.  
7 When we were an operating community prior to 2007, which is  
8 when we asked for this permit to discontinue operations, we  
9 had 50 licensed beds for our community, and those were open  
10 beds at that time, and originally, when we applied for --  
11 when we were in the process of applying for the CON, we had  
12 asked if the new application could be considered -- the  
13 application for the new project could be considered a  
14 replacement project for the existing 50 beds that were in  
15 place. But because of the extended period of construction  
16 and the delays that we were experiencing, we were told that  
17 wouldn't be allowed, so we'd have to come back and make  
18 reapplication. So, essentially, what we're really asking  
19 is to be able to restore the open CON status that we had  
20 before and allow us to serve the community around us.

21 CHAIRMAN GALASSIE: Member Sewell?

22 MR. SEWELL: How far along are you in  
23 executing the original project of the estimated 179  
24 million? Where are we? Halfway? 25 percent?

1 MR. BRICHACEK: We're about 95 percent  
2 complete on construction.

3 CHAIRMAN GALASSIE: Any other questions?

4 MR. BURDEN: What's the quality rating 3.1? I  
5 heard that question.

6 MR. BRICHACEK: On a scale of 5, we found the  
7 comparable --

8 MR. BURDEN: Is that comparable to service  
9 stars?

10 MR. BRICHACEK: Yes. I'm sorry.

11 MR. BURDEN: It's the first time there has  
12 been a decimal point.

13 MR. BRICHACEK: No, no, I'm sorry. I was just  
14 citing that was the average in our analysis.

15 MR. SEWELL: But, Jim, that's not their  
16 rating.

17 MR. BRICHACEK: That's the State rating,  
18 right.

19 MR. BURDEN: State rating, community rating.

20 MS. OLSON: So, really, the 36 skilled beds  
21 that we're talking about here are to replace what you  
22 currently call the Old People's Home in the City of  
23 Chicago?

24 MR. BRICHACEK: That's right.

1 MS. OLSON: I want to move in, but you've got  
2 to get rid of the name "Old People's Home".

3 MR. BRICHACEK: We have talked about that.

4 CHAIRMAN GALASSIE: Seeing no other  
5 questions, may I have a motion to approve Project 12-048,  
6 the Admiral at the Lake, Chicago, to authorize the  
7 establishment of a 36-bed long-term care facility?

8 MR. HILGENBRINK: So moved.

9 MR. BURDEN: Second.

10 CHAIRMAN GALASSIE: Moved and seconded. Roll  
11 call.

12 MS. OLSON: We're just removing the variance,  
13 right?

14 CHAIRMAN GALASSIE: Right.

15 MR. ROATE: Motion made by Mr. Hilgenbrink,  
16 seconded by Dr. Burden.

17 Dr. Burden?

18 MR. BURDEN: Yes.

19 MR. ROATE: Mr. Eaker?

20 MR. EAKER: Yes.

21 MR. ROATE: Justice Greiman?

22 MR. GREIMAN: Yes.

23 MR. ROATE: Mr. Hilgenbrink?

24 MR. HILGENBRINK: Yes.

1 MR. ROATE: Ms. Olson?

2 MS. OLSON: Yes.

3 MR. ROATE: Mr. Penn?

4 MR. PENN: No. It looks like -- almost like a  
5 bait and switch process. I'm voting no because of  
6 unnecessary patient services.

7 MR. ROATE: Mr. Sewell?

8 MR. SEWELL: Yes.

9 MR. ROATE: Chairman Galassie?

10 CHAIRMAN GALASSIE: Yes.

11 MR. ROATE: That's seven votes in the  
12 affirmative, one vote in the negative.

13 CHAIRMAN GALASSIE: Motion passes. Good  
14 luck.

15 Moving on to Project H-13, Project 12-037,  
16 Franciscan St. James Health Center, Olympia Fields. If you  
17 folks would introduce yourselves, spell your last names,  
18 we'll have you sworn in.

19 MR. WARREN: Seth Warren, W-a-r-r-e-n.

20 MR. AXEL: Jack Axel, A-x-e-l.

21 MR. SENESAC: Tom Senesac.

22 (Oath given)

23 CHAIRMAN GALASSIE: Thank you very much.

24 We'll move on to Staff report.

1 MR. CONSTANTINO: Thank you, Mr. Chairman.

2 The applicants propose to modernize their  
3 medical/surgical units and reduce the number of  
4 medical/surgical beds from 139 to 133 beds. The cost of  
5 the project is \$14.8 million. We did not receive any  
6 opposition letters, and there is no request for a public  
7 hearing.

8 Thank you, Mr. Chairman.

9 CHAIRMAN GALASSIE: Thank you, sir.

10 Comments for the Board?

11 MR. WARREN: Yes, thank you, Chairman

12 Galassie. My name is Seth Warren. I'm the President of  
13 Franciscan St. James Health. With me are Tom Senesac, our  
14 CFO, and Jack Axel, our CON consultant.

15 Because we haven't appeared before you in  
16 four years, let me please take a brief moment to explain  
17 who we are. Franciscan St. James Health is a wholly-owned  
18 subsidiary of Franciscan Alliance, which operates 13  
19 hospitals in Illinois and Indiana. We've had hospital  
20 presence in the Chicago area for over 100 years.  
21 Franciscan St. James operates two hospitals, one in Chicago  
22 Heights and one in Olympia Fields, one surgery center,  
23 three outpatient family care centers, all located in the  
24 far southern suburbs. All of our programs and services

1 operate under the ideals and values of the Sisters of St.  
2 Francis of Perpetual Adoration.

3 Last year, through our two Illinois hospitals,  
4 we provided inpatient services to over 21,000 area  
5 residents, provided over a 157,000 outpatient encounters.  
6 16 percent of our admissions were classified as charity  
7 care and an additional 18 percent were Medicaid.

8 The project that we're bringing before you  
9 today is somewhat limited by our financial capabilities,  
10 but will allow us to locate 61 percent of our med/surg beds  
11 at our Olympia Fields hospital into private rooms. What  
12 that means is that if we are efficient in our room  
13 assignments 90 percent of the time, we will have fewer than  
14 30 patients in semi-private rooms. The project is limited  
15 to the renovation of existing nursing units and vacated  
16 areas within hospitals and will not include any new  
17 construction, to be consistent with all of the State  
18 Agency's space norms and financial criteria, and results in  
19 reduction of six beds, and has not received any opposition  
20 from the provider community.

21 Thank you for the opportunity to present this  
22 project, and we'd be happy to answer any questions.

23 CHAIRMAN GALASSIE: Thank you.

24 I will open it up to questions from the Board.

1 MR. SEWELL: It looks like, from the State  
2 Agency Report's calculations, that you are asking for too  
3 many beds, you're requesting too many.

4 MS. OLSON: You're reducing beds, aren't you?

5 CHAIRMAN GALASSIE: Mike, did you want to  
6 comment on that?

7 MR. CONSTANTINO: Their historical census will  
8 justify 112 beds at target occupancy of .85 percent.

9 MR. AXEL: May I respond?

10 MR. SEWELL: Sure.

11 MR. AXEL: Thank you, Mr. Sewell. We are  
12 reducing our medical/surgical bed complement from 139 to  
13 133. The number that Mike just referenced is a straight  
14 historical average, daily census-based number. When we  
15 looked at our actual utilization, what we found out was  
16 that we need to make some adjustments. Our utilization  
17 January through May is significantly higher than the other  
18 months. Our midday census is approximately 10 percent  
19 higher than the other months. There is some demographic  
20 changes that are anticipated in the Planning Area over the  
21 next couple of years that should increase our utilization  
22 slightly. When you make those adjustments -- and they're  
23 all discussed on page -- in Attachment 15 to the  
24 application -- it shows that the average daily census that

1 we really need to schedule for, that being the January  
2 through May, the midday, and the Monday through Thursday  
3 census, we're running an average daily census of 112.6, and  
4 you'll note that in the review criteria related to the  
5 applicant's ability to fill the proposed beds, we did get a  
6 positive finding on that.

7           One last point. This is a hospital that does  
8 not run a separate observation unit, so their observation  
9 patients are placed on med/surg units, and those patients  
10 are typically in those beds the busiest time of the day  
11 typically 10 in the morning until 7 in the afternoon. So,  
12 we are right where we need to be, 112.6 average daily  
13 census with the 85 percent utilization, 133 beds. That's  
14 how we came up with the number.

15           MR. SEWELL: So, basically, in the State  
16 Agency Report on page 12, when they -- from your  
17 assumptions, you're arguing they didn't use all of your  
18 assumptions in making their calculations.

19           MR. AXEL: They used the big ones.

20           CHAIRMAN GALASSIE: Other questions from  
21 Board members?

22           MR. BURDEN: Briefly. I didn't realize you  
23 guys had a hospital at Olympian Fields. Chicago heights,  
24 yes. Are you related to the hospital in Peoria? Different

1 group?

2 MR. WARREN: No, that is a different group.  
3 We just have the two hospitals in Illinois.

4 MR. BURDEN: How long has the hospital been at  
5 Olympian Fields?

6 MR. WARREN: The hospital itself has been  
7 there 30 years. We've owned it for the last 12 years or  
8 so. Historically, it was Olympian Fields Osteopathic.

9 MR. BURDEN: Now I'm clear. I've been around  
10 town all my life, 79 years. I've never heard of -- okay.  
11 Thank you.

12 CHAIRMAN GALASSIE: Any other questions?

13 (Pause)

14 CHAIRMAN GALASSIE: Hearing none, may I have a  
15 motion to approve Project 12-037, Franciscan St. James  
16 Health Center, Olympian Fields to authorize a modernization  
17 of its medical/surgical patient areas?

18 MR. BURDEN: So moved.

19 MR. GREIMAN: Seconded.

20 CHAIRMAN GALASSIE: Moved and seconded.

21 MR. ROATE: Motion made by Dr. Burden,  
22 seconded by Justice Greiman.

23 Dr. Burden?

24 MR. BURDEN: Yes.

1 MR. ROATE: Mr. Eaker?  
2 MR. EAKER: Yes.  
3 MR. ROATE: Justice Greiman?  
4 MR. GREIMAN: Yes.  
5 MR. ROATE: Mr. Hilgenbrink?  
6 MR. HILGENBRINK: Yes.  
7 MR. ROATE: Ms. Olson?  
8 MS. OLSON: Yes.  
9 MR. ROATE: Mr. Penn?  
10 MR. PENN: Yes.  
11 MR. ROATE: Mr. Sewell?  
12 MR. SEWELL: Yes.  
13 MR. ROATE: Chairman Galassie?  
14 CHAIRMAN GALASSIE: Yes.  
15 MR. ROATE: Eight votes in the affirmative.  
16 CHAIRMAN GALASSIE: Motion passes.  
17 Congratulations.  
18 Moving on to H-14, Project No. 12-038, Central  
19 DuPage Hospital in Winfield. I don't believe we have any  
20 public comments. If you folks would introduce yourselves,  
21 spelling your last name for our reporter, we'll get you  
22 sworn in.  
23 MR. HUML: Dr. Jeffrey Huml, H-u-m-l.  
24 MR. AXEL: Jack Axel, A-x-e-l.

1 MR. VIVODA: Mike Vivoda, V-I-v-o-d-a.

2 MS. SKINNER: Honey Skinner, S-k-i-n-n-e-r.

3 (Oath given)

4 CHAIRMAN GALASSIE: Thank you.

5 Staff report, please.

6 MR. CONSTANTINO: Thank you, Mr. Chairman.

7 The applicants propose to add 14 ICU beds to  
8 its existing 32-bed complement on the second floor of the  
9 Central DuPage Hospital Center's building. The cost of the  
10 project is \$9.6 million. There was no public hearing  
11 requested and no opposition letters received.

12 Thank you, Mr. Chairman.

13 CHAIRMAN GALASSIE: Thank you, sir.

14 And would someone like to address the Board?

15 MR. VIVODA: I appreciate that. Thank you,  
16 Mr. Chairman and Board members. My name is Mike Vivoda.  
17 I'm the President and CEO of Cadence Health, which is the  
18 parent of Central DuPage and Delnor Hospitals. I was  
19 appointed to that position this month but served on the  
20 management team of Central DuPage since 2004. I appreciate  
21 the opportunity to present this project.

22 As you just heard, we are proposing to add 14  
23 ICU beds to Central DuPage hospital's campus. The agency's  
24 bed need inventory identifies a need for 28 additional ICU

1 beds in DuPage County. During the past three calendar  
2 years, Central DuPage ICU occupancy has ranged from 78.5  
3 percent to 87.3, exceeding the State occupancy target of 60  
4 percent, and today we're operating at 80 percent occupancy.

5 As discussed in detail in our application, the  
6 biggest single driver of the need for these beds is the  
7 growth of the neurosciences program at Central DuPage,  
8 where we have earned the reputation of being a referral  
9 center in the western suburbs. 39 medical/surgical and  
10 interventional specialists staff these units. We have  
11 transfer agreements with 9 area hospitals and receive about  
12 440 transfers from area hospitals each and every year.

13 The State Agency Report did identify a  
14 negative finding, specifically in that the square footage  
15 allocated per bed exceeds the norm. The additional space  
16 is attributable to the fact that we're renovating old space  
17 that was originally used for radiology. This area is in  
18 very close proximity to the surgical suite, making it an  
19 ideal location for the Intensive Care Unit. However, we  
20 needed to reconfigure that space to make it as efficient as  
21 possible. We could not do so because of the structural  
22 concerns regarding limited window placement, columns and  
23 utility placement, providing a direct line of sight between  
24 the nurses and each and every bed in that ICU. We were not

1 able to accomplish the most efficient structure with the  
2 renovated space.

3 All other review criteria were, in fact, met,  
4 especially those related to the bed need and financial  
5 provisions. And I'd be happy to have our team answer any  
6 questions you may have.

7 CHAIRMAN GALASSIE: Thank you.

8 Member Sewell?

9 MR. SEWELL: You also have indicated in the  
10 State Agency that this excess square footage was so that  
11 the size of these units would be the same as your existing  
12 units. That's what it says in the report. In addition to  
13 other things, you said?

14 MR. VIVODA: Yeah.

15 MR. SEWELL: You didn't want to have something  
16 new but smaller?

17 MR. VIVODA: Correct.

18 CHAIRMAN GALASSIE: All right. Other  
19 questions from Board members?

20 (Pause)

21 CHAIRMAN GALASSIE: Seeing none, may I have a  
22 motion to approve project 12-038, Central DuPage Hospital  
23 Winfield, to authorize the addition of 14 intensive care  
24 beds to its existing 32-bed complement?

1 MS. OLSON: So moved.  
2 MR. PENN: Second.  
3 CHAIRMAN GALASSIE: Moved and seconded.  
4 MR. ROATE: Motion made by Ms. Olson, seconded  
5 by Mr. Penn.  
6 Dr. Burden?  
7 MR. BURDEN: Yes.  
8 MR. ROATE: Mr. Eaker?  
9 MR. EAKER: Yes.  
10 MR. ROATE: Justice Greiman?  
11 MR. GREIMAN: Yes.  
12 MR. ROATE: Mr. Hilgenbrink?  
13 MR. HILGENBRINK: Yes.  
14 MR. ROATE: Ms. Olson?  
15 MS. OLSON: Yes.  
16 MR. ROATE: Mr. Penn?  
17 MR. PENN: Yes.  
18 MR. ROATE: Mr. Sewell?  
19 MR. SEWELL: Yes.  
20 MR. ROATE: Chairman Galassie?  
21 CHAIRMAN GALASSIE: Yes.  
22 MR. ROATE: Eight votes in the affirmative.  
23 CHAIRMAN GALASSIE: Motion passes.  
24 Congratulations. Have a good day.

1 Moving onto Item H-15, Project 12-040,  
2 LaRabida Children's Hospital. I do not believe we have any  
3 public comment, so if you folks would come to the table and  
4 introduce yourselves, spelling your last name, we'll get  
5 you sworn in.

6 (Pause)

7 MS. PAIGE: Billie Paige, P-a-i-g-e, CON  
8 consultant for LaRabida.

9 MS. WOLF: Brenda Wolf, W-o-l-f.

10 MR. RENFREE: Mark Renfree, R-e-n-f-r-e-e.

11 MS. BUSH-MOLINE: Brenda Bush-Moline, B-u-s-h  
12 M-o-l-i-n-e.

13 (Oath given)

14 CHAIRMAN GALASSIE: Thank you. And we'll  
15 have the Staff report, please.

16 MR. CONSTANTINO: Thank you, Mr. Chairman.

17 The applicants propose to construct an  
18 addition to its outpatient building and to modernize a  
19 portion of its existing building. The cost of the proposed  
20 project is approximately \$15.7 million. We received no  
21 opposition letters, and there was no request for a public  
22 hearing.

23 Thank you, Mr. Chairman.

24 CHAIRMAN GALASSIE: Thank you, sir.

1 Would someone like to address the Board?

2 MS. WOLF: Absolutely. Good afternoon. I'm  
3 Brenda Wolf. I'm President and CEO of LaRabida's  
4 Children's Hospital. You've met Billie Paige, who is our  
5 consultant. Mark Renfree is our CFO and Vice-President of  
6 Administration, and Brenda Bush-Moline is the Project  
7 Manager of our architectural firm, VOA.

8 We're here to speak about our proposed  
9 ambulatory addition and renovation. LaRabida, a specialty  
10 children's hospital, is a unique institution with more than  
11 a 115-year history. We serve children with complex medical  
12 needs, those with chronic conditions and disabilities. We  
13 do this through our disease management programs in areas  
14 like sickle cell disease and diabetes, our transitional  
15 inpatient care programs, where children who are dependent  
16 on technology, like ventilators, or who require  
17 rehabilitation are transferred to LaRabida from major  
18 medical centers' NICU's and PICU's, for treatment,  
19 stabilization and discharge planning, and we are a medical  
20 home, providing primary and specialty traditional care, as  
21 well as care coordination for kids with chronic conditions  
22 as mentioned above and others like those with cerebral  
23 palsy or Down's Syndrome. We've also been recognized as a  
24 medical home by the National Committee on Quality

1 Assurance. We are the only hospital in Illinois with this  
2 recognition.

3 Our ultimate purpose and goal is to get kids  
4 home and off of the services that will allow them to remain  
5 at home, what all healthcare should be about. We also have  
6 the distinction of being Illinois' most Medicaid-dependent  
7 hospital. We see this as part of our mission as well,  
8 because we're committed to providing care for these most  
9 vulnerable children with special healthcare needs and their  
10 families.

11 Another distinction I just want to point out  
12 is that we are tenants of the Chicago Park District. We're  
13 located in a beautiful setting along Chicago's Lakeshore  
14 and Jackson Park. This allows our children and families to  
15 benefit from the healing qualities of being surrounding by  
16 nature and being near water. We also attempt, as much as  
17 possible, to utilize these environmental benefits in our  
18 interiors.

19 As a result of this relationship with the City  
20 of Chicago, our major projects also require approval of the  
21 Chicago Park District and the Lake Front Planning  
22 Commission. We are pleased to report that we have received  
23 approvals for this project from both of these entities.

24 As mentioned above, we have a robust

1 outpatient clinic operation. Our services include primary  
2 and specialty pediatric physician services, support  
3 services, like social work, patient care education,  
4 nutrition, mental health, as well as rehabilitation. These  
5 services have been provided in a structure that was erected  
6 in the mid-1950's, which certainly wasn't designed for the  
7 volume nor the population we serve today, and also is in  
8 dire need of infrastructure upgrades. As part of our  
9 long-range strategic planning, we're committed to providing  
10 these disease management and medical home services programs  
11 that keep children out of the inpatient setting and offer  
12 one-stop shopping to our families with these complicated  
13 kids. That's why we've undertaken this project that will  
14 offer a wonderful setting for our kids and families and  
15 allow our staff to have the infrastructure to develop  
16 high-quality, efficient and effective services.

17 We appreciate the opportunity to present this  
18 project to you. I'm going to turn over to Mark Renfree to  
19 present our response to the specific review criteria that  
20 are in question.

21 MR. RENFREE: Thank you, Brenda.

22 As you mentioned, we're here today to respond  
23 to the two State Board standards that the project did not  
24 meet and answer any additional questions that you may have.

1 I would like to start by addressing the two standards  
2 missed. First, the issue of financial viability. The  
3 review notes that in fiscal 2009, we reported the  
4 substandard net margin percentage of negative 4.1 percent.  
5 While the calculation is accurate, it's important to note  
6 that our fiscal 2009 results included over \$7.7 million, or  
7 negative 16 percent, of investment write-downs, due to the  
8 stock market collapse in 2008.

9 MR. MORADO: Thirty seconds.

10 MR. RENFREE: Okay. Thank you.

11 Nearly every institution that had invested  
12 assets suffered at that time, and we were no exception.  
13 However, the impact of investment returns is much more  
14 significant on LaRabida, because we tend to operate at a  
15 break-even operating margin because of our high Medicaid  
16 mix and, therefore, our net margin percentage is more  
17 indicative of investment performance than it is of hospital  
18 financial viability.

19 Second is, the review notes that construction  
20 contingency costs are in excess of the State standard. The  
21 location and purpose of LaRabida Children's Hospital's new  
22 ambulatory care and outpatient service leads to costs that  
23 are greater than the State standard. I can summarize these  
24 into four different categories: Patients with complex

1 medical needs; the lakefront location; a two-phase  
2 construction operation, which allows us to maintain  
3 efficient patient operations while in construction; and  
4 LEAD certification is necessary because of the fact we are  
5 receiving some dollars from the State of Illinois' capital  
6 program.

7 THE COURT: Well done. Thank you. I'm going  
8 to open it up to the Board members for questions.

9 MR. SEWELL: I just -- what percent of your  
10 revenue comes from private insurance?

11 MR. RENFREE: Less than two percent.

12 CHAIRMAN GALASSIE: Judge?

13 MR. GREIMAN: I just want to get some sense of  
14 these pledges. You have \$5 million in pledges. Are you  
15 collecting them now, or are they going to be collected  
16 after this?

17 MR. RENFREE: Yes, I will try to address that.  
18 We have received over \$1 million in pledges currently.  
19 Most -- the vast majority of those pledges come from our  
20 own board members, and we have partial payments or first  
21 installments from nearly every board member. We have one  
22 hundred percent board participation supporting this  
23 project.

24 MR. GREIMAN: And what do you think? Can you

1 collect all of this?

2 MS. WOLF: Can I also interrupt? Through this  
3 capital campaign, the pledges were all spread over a  
4 five-year period. So there was never any plan to receive  
5 all of the payments in the beginning of the project.

6 MR. GREIMAN: Oh, all right. Thank you.

7 CHAIRMAN GALASSIE: Dr. Burden?

8 MR. BURDEN: I go back a long time, from the  
9 time I rotated through that service -- I don't want to say  
10 how long ago it was -- as a medical student. I'm impressed  
11 that you're able to stay afloat economically. I would hope  
12 that the pledges come through, as the judge has pointed  
13 out. 90 percent Medicaid, that's a true safety net. It  
14 has to stay in place to provide a service that is just not  
15 available for those residents on the south side. It's a  
16 terrific location, terrific institution and obviously --  
17 the money part is what I'm concerned about.

18 CHAIRMAN GALASSIE: Any other questions from  
19 Board members?

20 (Pause)

21 CHAIRMAN GALASSIE: Seeing none, may I have a  
22 motion to approve Project 12-040, LaRabida Children's  
23 Hospital, Chicago, to authorize a major modernization,  
24 expansion project to its existing facility?

1 MR. SEWELL: So moved.  
2 MR. PENN: Seconded.  
3 CHAIRMAN GALASSIE: Motion and second. Roll  
4 call.  
5 MR. ROATE: Motion made by Mr. Sewell,  
6 seconded by Mr. Penn.  
7 Dr. Burden?  
8 MR. BURDEN: Yes.  
9 MR. ROATE: Mr. Eaker?  
10 MR. EAKER: Yes.  
11 MR. ROATE: Justice Greiman?  
12 MR. GREIMAN: Yes.  
13 MR. ROATE: Mr. Hilgenbrink?  
14 MR. HILGENBRINK: Yes.  
15 MR. ROATE: Ms. Olson?  
16 MS. OLSON: Yes.  
17 MR. ROATE: Mr. Penn?  
18 MR. PENN: Yes.  
19 MR. ROATE: Mr. Sewell?  
20 MR. SEWELL: Yes.  
21 MR. ROATE: Chairman Galassie?  
22 CHAIRMAN GALASSIE: Yes.  
23 MR. ROATE: Eight votes in the affirmative.  
24 CHAIRMAN GALASSIE: Motion passes.

1 Congratulations. Good luck with your project.

2 Moving forward, Item H-16, Project 12-042. We  
3 have one request for public comment in support of the  
4 project.

5 MS. NEAL DITZIG: Good afternoon.

6 CHAIRMAN GALASSIE: If you would simply  
7 introduce yourself and spell your name, you don't have to  
8 be sworn in.

9 MS. NEAL DITZIG: My name is Cheri Neal  
10 Ditzig, C-h-e-r-i, N-e-a-l, D-i-t-z-i-g. My position is I  
11 am a Zion Township Supervisor. I'm also here with Jan  
12 Suthard, the Benton Township Supervisor. Our townships  
13 surround Cancer Treatment Centers of America, Midwestern  
14 Regional Medical Center.

15 Imagining our community without MRMC is not a  
16 very pretty picture. Zion, like many cities in the nation,  
17 is faced with huge unemployment. We have over 700  
18 foreclosed and vacant homes, and our local government, has  
19 finances that are of serious concern right now. But in the  
20 middle of all of this stands a business that is doing all  
21 it can to support our community, from encouraging the  
22 expansion of the hotel industry to house cancer patients  
23 and their families, who, in turn, support our area  
24 businesses, to offering their staff to the community to

1 volunteer to speak, provide community support services, as  
2 well as employing many Lake County residents.

3 MRMC strategically helps the Zion-Benton  
4 community by having partnered in the creation of the  
5 Coalition for Healthy Communities in 1994, an active group  
6 made up of community leaders who meet monthly to find ways  
7 to collaborate and make the community the best it can be.  
8 They provide a significant, yearly donation to support many  
9 of our programs, including our Healthy Youth Program at our  
10 high school and the Boys-Girls Club of our community. They  
11 are sponsors for (unintelligible) and are always willing to  
12 support with donations for other events. Even more  
13 significant, they have established a fund to provide cancer  
14 treatment to residents who have no insurance --

15 MR. MORADO: Thirty seconds.

16 MS. NEAL DITZIG: -- an amazing gift that they  
17 provide.

18 Our community also supports MRMC's cancer  
19 patients by raising money for Assistance in Healthcare, a  
20 not-for-profit designed to assist families in paying bills  
21 that insurance doesn't cover. Expanding services for  
22 cancer patients at MRMC is a win-win for our county as well  
23 as those plagued with cancer, and we sincerely hope you  
24 will vote to support their request.

1 Thank you.

2 CHAIRMAN GALASSIE: Thank you. Enjoy your  
3 ride back to beautiful Lake County.

4 Representatives from Midwestern Regional  
5 Medical Center, Zion.

6 (Pause)

7 CHAIRMAN GALASSIE: If you would, introduce  
8 yourselves and spell your last name.

9 MR. OURTH: Joe Ourth, O-u-r-t-h.

10 MS. MEISNER: Ann Meisner, M-e-i-s-n-e-r.

11 MR. JONES: Scott Jones, J-o-n-e-s.

12 MS. DAYLOR: Cecilia Daylor, D-a-y-l-o-r.

13 MR. CHOH: Dr. Jeffrey Choh, C-h-o-h.

14 CHAIRMAN GALASSIE: Thank you.

15 Staff report, please.

16 MR. CONSTANTINO: Thank you, Mr. Chairman.

17 The applicants are proposing a modernization  
18 and expansion of the Imaging Department at Midwestern  
19 Regional Medical Center in Zion, at a cost of approximately  
20 \$15.5 million. The anticipated completion project date is  
21 September 30th, 2013. No public hearing was requested and  
22 no opposition letters received. We did get one comment on  
23 the State Agency Report that has been handed out to you and  
24 e-mailed, also.

1                   And the Court Reporter would like to take a  
2 break after this project, if we could.

3                   CHAIRMAN GALASSIE:     Maybe.

4                   Thank you very much.   Would someone like to  
5 address the Board?

6                   MS. MEISNER:   Yes, thank you.

7                   Mr. Chairman, members of the Board, I'm Ann  
8 Meisner.   I'm CEO at Midwestern Regional Medical Center.   I  
9 have with me today Joe Ourth, who is our CON counsel, Scott  
10 Jones to my left, who is our Chief Operating Officer,  
11 Cecilia Daylor, our Chief Financial Officer, and Dr. Jeff  
12 Choh, who is Medical Director in our Imaging Department.  
13 We have other members in the audience, our Director of  
14 Imaging, and a member of our audit and accounting firm.

15                   Midwestern Regional Medical Center is a  
16 specialty cancer hospital located in Zion, Illinois, which  
17 is a small community about as far north as you can get  
18 before becoming a Packer fan.   We are dedicated to the care  
19 of adult oncology patients.   75 percent of our patients  
20 come from outside of the state of Illinois, so we consider  
21 ourselves a destination care for those patients who are  
22 dealing with complex and advance disease.   We're part of a  
23 larger network of hospitals, Cancer Treatment Centers of  
24 America.   However, Midwestern is the founding hospital.

1 I'm going to turn it over now to Scott Jones,  
2 who is our COO and lead on this project.

3 MR. JONES: Good afternoon.

4 As a hospital devoted to cancer care, our  
5 Imaging Department is a core part of the services we  
6 provide, and the project we have before you today is one to  
7 both modernize and expand our Imaging Department. In terms  
8 of modernization, we have three services within our  
9 department that have reached the end of their useful life  
10 and require replacement. Those are the MRI, nuclear  
11 medicine system, and an x-ray machine.

12 In terms of expansion, we have four services  
13 which have exceeded Review Board's threshold for  
14 utilization, and we need to go from one system to two, and  
15 those include our MRI, interventional radiology suite, PET  
16 scanner, and CT scan. With one exception, the State Agency  
17 Report finds that our project complies with all of the  
18 Board's review criteria. The only area which was not a  
19 positive finding was with respect to availability of funds.  
20 We have provided information on that, but I'd like to take  
21 a moment to share with you our concern and reluctance about  
22 sharing audited financial statements about our  
23 organization.

24 CHAIRMAN GALASSIE: Thank you.

1 MR. JONES: Our concern is not in providing  
2 information to this Board. Our concern is with putting our  
3 financial information into the public domain, and the  
4 reason for that, we're a unique organization. Our  
5 organization is owned completely by a family. There are no  
6 other outside investors who own portions of CTCA or  
7 Midwestern Regional Medical Center. So, putting the  
8 financial information of our organization into the public  
9 domain is akin to putting a family's financial information  
10 in the public domain, and, like many, many families, the  
11 family that owns our organization just does not want to do  
12 that. So, that's the reason that we had that concern.

13 We want to reaffirm our willingness to work  
14 with this Board on this issue, and to that end, we have  
15 asked our independent auditing firm to provide  
16 documentation regarding availability of funds for this  
17 project. We've asked Cory Rutledge, who is a partner with  
18 CliftonLarsonAllen, to come from Minneapolis today to  
19 answer any questions about that. We have also designated a  
20 bank account with enough funds in it to pay for this  
21 project, and we've provided a statement of that bank  
22 account, as well as a letter from the Bank of America. So,  
23 we believe we've provided strong evidence regarding  
24 availability of the funds for the project.

1                   So, in closing, we ask for your support for  
2 this very important project. We're ready to go, and we  
3 appreciate your consideration and are happy to answer any  
4 questions.

5                   CHAIRMAN GALASSIE: Thank you very much, and  
6 I appreciate your addressing a core issue regarding this  
7 application.

8                   I'm going to open it up to Board members for  
9 questions.

10                  Mr. Carvalho?

11                  MR. CARVALHO: As the Chairman alluded to, the  
12 issue of you making your financial information available is  
13 one the Staff and others reviewing this have given thought  
14 to. At first blush, your comment about the family  
15 ownership has some superficial appeal but, you know, we  
16 know to the decimals what percentage of Berkshire Hathaway  
17 Warren Buffet owns. So, his personal information is all  
18 available, because it's one of the costs of doing business  
19 as a public company, that you have to make that disclosure.  
20 We know there was an ophthalmologist a couple years ago who  
21 had an application. She owned entirely the surgical  
22 center. We require the financial information, so we know  
23 that she made \$1.7 million last year, because that just  
24 becomes public as part of having to go through the process

1 here. So, I'm not exactly sure why, since this is part of  
2 the public process -- that's the whole reason the CON  
3 exists -- that your ownership family's interest in keeping  
4 information not public is one the Board should defer to,  
5 when every other applicant has to share their financial  
6 information, whether it reflects individual situation or  
7 non-profit or whatever. It's just part of the public  
8 process.

9 MR. OURTH: Mr. Carvalho, if I could address  
10 that, two things on that. One is the review criteria  
11 that's applicable here is. Does the applicant have  
12 available funds to finance the project? That's really the  
13 sole question that's here. And so to address that and  
14 what -- what ways can we do that to assure you that there's  
15 adequate funds? One was to have the auditor write the  
16 letter that says that there's sufficient funds to do that  
17 in excess of the current liabilities. The other, and  
18 probably the most persuasive, is, okay, have our bank, Bank  
19 of America do a designated bank account that has the entire  
20 amount of the funds in there, which seems to be pretty  
21 strong evidence that that can be done that way.

22 The other is, it was filed in a way that -- as  
23 under your rules, where on these type of projects where  
24 it's cash based, it specifically says that financial

1 viability ratios are not required on that, and so the  
2 applicant is well willing to work with you, come up -- is  
3 there ways that we can show you that yes, there's  
4 sufficient money there? That's not an issue. There's  
5 money in the bank. There's the other, but it does seem  
6 like that is something that in the whole time they've been  
7 operating, nobody else has ever required that that be  
8 disclosed, and so hopefully that could be respected as  
9 well.

10 CHAIRMAN GALASSIE: Well, you're certainly  
11 familiar with our rules, the amount and extent of activity  
12 you've done with this organization. So, I don't think we  
13 have to redefine with you what it is we'd like to see.  
14 It's done every day, and, as Mr. Carvalho suggested,  
15 anybody that comes before this organization submits the  
16 information, family or not family. It's part of the public  
17 process.

18 MR. OURTH: With that, actually, until  
19 recently, very few -- many applicants haven't. Any  
20 applicant that had an A bond rating did not submit that.  
21 So this -- so usually -- there's been a lot of times prior  
22 to that, a whole lot of projects I've been involved with,  
23 those have not been submitted, because there was a proxy in  
24 that case, the bond rating that showed yes, there's a bond

1 rating there and that shows the availability of funds and  
2 that serves that purpose, just like the purpose of here's  
3 the bank account, here's the bank letter, of which your  
4 rules say that the bank letter is -- meets that  
5 qualification.

6 CHAIRMAN GALASSIE: Thank you.

7 Other questions by Board members?

8 MR. PENN: Mike, is that true, that last  
9 comment that the bank letter does satisfy?

10 MR. CONSTANTINO: Yeah, but in my estimation,  
11 it doesn't give me the true picture. I can't -- I don't  
12 accept a bank letter anymore. We've been -- it's been a  
13 process where I've accepted it in the past, and it turned  
14 out not to be the case. They didn't get the loans. In  
15 this case, they're saying that they're going to have money  
16 in a bank account. There's nothing that tells me that that  
17 money wouldn't be taken out the next day after you approved  
18 it. So, all we've asked for is the audited financial  
19 statements, and we are asking that of every applicant that  
20 comes before you, no matter if they have an A bond rating  
21 or not. We've done this for the last two years because of  
22 the situation in the financial markets. It's part of our  
23 process here as Staff to determine whether they're  
24 financially viable and whether or not the project is

1 economically feasible.

2 MR. GREIMAN: It's being certified that they  
3 have the money in their bank account, even though they  
4 could take it out the next day. You wouldn't object to  
5 that, would you, with --

6 MR. CONSTANTINO: I would object to them  
7 taking it out the next day and using it for other purposes,  
8 yes. I don't know if that would be the case. So that's  
9 why I didn't accept that letter that they provided to us.

10 MR. GREIMAN: I see. Okay.

11 CHAIRMAN GALASSIE: Member Sewell?

12 MR. SEWELL: Do we have their Medicare Cost  
13 Report? I see they have Medicare reimbursement.

14 MR. CONSTANTINO: No.

15 MR. SEWELL: You do file a Medicare Cost  
16 Report?

17 MR. JONES: Yes.

18 MR. SEWELL: How much of what's in the  
19 financial statement is in the Medicare Cost Report? I  
20 don't know the answer to that.

21 MR. CONSTANTINO: I don't know the answer to  
22 that either, Mr. Sewell.

23 CHAIRMAN GALASSIE: Yet to be determined.

24 MR. BURDEN: I find it a little unusual.

1 Again, I've heard Chairman and Mr. Carvalho speak to this.  
2 I don't recall we ever had a situation where we had to  
3 really pass on an application without having some more  
4 information than we currently have. It isn't a great deal  
5 of money on that basis, I guess, but it's still the  
6 principle of the thing. I'm trying to be consistent. As  
7 much as we try, we're only human. We do make errors on  
8 occasion. I do. I don't know about you guys. But -- and  
9 no reflection on the institution. I know nothing about it.  
10 I practiced for 40 years in Chicago. I never had a patient  
11 go or come and, off the record, I didn't have any of my  
12 colleagues that know anything about your institution.  
13 That's nothing to say about your institution, period, but  
14 the money situation does concern me a little bit, why the  
15 information should not be forthcoming. It's hard for me to  
16 appreciate it.

17 MS. OLSON: Okay. I've got to totally  
18 disagree. The money is in the bank. What else do we need  
19 to know? If they take it back out tomorrow, they've got to  
20 put it back in the next day. They're a for-profit company  
21 that's telling us they have the money. I think that's a  
22 little bit more solid than some of the other applications  
23 we voted on positively, based on what? We might get the  
24 financing, or you've got 45 days to get the financing?

1 It's telling me -- tell them we want a monthly bank  
2 statement, showing the money is in there, until the project  
3 is complete.

4 MR. CONSTANTINO: What do I do with the other  
5 hospitals that I've requested audited financial statements  
6 from? We're not being consistent here. Every hospital  
7 I've asked for financial statements, they've provided them.

8 MS. OLSON: This wouldn't be the first time  
9 we've been inconsistent.

10 MR. CONSTANTINO: No, that's true.

11 MS. OLSON: I guess I'm looking at the project  
12 based on the merits of the project. Their equipment is  
13 outdated. They can't upgrade it. They're providing a  
14 fabulous service. They -- I want a bank statement every 30  
15 days, showing the money is there. If Warren Buffet wants  
16 his financial information to be public, I think that's  
17 wonderful. I don't think that this family should have to  
18 do that. I don't want my information public, for the  
19 opposite reason.

20 MR. CONSTANTINO: They're taking State and  
21 Federal money, your tax dollars and my tax dollars, and  
22 won't provide audited financials to a State Board. I think  
23 that's unusual, very unusual. I've never seen a hospital  
24 not provide audited financials. I can't believe they

1 haven't provided it to some other State entity.

2 MS. OLSON: But Medicare is comfortable with  
3 the information in the Medicare Report. That's where the  
4 public money is going.

5 CHAIRMAN GALASSIE: No. We assume they are,  
6 but we don't know that.

7 MS. OLSON: We don't think we would know if  
8 Medicare had issues?

9 CHAIRMAN GALASSIE: We don't know that. We  
10 assume that they're in good standing with Medicare.

11 MS. OLSON: I would respectfully disagree.

12 MS. DAYLOR: We would provide the cost  
13 reports. Cost reports are public information. I think the  
14 difference between the family and being in private  
15 business -- the audited financial statements has only the  
16 numbers. He has a lot of the background business  
17 information on trusts for that family. There is a lot of  
18 information that is disclosed on financial statements when  
19 they're audited that really are not normally public by  
20 family businesses. It's very rare that a family business  
21 will put their financial statements on a web site. We have  
22 no concern with this Board or anybody here seeing those  
23 financial statements. We just don't want it on the web  
24 site for the whole world to see. We are --

1 CHAIRMAN GALASSIE: Welcome to the public  
2 sector.

3 MS. DAYLOR: We are mostly comfortable sitting  
4 down and giving you the whole financial statement. There  
5 is absolutely nothing we're trying to hide from you.

6 CHAIRMAN GALASSIE: We understand that, and I  
7 think this Board is desirous of working with you, and we  
8 understand. What you give to us, you give to the world.  
9 But, nevertheless, we have our issues and we have our  
10 needs. It seems to me as though your choices are to take  
11 your chances in the next few minutes for a vote that will  
12 approve this or reject it, or defer it with an opportunity  
13 to come forward with your audited financials and perhaps  
14 you're going to block out the individual family  
15 information, if you want to try that. I don't know if that  
16 will fly or not, if we need that, or -- and submit the  
17 Medicare Cost Report.

18 Mr. Sewell? He always comes up with a great  
19 idea.

20 MR. SEWELL: No, no, no. Now what I'm going  
21 to say is going to be nothing. Is the practice of not  
22 providing these financial statements -- is it the policy of  
23 your owners or your directors, or is it the policy of the  
24 administration, or both?

1 MS. MEISNER: It's a policy of the owners. As  
2 we mentioned, this is a family-owned business, solely owned  
3 by that family. It's not a public business. It's been in  
4 this family's hands for the last 35 years, and they have  
5 never released that level of financial information.

6 MR. OURTH: There's perhaps a third  
7 alternative as well, which was --

8 CHAIRMAN GALASSIE: We're open.

9 MR. OURTH: -- discussed, as Mrs. Olson said,  
10 things like monthly financial statement reports that shows  
11 that the money is there. Even Cecilia has talked about a  
12 letter of credit that shows that the finances is there. I  
13 don't think that there's a real issue as to whether it's  
14 there or not. As to why a hospital hasn't -- it's really a  
15 fairly unique situation in that most hospitals are not for  
16 profit, and those financial statements are available  
17 because of that status, or --

18 CHAIRMAN GALASSIE: But we have had other  
19 for-profit hospitals and they have provided us financial  
20 statements.

21 MR. OURTH: Yes, but the reason for that is  
22 it's publicly traded and provided under the Securities  
23 Code. I'm not aware of any other hospital that's in this  
24 situation, and so every other hospital has already provided

1 them and put them in the public a number of times, and so  
2 this is -- I've never encountered a hospital where, oh,  
3 yeah, it's available to Securities and Exchange Commission  
4 or it's available to the Attorney General's office. These  
5 literally are not available anyplace else. Similarly, the  
6 Medicaid Cost Reports, like we said, we'd be more than  
7 happy to provide that information as well.

8 MR. GREIMAN: Just so I understand you, in the  
9 bank today, you can write the check for the whole thing; is  
10 that right?

11 MR. OURTH: Exactly.

12 MR. GREIMAN: You can tell us that every 30  
13 days, right?

14 MR. OURTH: Yes. Also, we brought -- the  
15 partner in charge of the account is the auditor with  
16 CliftonLarsonAllen.

17 CHAIRMAN GALASSIE: I'm ready to move forward,  
18 Joe.

19 Dr. Burden?

20 MR. BURDEN: I agree with you. If I might,  
21 according to the Hospital Profile in 2010, you're looking  
22 for 14 grand, yet two-tenths percent Medicaid, 95 percent  
23 private insurance covering the inpatient revenue. I'm not  
24 digging into this, but it says a lot to me right off the

1 bat. I don't know of any institution with 95 percent  
2 private insurance payors, 81.6 percent -- excuse me. I  
3 misread that. 80 percent. Certainly not a safety net  
4 institution. It isn't like a hospital in southern Illinois  
5 who can barely get money to be able to expand their  
6 facility, that can't dip into their reserve to pay 14,000  
7 bucks. Am I right? That's the figure? 14 grand, 15  
8 grand? I'm not able yet -- 10,000 days of med/surg  
9 treatment. You have very little Medicaid. On that basis  
10 alone -- I mean, I do see charity care mentioned here.  
11 That's fine. I appreciate that. You're at 13 percent  
12 Medicare. So, basically, your institution survives with  
13 private insurance, which should be and is considered by  
14 most hospital administrators a great plus sign to pay the  
15 bills, and you're looking for us to cough up or approve  
16 14,000 -- I -- somehow --

17 MS. OLSON: Million.

18 MR. BURDEN: I beg your pardon. All right.  
19 That's a little more. Still in all, I still -- the issue I  
20 have is, your hospital profile doesn't make me warm and  
21 fuzzy personally. I'm a practicing position for 40 years  
22 in town. I sat on several large committees, not the least  
23 of which was alleged malpractice for 15 years. This Board  
24 has allowed me to see a lot of hospital profiles in five

1 years. It's the best one I've ever seen. I don't see any  
2 institution in the state that has 80 percent private  
3 insurance payors. You tell me where you are. There's a  
4 lot of money floating through this institution. That may  
5 not -- I misread the amount of money. Maybe other Board  
6 members are not taken by that, but I have problems with  
7 agreeing without having more information, when I see such a  
8 positive bank statement.

9 MS. MEISNER: Dr. Burden, if I could respond  
10 to that, because I think our organization is unique from a  
11 lot of other organizations. As I mentioned, 75 percent of  
12 our patients come from other states. They're self-referred  
13 to our organization. We don't have --

14 MR. BURDEN: Mayo Clinic is self-referred. So  
15 is MD Anderson in Houston, Texas. So is the Cancer Center  
16 at Stanford. I'm familiar with all of those places. They  
17 do not come close to what I just said. Right now, Mayo is  
18 losing money because of the large number of Medicare  
19 patients and Medicaid patients they accept. I look at your  
20 profile. I don't see anything similar. So, I don't accept  
21 that statement to be -- uniqueness may be it, but the  
22 uniqueness on the side of money is not -- you can't--

23 MS. MESINER: I think where I was leading with  
24 that is that we express our charitable care in lots of

1 other ways. You heard from a member of our community. We  
2 have established our own fund to take care of our own local  
3 community who have no insurance. We've already -- this  
4 year expect to spend \$6 million in free care to cancer  
5 patients. The other thing that we do is we partner with  
6 local organizations, including the Lake County Health  
7 Department, the YWC, for no-cost, low-cost mammograms. We  
8 partner with Susan G. Komen and have funded them the tune  
9 of about a quarter million dollars to help fund their  
10 programs to provide access to care. We also fund Stand Up  
11 to Cancer for the research component of this and have spent  
12 \$2 million in the last two years with that organization.  
13 So, we don't do it in the traditional ways, but this family  
14 does give back in many, many ways to the community.

15 CHAIRMAN GALASSIE: I'm going to -- thank you  
16 very much. I'm going to propose a motion.

17 MR. PENN: I have a question, and it has to do  
18 with charity care. Net patient revenue, is this just for  
19 this location here in Chicago, this \$504 million?

20 MS. MEISNER All the reports are only for  
21 Midwest.

22 MR. PENN: I've seen some applicants come  
23 before this Board and they disguise their charity care.  
24 They lump the charity care of locations into one.

1 MS. MESINER: No, this is --

2 MR. PENN: This is charity care that is  
3 provided for this facility?

4 MS. MEISNER: Absolutely.

5 CHAIRMAN GALASSIE: Any other questions?

6 The motion I'm proposing would be to approve  
7 the project. Members can vote to support it, they can vote  
8 to reject it, or you can make an amendment that has been  
9 suggested by a couple of folks, for additional information  
10 to be supplied to satisfy our financial questions, and/or  
11 it can be deferred. That having been said, may I have a  
12 motion to approve Project 12-042 Midwestern Regional  
13 Medical Center, Zion, to authorize the modernization and  
14 expansion of its existing Imaging Department?

15 MS. OLSON: So moved.

16 MR. BURDEN: Second.

17 MR. GREIMAN: And to provide us with financial  
18 statements on a monthly basis.

19 CHAIRMAN GALASSIE: Moved and seconded with  
20 an amendment to provide monthly bank statements  
21 representing the dollars for the project are available.

22 MR. ROATE: Motion made by Ms. Olson, seconded  
23 by Dr. Burden.

24 Dr. Burden?

1 MR. BURDEN: I'm going to vote no, based on  
2 the reasons I already discussed.

3 MR. ROATE: Mr. Eaker?

4 MR. EAKER: I'm going to vote no, based on the  
5 fact that charity care seems to be going to areas that are  
6 providing referral services to this organization.

7 MR. ROATE: Justice Greiman?

8 MR. GREIMAN: I'm going to vote yes and note  
9 that we were perfectly happy three years ago if we had a  
10 mortgage commitment from a bank. "Oh, that's good, that's  
11 a mortgage commitment from a bank", except the bank went  
12 under last week and the commitment isn't worth diddly-doo.  
13 So these people have \$17,000,000 in the bank.

14 MR. ROATE: Mr. Hilgenbrink.

15 MR. HILGENBRINK: I vote no for reasons  
16 previously cited.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: I vote yes.

19 MR. ROATE: Mr. Penn?

20 MR. PENN: I'm voting no, because the audited  
21 financial statements were not provided, as requested by the  
22 State Board and Staff.

23 MR. ROATE: Mr. Sewell?

24 MR. SEWELL: I vote no.

1 MR. ROATE: Chairman Galassie?

2 CHAIRMAN GALASSIE: Chair votes yes.

3 MR. ROATE: That's five votes in the negative,  
4 three votes in the positive.

5 CHAIRMAN GALASSIE: Motion does not pass.

6 MR. URSO: You'll be receiving an Intent to  
7 Deny. You have another opportunity to come before the  
8 Board, as well as bringing additional information. Thank  
9 you.

10 CHAIRMAN GALASSIE: Good luck.

11 We are at the 3:30 hour. I'm going to propose  
12 a very short break, please, to bring it back here, and our  
13 intention is to be done by four o'clock. We have an  
14 Executive Session, so please try and make this a very short  
15 break.

16 (Recess)

17

18 END TIME OF OPEN SESSION: 3:31 P.M.

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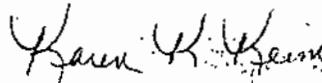
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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



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KAREN K. KEIM  
CRR, RPR, CSR-IL, CCR-MO

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