

09-056

**ORIGINAL**

HEALTH FACILITIES AND SERVICES  
REVIEW BOARD

APPLICATION FOR PERMIT  
TO  
DISCONTINUE  
THE GENERAL LONG TERM CARE  
CATEGORY OF SERVICE

AT

ADVOCATE SOUTH SUBURBAN HOSPITAL  
HAZEL CREST, ILLINOIS

ADVOCATE HEALTH AND HOSPITALS CORPORATION  
d/b/a/

ADVOCATE SOUTH SUBURBAN HOSPITAL  
and

ADVOCATE HEALTH CARE NETWORK

October 12, 2009

**RECEIVED**

OCT 13 2009

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Telephone 708.799.8000



October 12, 2009

Ms. Courtney Avery  
Acting Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: Advocate South Suburban Hospital  
General Long Term Care Category of Service  
Discontinuation Permit Application

Dear Ms. Avery:

Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital and Advocate Health Care Network, the co-applicants, seek a Permit to discontinue Advocate South Suburban's CON Approved 41-bed General Long Term Care Category of Service. If approved by the State Agency, we intend to primarily use these beds to modify our mix of private and semi-private medical surgical beds. More private beds are required to meet contemporary patient care protocols, meet patient and family needs and desires, and improve patient safety/care quality by minimizing nosocomial infections which are more like to occur in semi-private rooms. There is no cost to this project and no change in our overall bed complement and distribution excepting this discontinuation. We will have 243 authorized beds following the discontinuation.

This request is being made only after thoughtful consideration and analysis that included evaluating LTC beds in our service area and LTC beds available within both an adjusted and non-adjusted 45 minute drive time from our site. There are more than sufficient beds available and we have impact letters indicating sufficient LTC beds are available to accept our current ADC approximating 33 LTC patients without restrictions, conditions, limitations, or discrimination.

Besides knowing there are sufficient LTC beds to accommodate our census, we meet the Board's criteria for discontinuation due to the losses sustained by this category of service. Over the period 2005 through 2008, this category of service lost \$19,320,957 or an average \$4,830,239 annually. As we discuss in our application, hospitals have significant overhead costs that nursing facilities do not. This means that a nursing facility can provide the same long-term care patient with the same quality of care at a significantly lower cost. To put it simply, providing long-term care in a hospital setting is not cost-effective.

The enclosed application is to discontinue the 41-bed General Long Term Care Category of Service at Advocate South Suburban Hospital. We believe it meets all current Illinois Health Facilities and Services Review Board review criterion and seek Review Board approval. Enclosed is our check in the amount of \$2,500.00 made out to the Illinois Department of Public Health for the respective Permit Application fee.

If you have any question, please contact us immediately. We will be pleased to assist you and your staff in their review of our Permit Application.

We look forward to working with you and your staff.

Sincerely,

A handwritten signature in black ink that reads "Timothy Daugherty".

Timothy Daugherty  
Vice President Business Development



## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

## CERTIFICATE OF NEED PERMIT

## APPLICATION

JULY 2009 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
 525 WEST JEFFERSON STREET, 2nd FLOOR  
 SPRINGFIELD, ILLINOIS 62761  
 (217) 782-3516

## INSTRUCTIONS GENERAL

- The Application must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act, including those involving establishment, expansion, modernization or discontinuation of a service or facility.
- The person(s) preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130).
- This Application does not supersede any of the above-cited rules and requirements that are currently in effect.
- The application form is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Codes 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to the Health Facilities Planning Board staff at (217)782-3516.
- Copies of this application form are available on the Health Facilities Planning Board Website <http://www.idph.state.il.us/about/hfpb.htm>.

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## SPECIFIC

- Use this form, as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed. **ALL CRITERIA** for each applicable section must be addressed. If a criterion is not applicable label as such and state the reason why. For all applications that time and distance are required for a criterion submit copies of all Map-Quest Printouts that indicate the distance and time from the proposed facility or location to the facilities identified.
- Attachments for each Section should be appended after the last page of the application for permit.
- Begin each Attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- Upon completion of the application form, number all pages consecutively at the bottom center of each page.
- The application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original application and one copy both **unbound**. **Label one copy original (on the application for permit)** that contains the original signatures.

**Failure to follow these requirements WILL result in the application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the application being declared null and void. Applicants are advised to read Part 1130 with**

**respect to completeness (113.620(d))****ADDITIONAL REQUIREMENTS****FLOOD PLAIN REQUIREMENTS**

Before an application for permit involving construction will be deemed **COMPLETE** the applicant must attest that the project is or is not in a flood plain, and that the location of the proposed project complies with the Flood Plain Rule under Illinois Executive Order #2005-5.

**HISTORIC PRESERVATION REQUIREMENTS**

In accordance with the requirements of the Illinois Historic Resources Preservation Act (IHRP), the Health Facilities Planning Board is required to advise the Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the IHRP Agency to determine if certain projects may impact upon historic resources. Such types of projects include:

1. Projects involving demolition of any structures; or
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the Illinois Historic Preservation Agency (Preservation Services Division, Old State Capitol, Springfield, Illinois 67201), so known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The Historic Preservation Agency (HPA) will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the HPA with the submission of the application for permit.

Information concerning the Historic Resources Preservation Act may be obtained by calling (217)782-4836.

**SAFETY NET IMPACT STATEMENT that describes all of the following:**

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

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-77, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**FEE**

An application processing fee (refer to Part 1130.620(f) for the determination of the fee) must be submitted with most applications. If a fee is applicable, an initial fee of \$2,500 MUST be submitted at the same time as submission of the application. **The application will not be declared complete and the review will not be initiated if the processing fee is not submitted.** HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **Payment may be by check or money order and must be made payable to the Illinois Department of Public Health.**

**SUBMISSION OF APPLICATION**

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

|                    |                                  |                     |   |                       |      |
|--------------------|----------------------------------|---------------------|---|-----------------------|------|
| Facility Name:     | Advocate South Suburban Hospital |                     |   |                       |      |
| Street Address:    | 17800 South Kedzie Avenue        |                     |   |                       |      |
| City and Zip Code: | Hazel Crest 60429                |                     |   |                       |      |
| County:            | Cook                             | Health Service Area | 7 | Health Planning Area: | A-04 |

**Applicant Identification**

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

|                                  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| Exact Legal Name:                | Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital |  |  |  |  |
| Address:                         | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429                           |  |  |  |  |
| Name of Registered Agent:        | Gail D. Hasbrouck  |  |  |  |  |
| Name of Chief Executive Officer: | Robert Green   |  |  |  |  |
| CEO Address:                     | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429                           |  |  |  |  |
| Telephone Number:                | (708) 799-8000   |  |  |  |  |

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

**Type of Ownership**

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

Corporations and limited liability companies must provide an Illinois certificate of good standing.  
 Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**Primary Contact**

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

|                   |  |  |  |  |  |
|-------------------|--|--|--|--|--|
| Name:             | Karen Freeman Ortmann                                  |  |  |  |  |
| Title:            | Vice President, Operations                             |  |  |  |  |
| Company Name:     | Advocate South Suburban Hospital                       |  |  |  |  |
| Address:          | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429 |  |  |  |  |
| Telephone Number: | (708) 213-3582   |  |  |  |  |
| E-mail Address:   | Karen.ortmann@advocatehealth.com                       |  |  |  |  |
| Fax Number:       | (708) 213-0100   |  |  |  |  |

**Additional Contact**

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

|                   |  |  |  |  |  |
|-------------------|--|--|--|--|--|
| Name:             | Timothy Daugherty                                      |  |  |  |  |
| Title:            | Vice President of Business Development                 |  |  |  |  |
| Company Name:     | Advocate South Suburban Hospital                       |  |  |  |  |
| Address:          | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429 |  |  |  |  |
| Telephone Number: | (708) 213-3192   |  |  |  |  |
| E-mail Address:   | Timothy.Daugherty@advocatehealth.com                   |  |  |  |  |
| Fax Number:       | (708) 213-0100   |  |  |  |  |

**Additional Contact**

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

|                   |  |
|-------------------|--|
| Name:             | <b>Edwin W. Parkhurst, Jr.</b>   |
| Title:            | <b>Managing Principal</b>  |
| Company Name:     | <b>PRISM Healthcare Consulting</b>   |
| Address:          | <b>799 Roosevelt Road, Building 4, Suite 317, Glen Ellyn, Illinois 60137</b> |
| Telephone Number: | <b>(630) 790-5089</b>  |
| E-mail Address:   | <b>eparkhurst@consultprism.com</b>   |
| Fax Number:       | <b>(630) 790-2696</b>  |



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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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| City and Zip Code: | Hazel Crest 60429                |                     |   |                       |      |
| County:            | Cook                             | Health Service Area | 7 | Health Planning Area: | A-04 |

**Applicant Identification**

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

|                                  |   |  |  |  |  |
|----------------------------------|---|--|--|--|--|
| Exact Legal Name:                | Advocate Health Care Network                  |  |  |  |  |
| Address:                         | 2025 Windsor Drive, Oak Brook, Illinois 60423 |  |  |  |  |
| Name of Registered Agent:        | Gail D. Hasbrouck                             |  |  |  |  |
| Name of Chief Executive Officer: | James H. Skogsbergh                           |  |  |  |  |
| CEO Address:                     | 2025 Windsor Drive, Oak Brook, Illinois 60423 |  |  |  |  |
| Telephone Number:                | (630) 990-5008                                |  |  |  |  |

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

**Type of Ownership**

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

o Corporations and limited liability companies must provide an Illinois certificate of good standing.  
o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**Primary Contact**

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|                   |  |  |  |  |  |
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| Name:             | Karen Freeman Ortmann                                  |  |  |  |  |
| Title:            | Vice President, Operations                             |  |  |  |  |
| Company Name:     | Advocate South Suburban Hospital                       |  |  |  |  |
| Address:          | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429 |  |  |  |  |
| Telephone Number: | (708) 213-3582   |  |  |  |  |
| E-mail Address:   | Karen.ortmann@advocatehealth.com                       |  |  |  |  |
| Fax Number:       | (708) 213-0100   |  |  |  |  |

**Additional Contact**

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

|                   |  |  |  |  |  |
|-------------------|--|--|--|--|--|
| Name:             | Timothy Daugherty                                      |  |  |  |  |
| Title:            | Vice President of Business Development                 |  |  |  |  |
| Company Name:     | Advocate South Suburban Hospital                       |  |  |  |  |
| Address:          | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429 |  |  |  |  |
| Telephone Number: | (708) 213-3192   |  |  |  |  |
| E-mail Address:   | Timothy.Daugherty@advocatehealth.com                   |  |  |  |  |
| Fax Number:       | (708) 213-0100   |  |  |  |  |

**Additional Contact**

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

|                   |  |
|-------------------|--|
| Name:             | <b>Edwin W. Parkhurst, Jr.</b>   |
| Title:            | <b>Managing Principal</b>  |
| Company Name:     | <b>PRISM Healthcare Consulting</b>   |
| Address:          | <b>799 Roosevelt Road, Building 4, Suite 317, Glen Ellyn, Illinois 60137</b> |
| Telephone Number: | <b>(630) 790-5089</b>  |
| E-mail Address:   | <b>eparkhurst@consultprism.com</b>   |
| Fax Number:       | <b>(630) 790-2696</b>  |

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance]

|                   |  |
|-------------------|--|
| Name:             | Timothy Daugherty                                      |
| Title:            | Vice President of Business Development                 |
| Company Name:     | Advocate South Suburban Hospital                       |
| Address:          | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429 |
| Telephone Number: | (708) 213-3192   |
| E-mail Address:   | Timothy.Daugherty@advocatehealth.com                   |
| Fax Number:       | (708) 213-0100   |

**Site Ownership**

[Provide this information for each applicable site]

|  |  |
|--|--|
| Exact Legal Name of Site Owner:              | Advocate Health and Hospitals Corporation              |
| Address of Site Owner:                       | 2025 Windsor Drive, Oak Brook, Illinois 60523          |
| Street Address or Legal Description of Site: | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429 |

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Operating Identity/Licensee**

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

|   |  |                          |                     |
|---|--|--------------------------|---------------------|
| Exact Legal Name:   | Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital |                          |                     |
| Address:  | 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429                           |                          |                     |
| <input checked="" type="checkbox"/>   | Non-profit Corporation   | <input type="checkbox"/> | Partnership         |
| <input type="checkbox"/>  | For-profit Corporation   | <input type="checkbox"/> | Governmental        |
| <input type="checkbox"/>  | Limited Liability Company  | <input type="checkbox"/> | Sole Proprietorship |
|   |  | <input type="checkbox"/> | Other               |
| <ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois certificate of good standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul> |  |                          |                     |

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Flood Plain Requirements****Not Applicable. No construction is involved**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**State of Illinois 1899779**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**DAMON T. ARNOLD, M.D.**  
Issued under the authority of  
 The State of Illinois  
 Department of Public Health  
**DIRECTOR**

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-----------------|----------|-----------|
| 12/31/09        | BGBD     | 0004697   |

**FULL LICENSE**  
**GENERAL HOSPITAL**  
**EFFECTIVE: 01/01/09**

BUSINESS ADDRESS

**ADVOCATE SOUTH SUBURBAN HOSPITAL**  
**17800 S. KEDZIE AVENUE**  
**HAZEL CREST IL 60429**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/07 •

← DISPLAY THIS PART IN A  
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
 IDENTIFICATION

**State of Illinois 1899779**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

**ADVOCATE SOUTH SUBURBAN HOSPITAL**  
EXPIRATION DATE CATEGORY ID NUMBER  
**12/31/09 BGBD 0004697**

**FULL LICENSE**  
**GENERAL HOSPITAL**  
**EFFECTIVE: 01/01/09**

BUSINESS ADDRESS

**11/01/08**  
**ADVOCATE SOUTH SUBURBAN HOSPITAL**  
**17800 SOUTH KEDZIE AVENUE**  
**HAZEL CREST IL 60429**

FEE RECEIPT NO.

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance]

|                   |  |
|-------------------|--|
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| Title:            | Vice President of Business Development                 |
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| E-mail Address:   | Timothy.Daugherty@advocatehealth.com                   |
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[Provide this information for each applicable site]

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|--|--|
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| Exact Legal Name:                   | Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital |                          |                     |
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| <input type="checkbox"/>            | Limited Liability Company  | <input type="checkbox"/> | Sole Proprietorship |
|                                     |  | <input type="checkbox"/> | Other               |

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**Flood Plain Requirements****Not Applicable. No construction is involved**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Historic Resources Preservation Act Requirements Not Applicable.**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

**APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**DESCRIPTION OF PROJECT**

**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

|   |  |
|---|--|
| <p>Part 1110 Classification:</p> <p><input type="checkbox"/> Substantive</p> <p><input checked="" type="checkbox"/> Non-substantive</p> | <p>Part 1120 Applicability or Classification:<br/>[Check one only.]</p> <p><input checked="" type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p> |
|---|--|

**2. Project Outline**

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

| Clinical Service Areas                                    | Establish | Expand | Modernize | Discontinue | No. of<br>Beds,<br>Stations or<br>Key Rooms |
|---|-----------|--------|-----------|-------------|---|
| Medical/Surgical, Obstetric, Pediatric and Intensive Care |           |        |           |             |   |
| Acute/Chronic Mental Illness                              |           |        |           |             |   |
| Neonatal Intensive Care                                   |           |        |           |             |   |
| Open Heart Surgery  |           |        |           |             |   |
| Cardiac Catheterization                                   |           |        |           |             |   |
| In-Center Hemodialysis                                    |           |        |           |             |   |
| Non-Hospital Based Ambulatory Surgery                     |           |        |           |             |   |
| General Long Term Care                                    |           |        |           | X           | 41  |
| Specialized Long Term Care                                |           |        |           |             |   |
| Selected Organ Transplantation                            |           |        |           |             |   |
| Kidney Transplantation                                    |           |        |           |             |   |
| Subacute Care Hospital Model                              |           |        |           |             |   |
| Post Surgical Recovery Care Center                        |           |        |           |             |   |
| Children's Community-Based Health Care Center             |           |        |           |             |   |
| Community-Based Residential Rehabilitation Center         |           |        |           |             |   |
| Long Term Acute Care Hospital Bed Projects                |           |        |           |             |   |
| Clinical Service Areas Other Than Categories of Service:  |           |        |           |             |   |
| • Surgery   |           |        |           |             |   |
| • Ambulatory Care Services (organized as a service)       |           |        |           |             |   |
| • Diagnostic & Interventional Radiology/Imaging           |           |        |           |             |   |
| • Therapeutic Radiology                                   |           |        |           |             |   |
| • Laboratory  |           |        |           |             |   |
| • Pharmacy  |           |        |           |             |   |
| • Occupational Therapy                                    |           |        |           |             |   |
| • Physical Therapy  |           |        |           |             |   |
| • Major Medical Equipment                                 |           |        |           |             |   |
| Freestanding Emergency Center Medical Services            |           |        |           |             |   |
| Master Design and Related Projects                        |           |        |           |             |   |
| Mergers, Consolidations and Acquisitions                  |           |        |           |             |   |

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### 3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital and Advocate Health Care Network propose to discontinue the Hospitals' CON authorized 41-bed General Long Term Care Category of Service.

The Hospital is located at 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

This is classified as a non-substantive project under the State Agency's Criterion in that it is a proposed Category of Service discontinuation.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

| <b>Project Costs and Sources of Funds</b>   |                 |                     |              |
|---|-----------------|---------------------|--------------|
| <b>USE OF FUNDS</b>   | <b>CLINICAL</b> | <b>NON-CLINICAL</b> | <b>TOTAL</b> |
| Preplanning Costs   |                 |                     |              |
| Site Survey and Soil Investigation  |                 |                     |              |
| Site Preparation  |                 |                     |              |
| Off Site Work   |                 |                     |              |
| New Construction Contracts  |                 |                     |              |
| Modernization Contracts   |                 |                     |              |
| Contingencies   |                 |                     |              |
| Architectural/Engineering Fees  |                 |                     |              |
| Consulting and Other Fees   |                 |                     |              |
| Movable or Other Equipment (not in construction contracts)  |                 |                     |              |
| Bond Issuance Expense (project related)   |                 |                     |              |
| Net Interest Expense During Construction (project related)  |                 |                     |              |
| Fair Market Value of Leased Space or Equipment  |                 |                     |              |
| Other Costs To Be Capitalized   |                 |                     |              |
| Acquisition of Building or Other Property (excluding land)  |                 |                     |              |
| <b>TOTAL USES OF FUNDS</b>  | <b>\$0</b>      | <b>\$0</b>          | <b>\$0</b>   |
| <b>SOURCE OF FUNDS</b>  | <b>CLINICAL</b> | <b>NON-CLINICAL</b> | <b>TOTAL</b> |
| Cash and Securities   |                 |                     |              |
| Pledges   |                 |                     |              |
| Gifts and Bequests  |                 |                     |              |
| Bond Issues (project related)   |                 |                     |              |
| Mortgages   |                 |                     |              |
| Leases (fair market value)  |                 |                     |              |
| Governmental Appropriations   |                 |                     |              |
| Grants  |                 |                     |              |
| Other Funds and Sources   |                 |                     |              |
| <b>TOTAL SOURCES OF FUNDS</b>   | <b>\$0</b>      | <b>\$0</b>          | <b>\$0</b>   |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                 |                     |              |



**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project  Yes  No  
 Purchase Price: \$ NA  
 Fair Market Value: \$ NA

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ NA.

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): Within 30 days of obtaining all regulatory approvals; assuming Permit approval by the Review Board in January 2010, approximately March 15, 2010.

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.  
 Project obligation will occur after permit issuance.

**State Agency Submittals**

Are the following submittals up to date as applicable:

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

**Cost Space Requirements**

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

| Dept. / Area         | Cost       | Gross Square Feet |          | Amount of Proposed Total Gross Square Feet That Is: |            |       |               |
|----------------------|------------|-------------------|----------|---|------------|-------|---------------|
|                      |            | Existing          | Proposed | New Const.  | Modernized | As Is | Vacated Space |
| <b>CLINICAL</b>      |            |                   |          |   |            |       |               |
| Medical Surgical     |            |                   |          |   |            |       |               |
| Intensive Care       |            |                   |          |   |            |       |               |
| Diagnostic Radiology |            |                   |          |   |            |       |               |
| MRI                  |            |                   |          |   |            |       |               |
| Total Clinical       |            |                   |          |   |            |       |               |
| <b>NON CLINICAL</b>  |            |                   |          |   |            |       |               |
| Administrative       |            |                   |          |   |            |       |               |
| Parking              |            |                   |          |   |            |       |               |
| Gift Shop            |            |                   |          |   |            |       |               |
| Total Non-clinical   |            |                   |          |   |            |       |               |
| <b>TOTAL</b>         | <b>\$0</b> |                   |          | <b>0</b>  | <b>0</b>   |       |               |

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

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

| <b>FACILITY NAME: Advocate South Suburban Hospital</b>                     |                        | <b>CITY: Hazel Crest</b> |                                 |                    |                      |
|--|------------------------|--------------------------|---------------------------------|--------------------|----------------------|
| <b>REPORTING PERIOD DATES: From: January 1, 2008 to: December 31, 2008</b> |                        |                          |                                 |                    |                      |
| <b>Category of Service</b>   | <b>Authorized Beds</b> | <b>Admissions</b>        | <b>Patient Days<sup>b</sup></b> | <b>Bed Changes</b> | <b>Proposed Beds</b> |
| Medical/Surgical   | 207                    | 9,753                    | 40,438                          | 0                  | 207                  |
| Obstetrics   | 16                     | 1,463                    | 2,987                           | 0                  | 16                   |
| Pediatrics   | 0                      | 0                        | 0                               | 0                  | 0                    |
| Intensive Care <sup>a</sup>  | 20                     | 1,124                    | 5,427                           | 0                  | 20                   |
| Comprehensive Physical Rehabilitation                                      | 0                      | 0                        | 0                               | 0                  | 0                    |
| Acute/Chronic Mental Illness   | 0                      | 0                        | 0                               | 0                  | 0                    |
| Neonatal Intensive Care  | 0                      | 0                        | 0                               | 0                  | 0                    |
| General Long Term Care <sup>c</sup>  | 41                     | 1,087                    | 11,440                          | 0                  | 0                    |
| Specialized Long Term Care   | 0                      | 0                        | 0                               | 0                  | 0                    |
| Long Term Acute Care   | 0                      | 0                        | 0                               | 0                  | 0                    |
| Other ((Identify)  | 0                      | 0                        | 0                               | 0                  | 0                    |
| <b>TOTALS:</b>   | <b>284</b>             | <b>13,427</b>            | <b>60,292</b>                   | <b>0</b>           | <b>284</b>           |

- a. Includes only direct admission to the intensive care unit.
- b. Does not include the following observation utilization in authorized beds.

|       |                         |             |
|-------|-------------------------|-------------|
|       | <u>Observation Days</u> |             |
|       | <u>Category of Bed</u>  | <u>Days</u> |
|       | Medical/Surgical        | 1,523       |
|       | Intensive Care          | 10          |
|       | Obstetrics/Gynecology   | <u>261</u>  |
| Total |                         | 1,794       |

c. General Long Term Care beds reduced from 46 to 41 as per the bed inventory update April 22, 2009.

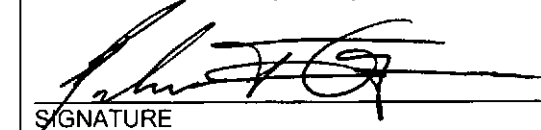
**CERTIFICATION**

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital \*

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

  
SIGNATURE

Robert Green  
PRINTED NAME

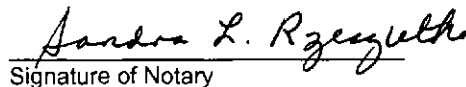
Interim President, Advocate South Suburban Hospital  
PRINTED TITLE

  
SIGNATURE

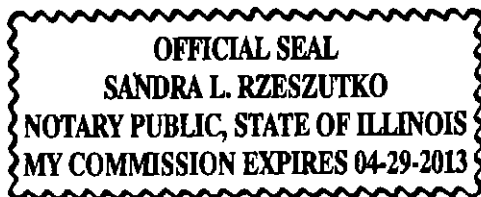
William Santulli  
PRINTED NAME

Executive Vice President / COO  
PRINTED TITLE

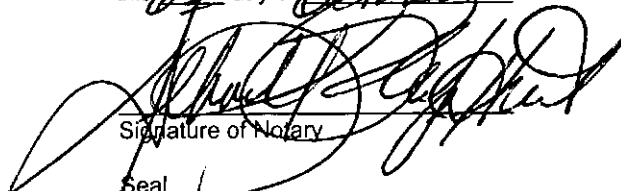
Notarization:  
Subscribed and sworn to before me  
this 7<sup>th</sup> day of October 2009

  
Signature of Notary

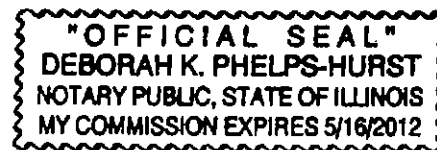
Seal



Notarization:  
Subscribed and sworn to before me  
this 6<sup>th</sup> day of October

  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

**CERTIFICATION**

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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

*JA Skogsbergh*

SIGNATURE

James H. Skogsbergh  
PRINTED NAME

President and CEO  
PRINTED TITLE

*William Santulli*

SIGNATURE

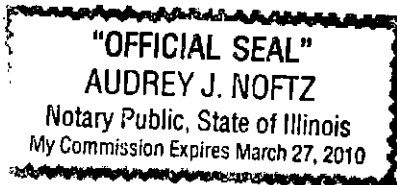
William Santulli  
PRINTED NAME

Executive Vice President / COO  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 8 day of October

*Audrey J. Noftz*  
Signature of Notary

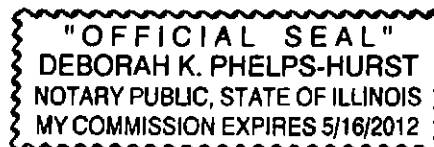
Seal



Notarization:  
Subscribed and sworn to before me  
this 6 day of October

*Deborah K. Phelps-Hurst*  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

## SECTION II. DISCONTINUATION

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

### Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS

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

#### REASONS FOR DISCONTINUATION

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

#### IMPACT ON ACCESS

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

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

**SAFETY NET IMPACT STATEMENT that describes all of the following:**

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

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

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

**APPEND DOCUMENTATION AS ATTACHMENT-77 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

| <b>INDEX OF ATTACHMENTS</b> |   |              |
|-----------------------------|---|--------------|
| <b>ATTACHMENT NO.</b>       |   | <b>PAGES</b> |
| 1                           | Applicant Identification  | 20 - 22      |
| 2                           | Site Ownership  | 23           |
| 3                           | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 24           |
| 4                           | Flood Plain Requirements  | 25           |
| 5                           | Historic Preservation Act Requirements  | 26           |
| 6                           | Description of Project  | 27           |
| 7                           | Project and Sources of Funds Itemization  | 28           |
| 8                           | Cost Space Requirements   | 29           |
| 9                           | Discontinuation   | 30 - 544     |
| 9                           | Impact Letters & Return Receipts bound in separate document Appendix 1                |              |
| 10                          | Background of the Applicant   | NA           |
| 11                          | Purpose of the Project  | NA           |
| 12                          | Alternatives to the Project   | NA           |
| 13                          | Size of the Project   | NA           |
| 14                          | Project Service Utilization   | NA           |
| 15                          | Unfinished or Shell Space   | NA           |
| 16                          | Assurances for Unfinished/Shell Space   | NA           |
| 17                          | Master Design Project   | NA           |
| 18                          | Mergers, Consolidations and Acquisitions  | NA           |
|                             | <b>Categories of Service:</b>   |              |
| 19                          | Planning Area Need  | NA           |
| 20                          | Service Demand – Establishment of Category of Service                                 | NA           |
| 21                          | Service Demand – Expansion of Existing Category of Service                            | NA           |
| 22                          | Service Accessibility – Service Restrictions  | NA           |
| 23                          | Unnecessary Duplication/Maldistribution   | NA           |
| 24                          | Category of Service Modernization   | NA           |
| 25                          | Staffing Availability   | NA           |
| 26                          | Assurances  | NA           |
|                             | <b>Service Specific:</b>  |              |
| 27                          | Comprehensive Physical Rehabilitation   | NA           |
| 28                          | Neonatal Intensive Care   | NA           |
| 29                          | Open Heart Surgery  | NA           |
| 30                          | Cardiac Catheterization   | NA           |
| 31                          | In-Center Hemodialysis  | NA           |
| 32                          | Non-Hospital Based Ambulatory Surgery   | NA           |
|                             | <b>General Long Term Care:</b>  |              |
| 33                          | Planning Area Need  | NA           |
| 34                          | Service to Planning Area Residents  | NA           |
| 35                          | Service Demand-Establishment of Category of Service                                   | NA           |
| 36                          | Service Demand-Expansion of Existing Category of Service                              | NA           |
| 37                          | Service Accessibility   | NA           |
| 38                          | Description of Continuum of Care  | NA           |
| 39                          | Components  | NA           |
| 40                          | Documentation   | NA           |
| 41                          | Description of Defined Population to be Served  | NA           |



## INDEX OF ATTACHMENTS

| ATTACHMENT<br>NO. |   | PAGES     |
|-------------------|---|-----------|
| 42                | Documentation of Need   | NA        |
| 43                | Documentation Related to Cited Problems                         | NA        |
| 44                | Unnecessary Duplication of Service                              | NA        |
| 45                | Maldistribution   | NA        |
| 46                | Impact of Project on Other Area Providers                       | NA        |
| 47                | Deteriorated Facilities   | NA        |
| 48                | Documentation   | NA        |
| 49                | Utilization   | NA        |
| 50                | Staffing Availability   | NA        |
| 51                | Facility Size   | NA        |
| 52                | Community Related Functions                                     | NA        |
| 53                | Zoning  | NA        |
| 54                | Assurances  | NA        |
|                   | <b>Service Specific (continued...):</b>                         |           |
| 55                | Specialized Long Term Care                                      | NA        |
| 56                | Selected Organ Transplantation                                  | NA        |
| 57                | Kidney Transplantation  | NA        |
| 58                | Subacute Care Hospital Model                                    | NA        |
| 59                | Post Surgical Recovery Care Center                              | NA        |
| 60                | Children's Community-Based Health Care Center                   | NA        |
| 61                | Community-Based Residential Rehabilitation Center               | NA        |
|                   | <b>Clinical Service Areas Other than Categories of Service:</b> |           |
| 62                | Need Determination - Establishment                              | NA        |
| 63                | Service Demand  | NA        |
| 64                | Referrals from Inpatient Base                                   | NA        |
| 65                | Physician Referrals   | NA        |
| 66                | Historical Referrals to Other Providers                         | NA        |
| 67                | Population Incidence  | NA        |
| 68                | Impact of Project on Other Area Providers                       | NA        |
| 69                | Utilization   | NA        |
| 70                | Deteriorated Facilities   | NA        |
| 71                | Necessary Expansion   | NA        |
| 72                | Utilization- Major Medical Equipment                            | NA        |
| 73                | Utilization-Service or Facility                                 | NA        |
|                   | <b>FEC:</b>   |           |
| 74                | Freestanding Emergency Center Medical Services                  | NA        |
|                   | <b>Financial and Economic Feasibility:</b>                      |           |
| 75                | Financial Feasibility   | NA        |
| 76                | Economic Feasibility  | NA        |
| 77                | Safety Net Impact Statement                                     | 545 - 553 |

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**Applicant Identification**

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

|                                  |   |
|----------------------------------|---|
| Exact Legal Name:                | <b>Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital</b> |
| Address:                         | <b>17800 South Kedzie Avenue, Hazel Crest, Illinois 60429</b>                           |
| Name of Registered Agent:        | <b>Gail D. Hasbrouck</b>  |
| Name of Chief Executive Officer: | <b>Robert Green, Interim President</b>  |
| CEO Address:                     | <b>17800 South Kedzie Avenue, Hazel Crest, Illinois 60429</b>                           |
| Telephone Number:                | <b>(708) 799-8000</b>   |

|                                  |  |
|----------------------------------|--|
| Exact Legal Name:                | <b>Advocate Health Care Network</b>                  |
| Address:                         | <b>2025 Windsor Drive, Oak Brook, Illinois 60423</b> |
| Name of Registered Agent:        | <b>Gail D. Hasbrouck</b>                             |
| Name of Chief Executive Officer: | <b>James H. Skogsbergh</b>                           |
| CEO Address:                     | <b>2025 Windsor Drive, Oak Brook, Illinois 60423</b> |
| Telephone Number:                | <b>(630) 990-5008</b>                                |

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

File Number 1004-695-5



**To all to whom these Presents Shall Come, Greeting:**

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

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0917302194

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

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of JUNE A.D. 2009 .***

*Jesse White*

SECRETARY OF STATE



**To all to whom these Presents Shall Come, Greeting:**

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

ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0917302182

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

**In Testimony Whereof,** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of JUNE A.D. 2009 .*

*Jesse White*

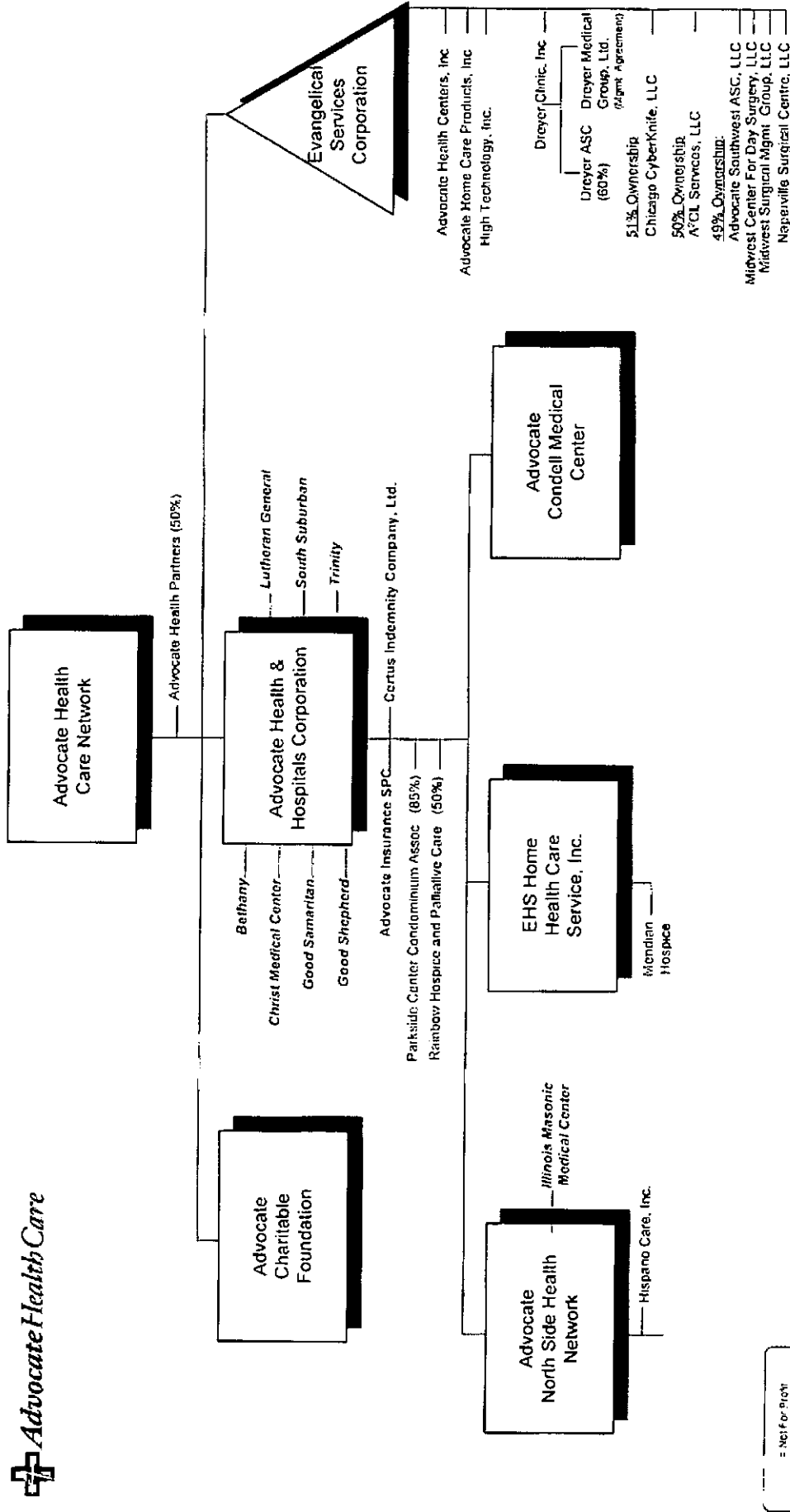
SECRETARY OF STATE

**Site Ownership**

[Provide this information for each applicable site]

|  |   |
|--|---|
| Exact Legal Name of Site Owner:              | <b>Advocate Health and Hospitals Corporation</b>              |
| Address of Site Owner:                       | <b>2025 Windsor Drive, Oak Brook, Illinois 60523</b>          |
| Street Address or Legal Description of Site: | <b>17800 South Kedzie Avenue, Hazel Crest, Illinois 60429</b> |

**APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



= Not for Profit  
 \* For Profit  
 Bold = DBA's  
 Purple = For Profit Corp.  
 100% Ownership unless otherwise noted

Enclosure 41 vs  
 Revised 12/17/08

## Flood Plain Requirements

Not Applicable.

There is no construction involved with this proposed discontinuation.

## Historic Resources Preservation Act Requirements

Not Applicable.

There is no demolition, construction, nor modernization associated with this proposed discontinuation.



**2. Project Outline**

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

| Clinical Service Areas                                    | Establish | Expand | Modernize | Discontinue | No. of Beds, Stations or Key Rooms |
|---|-----------|--------|-----------|-------------|------------------------------------|
| Medical/Surgical, Obstetric, Pediatric and Intensive Care |           |        |           |             |                                    |
| Acute/Chronic Mental Illness                              |           |        |           |             |                                    |
| Neonatal Intensive Care                                   |           |        |           |             |                                    |
| Open Heart Surgery  |           |        |           |             |                                    |
| Cardiac Catheterization                                   |           |        |           |             |                                    |
| In-Center Hemodialysis                                    |           |        |           |             |                                    |
| Non-Hospital Based Ambulatory Surgery                     |           |        |           |             |                                    |
| General Long Term Care                                    |           |        |           | X           | 41                                 |
| Specialized Long Term Care                                |           |        |           |             |                                    |
| Selected Organ Transplantation                            |           |        |           |             |                                    |
| Kidney Transplantation                                    |           |        |           |             |                                    |
| Subacute Care Hospital Model                              |           |        |           |             |                                    |
| Post Surgical Recovery Care Center                        |           |        |           |             |                                    |
| Children's Community-Based Health Care Center             |           |        |           |             |                                    |
| Community-Based Residential Rehabilitation Center         |           |        |           |             |                                    |
| Long Term Acute Care Hospital Bed Projects                |           |        |           |             |                                    |
| Clinical Service Areas Other Than Categories of Service:  |           |        |           |             |                                    |
| • Surgery   |           |        |           |             |                                    |
| • Ambulatory Care Services (organized as a service)       |           |        |           |             |                                    |
| • Diagnostic & Interventional Radiology/Imaging           |           |        |           |             |                                    |
| • Therapeutic Radiology                                   |           |        |           |             |                                    |
| • Laboratory  |           |        |           |             |                                    |
| • Pharmacy  |           |        |           |             |                                    |
| • Occupational Therapy                                    |           |        |           |             |                                    |
| • Physical Therapy  |           |        |           |             |                                    |
| • Major Medical Equipment                                 |           |        |           |             |                                    |
| Freestanding Emergency Center Medical Services            |           |        |           |             |                                    |
| Master Design and Related Projects                        |           |        |           |             |                                    |
| Mergers, Consolidations and Acquisitions                  |           |        |           |             |                                    |

**APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

| Project Costs and Sources of Funds  |            |              |            |
|---|------------|--------------|------------|
| USE OF FUNDS  | CLINICAL   | NON-CLINICAL | TOTAL      |
| Preplanning Costs   |            |              |            |
| Site Survey and Soil Investigation  |            |              |            |
| Site Preparation  |            |              |            |
| Off Site Work   |            |              |            |
| New Construction Contracts  |            |              |            |
| Modernization Contracts   |            |              |            |
| Contingencies   |            |              |            |
| Architectural/Engineering Fees  |            |              |            |
| Consulting and Other Fees   |            |              |            |
| Movable or Other Equipment (not in construction contracts)  |            |              |            |
| Bond Issuance Expense (project related)   |            |              |            |
| Net Interest Expense During Construction (project related)  |            |              |            |
| Fair Market Value of Leased Space or Equipment  |            |              |            |
| Other Costs To Be Capitalized   |            |              |            |
| Acquisition of Building or Other Property (excluding land)  |            |              |            |
| <b>TOTAL USES OF FUNDS</b>  | <b>\$0</b> | <b>\$0</b>   | <b>\$0</b> |
| SOURCE OF FUNDS   | CLINICAL   | NON-CLINICAL | TOTAL      |
| Cash and Securities   |            |              |            |
| Pledges   |            |              |            |
| Gifts and Bequests  |            |              |            |
| Bond Issues (project related)   |            |              |            |
| Mortgages   |            |              |            |
| Leases (fair market value)  |            |              |            |
| Governmental Appropriations   |            |              |            |
| Grants  |            |              |            |
| Other Funds and Sources   |            |              |            |
| <b>TOTAL SOURCES OF FUNDS</b>   | <b>\$0</b> | <b>\$0</b>   | <b>\$0</b> |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |            |              |            |

## Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

| Dept. / Area         | Cost       | Gross Square Feet |          | Amount of Proposed Total Gross Square Feet That Is: |            |       |               |
|----------------------|------------|-------------------|----------|---|------------|-------|---------------|
|                      |            | Existing          | Proposed | New Const.  | Modernized | As Is | Vacated Space |
| <b>CLINICAL</b>      |            |                   |          |   |            |       |               |
| Medical Surgical     |            |                   |          |   |            |       |               |
| Intensive Care       |            |                   |          |   |            |       |               |
| Diagnostic Radiology |            |                   |          |   |            |       |               |
| MRI                  |            |                   |          |   |            |       |               |
| Total Clinical       |            |                   |          |   |            |       |               |
| <b>NON CLINICAL</b>  |            |                   |          |   |            |       |               |
| Administrative       |            |                   |          |   |            |       |               |
| Parking              |            |                   |          |   |            |       |               |
| Gift Shop            |            |                   |          |   |            |       |               |
| Total Non-clinical   |            |                   |          |   |            |       |               |
| <b>TOTAL</b>         | <b>\$0</b> |                   |          | <b>0</b>  | <b>0</b>   |       |               |

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

## SECTION II. DISCONTINUATION

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

### Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS:

1. **Identify the categories of service and the number of beds, if any, that are to be discontinued.**

Advocate South Suburban Hospital intends to discontinue its 41-bed general long term care category of service if a Permit is granted by the State Agency.

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

There are no other services that will be discontinued as a result of this CON Permit application, if granted.

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

The intended date of discontinuation of the general long term care category of service at Advocate South Suburban Hospital is within 30 days of obtaining all regulatory approvals; assuming Permit approval by the Review Board in January 2010 or approximately March 15, 2010.

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

The current LTC bed space will be reassigned to medical / surgical beds; the mix of private / semi-private bed rooms will be modified. The CON authorized medical surgical bed complement will remain at 207 beds. The total Hospital bed complement will be 243 after the permit is completed.

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

Advocate South Suburban Hospital is an ongoing operation. The long term care patient medical records will be retained with the Hospital medical records as they currently are and will be maintained according to current Hospital policies and associated laws and regulations.

6. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFPB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.**

Not Applicable; Advocate South Suburban Hospital will continue as an operating entity.

## REASONS FOR DISCONTINUATION:

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

Applicable review criterion identify four factors which can justify a Category of Service discontinuation. One or more of these factors, if documented, may justify discontinuation. These factors are:

1. Insufficient volume or demand for the service;
2. Lack of sufficient staff to adequately provide the service;
3. The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;
4. The facility or the service is not in compliance with licensing or certification standards.

### Advocate South Suburban Reason for Discontinuing its LTC Beds

Advocate South Suburban certifies the discontinuation of the general LTC category of service satisfies the Section 1130.130(b) Discontinuation review criteria in that, at annual operating losses of almost \$5,000,000 annually, the service is not economically feasible. As Attachment 9, Exhibit A indicates, the service lost an average \$4,830,239 annually over the last 4 years; CY 2005 – 2008, for a total loss of \$19,320,956 over this period.

South Suburban Hospital, and the Advocate system generally, operate a large number of programs at a loss. Advocate will continue to provide many services despite those services operating at a loss. It is, however, prudent stewardship of resources to evaluate whether those services are the most vital services warranting subsidy. With over 200 area providers capable of offering skilled nursing services in a lower cost structure, continuing the LTC Category of Service at Advocate South Suburban does not appear to be the highest priority in the community. There are other providers within 45 minutes adjusted and non-adjusted travel time with adequate bed capacity to accept the LTC patients without "restrictions, conditions, limitations, or discrimination".

Similarly, providing Long Term Care services in a hospital setting is not cost effective in an era of continually increasing healthcare costs. In CY 2008, Advocate South Suburban was reimbursed \$6,783,806 for its LTC category of service and had costs of \$11,504,293 resulting in a loss of \$4,720,487 (Attachment 9, Exhibit A). Based on 11,440 patient days, the cost per day was \$1,005.62; revenue / day was \$592.99; and, the loss / day was \$412.63 for this hospital-based LTC service.

The U.S. Department of Health and Human Services (HHS) reported the average cost / day in a nursing home as \$187 / day for a semi-private room and \$209 / day for a private room in 2008. LTC is more cost effectively provided in a non-hospital setting.

Exhibit A

Utilization and Revenue Analysis  
 General Long Term Care  
 Advocate South Suburban Hospital

| Period                 | Cases | Patient Days | Average Daily Census | Net Revenue  | Total Costs  | Margin (Loss)  |
|------------------------|-------|--------------|----------------------|--------------|--------------|----------------|
| CY 2005                | 1,170 | 13,708       | 37.56                | \$6,113,398  | \$11,673,198 | (\$5,559,800)  |
| CY 2006                | 1,085 | 12,469       | 34.16                | \$6,792,114  | \$11,374,970 | (\$4,582,856)  |
| CY 2007                | 1,085 | 11,966       | 32.78                | \$7,535,589  | \$11,993,402 | (\$4,457,813)  |
| CY 2008                | 1,087 | 11,440       | 31.45                | \$6,783,806  | \$11,504,293 | (\$4,720,487)  |
| 4-year Total / Average | 4,427 | 49,583       | 33.96                | \$27,224,907 | \$46,545,863 | (\$19,320,956) |
| 4-year Average / Total | 1,107 | 12,396       | 33.96                | \$6,806,227  | \$11,636,466 | (\$4,830,239)  |

Source: Hospital Records; Service Line Analysis; TSI System

## IMPACT ON ACCESS:

1. **Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.**

According to the most recent update to the long-term care bed inventory, as of June 15, 2009 there is a calculated need of 232 LTC beds in the planning area per IDPH analysis. *This bed deficit is due primarily to the loss of 884 beds at Oak Forest Hospital in the updated inventory.* However, even though there is a calculated long term care bed need, those responding to the respective impact letters indicate there are available beds within both the planning and market impact areas.

Attachment 9, Exhibit 1 profiles the general long-term care facilities in Health Planning Area (HPA) 7-E and other facilities within 45 minutes normal travel time of Advocate South Suburban Hospital (the Hospital) based on published 2007 data. The authorized and available bed numbers were updated based on the June 15, 2009 Long Term Care Bed Inventory Update. According to this data there are 1,793 available general long term care beds, excluding Advocate South Suburban Hospital in HPA 7-E. There are another 1,561 available beds at other facilities within 45 minutes normal travel time of Advocate South Suburban Hospital; according to this data, there are 19,158 total LTC beds and 3,354 available beds within the Hospital's market Area potentially available to accept LTC patients.

Based on the number of available beds the Hospital does not anticipate any adverse effect upon access to the care for the residents of the market area, in particular, given the responses which were received to the distributed impact letters which indicate a willingness to accept South Suburban's LTC patients.

2. **Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.**

Attachment 9, Exhibit 2 is a profile of the facilities in HPA 7-E and within 45 minutes normal travel time of Advocate South Suburban Hospital. Attachment 9, Exhibit 5 includes documentation of notification and receipt of requests for impact statement letters sent to general long term care facilities in HPA 7-E as well as other facilities within 45 minutes of Advocate South Suburban Hospital. Attachment 9, Exhibit 6 includes the respective response letters.

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

Attachment 9, Exhibits 5 and 6, includes copies of the distributed impact statement letters and those received, respectively, as of August 17, 2009. These letters were distributed on July 22, 2009 and a minimum 15 day response period was allowed per Board rules. Approximately 241 letters were distributed and there were 26 responses received or a 10.8 percent response rate.

Attachment 9, Exhibit 3, summarizes the responses to the impact statement letters; by way of summary, 26 letters were received, 15 of which indicated a willingness to accept additional LTC patients. The number of additional patients approximated 188 to 203 compared to Advocate South Suburban's LTC census which approximated 31 ADC in 2008. However, not all of the responses indicated their willingness to accept patients without "restrictions, conditions, limitations, or discrimination".

Attachment 9, Exhibit 4 profiles a subset of Attachment 9, Exhibit 3. This exhibit delineates those facilities which meet the State Agency Criterion which states a willingness to accept patients "without restrictions, conditions, limitations, or discrimination". As can be seen, there are a total of 4 facilities, 3 of which indicated the number of patients they are willing to accept under these conditions. These facilities have 766 beds with an ADC of 678 resulting in 88 available LTC beds. These facilities, in total, indicated a willingness to accept 38 LTC patients as compared to Advocate South Suburban's LTC average daily census of 33 patients over the last 4 years; CY 2005 – 2008 (Attachment 9, Exhibit A, Page 32). In 2008, the LTC category of service at South Suburban averaged 31.3 patients per day which can be accommodated within the two facilities within 45 minutes adjusted travel time. Woodside Extended Care and Crestwood Care Center are willing to accept a total 33 patients (Attachment 9, Exhibit 4).

There will be no adverse impact on access to LTC services for Advocate South Suburban's market area as defined by State Agency rules.



Exhibit I  
Impact on General Long-Term Care Facilities

| HPA   | Facility                             | Authorized Beds | Available Beds | Patient Days | Percent Occupancy | Travel Time |          |
|---|--------------------------------------|-----------------|----------------|--------------|-------------------|-------------|----------|
|   |                                      |                 |                |              |                   | MapQuest    | Adjusted |
| 7-E   | Advocate South Suburban Hospital     | 41              | 9              | 11,966       | 71.3%             | 0           | 0        |
| Other General Long Term Care Facilities in Health Planning Area (HPA) 7-E |                                      |                 |                |              |                   |             |          |
| 7-E   | Imperial of Hazel Crest              | 204             | 23             | 65,919       | 88.5%             | 1           | 1        |
| 7-E   | McAllister Nursing Home              | 111             | 23             | 26,895       | 66.4%             | 7           | 8        |
| 7-E   | Plaza Terrace                        | 91              | 44             | 26,895       | 81.0%             | 8           | 9        |
| 7-E   | Oak Forest Hospital                  | 10              | -3             | 40,325       | 12.4%             | 8           | 9        |
| 7-E   | Applewood Nursing & Rehab Center     | 115             | 15             | 38,344       | 91.3%             | 8           | 9        |
| 7-E   | Heather Health Care Center           | 173             | 53             | 43,688       | 69.2%             | 9           | 10       |
| 7-E   | Prairie Manor Nursing & Rehab Center | 148             | 25             | 47,628       | 88.2%             | 9           | 10       |
| 7-E   | South Suburban Rehab Center          | 259             | 197            | 67,046       | 70.9%             | 10          | 12       |
| 7-E   | Lydia Healthcare                     | 412             | 7              | 143,479      | 95.4%             | 10          | 12       |
| 7-E   | Manorcare Health Services Homewood   | 120             | 11             | 40,171       | 91.7%             | 11          | 13       |
| 7-E   | Thornton Heights Terrace             | 222             | 2              | 75,972       | 93.8%             | 11          | 13       |
| 7-E   | Riviera Manor                        | 200             | 70             | 46,530       | 63.7%             | 12          | 14       |
| 7-E   | Crestwood Care Centre                | 303             | 71             | 91,421       | 82.7%             | 12          | 14       |
| 7-E   | Glenshire Nursing & Rehab Centre     | 294             | 69             | 78,093       | 72.8%             | 12          | 14       |
| 7-E   | Rest Haven South                     | 171             | 20             | 56,526       | 90.6%             | 14          | 16       |
| 7-E   | Windmill Nursing Pavilion            | 150             | 13             | 49,110       | 89.7%             | 15          | 17       |
| 7-E   | Woodside Manor                       | 112             | 2              | 40,610       | 99.3%             | 15          | 17       |
| 7-E   | Blue Island Nursing Home             | 30              | 1              | 9,425        | 86.1%             | 16          | 18       |
| 7-E   | Glenwood Healthcare & Rehab          | 184             | 43             | 53,535       | 79.7%             | 17          | 20       |
| 7-E   | Rest Haven Central                   | 193             | 15             | 63,260       | 89.8%             | 17          | 20       |
| 7-E   | Alden-Orland Park Rehab & HCC        | 200             | 46             | 53,283       | 73.0%             | 17          | 20       |
| 7-E   | Crestwood Terrace Operators, LLC     | 126             | 0              | 45,990       | 100.0%            | 18          | 21       |
| 7-E   | Manor Care - South Holland           | 200             | 46             | 59,514       | 81.5%             | 18          | 21       |
| 7-E   | Tri-State Nursing & Rehab Center     | 84              | 14             | 27,740       | 90.5%             | 20          | 23       |
| 7-E   | Countryside Healthcare Center        | 197             | 11             | 67,024       | 93.2%             | 20          | 23       |
| 7-E   | Ridgeland Nursing & Rehab Center     | 101             | 4              | 34,024       | 92.3%             | 20          | 23       |
| 7-E   | Manor Care - Palos Heights           | 174             | 11             | 59,262       | 93.3%             | 21          | 24       |
| 7-E   | Lexington Health Care Center         | 278             | 35             | 86,293       | 85.0%             | 21          | 24       |
| 7-E   | Evergreen Health Care Center         | 242             | 59             | 68,278       | 77.3%             | 22          | 25       |
| 7-E   | Dolton Healthcare Centre             | 77              | 8              | 24,366       | 86.7%             | 22          | 25       |
| 7-E   | Burnham Healthcare                   | 309             | 12             | 110,836      | 98.3%             | 22          | 25       |
| 7-E   | Manor Care - Palos Heights West      | 130             | 20             | 41,866       | 88.2%             | 23          | 26       |
| 7-E   | Hickory Nursing Pavilion             | 74              | 16             | 20,729       | 76.7%             | 23          | 26       |
| 7-E   | Concord Extended Care                | 134             | 19             | 41,053       | 83.9%             | 23          | 26       |
| 7-E   | Manor Care - Oak Lawn / 95th         | 192             | 26             | 61,470       | 87.7%             | 23          | 26       |
| 7-E   | Midway Neurological / Rehab Center   | 404             | 106            | 110,449      | 74.9%             | 24          | 28       |
| 7-E   | Chicago Ridge Nursing Center         | 231             | 22             | 78,853       | 93.5%             | 24          | 28       |
| 7-E   | Manor Care - Oak Lawn / Kostner      | 144             | 44             | 40,713       | 77.5%             | 25          | 29       |
| 7-E   | Lexington of Chicago Ridge           | 214             | 22             | 72,987       | 89.3%             | 25          | 29       |
| 7-E   | Palos Hill Extended Care             | 203             | 67             | 49,601       | 66.9%             | 25          | 29       |
| 7-E   | Regal Health and Rehab Center        | 143             | 75             | 32,322       | 61.9%             | 25          | 29       |
| 7-E   | Bridgeview Health Care Center        | 146             | 9              | 48,524       | 91.1%             | 26          | 30       |
| 7-E   | Brentwood Sub-Acute Healthcare       | 163             | 35             | 49,890       | 83.9%             | 27          | 31       |
| 7-E   | Briar Place                          | 232             | 8              | 82,363       | 97.3%             | 28          | 32       |
| 7-E   | Exceptional Health Care              | 55              | 15             | 14,883       | 74.1%             | 29          | 33       |
| 7-E   | Holy Family Villa                    | 99              | 2              | 35,336       | 97.8%             | 29          | 33       |
| 7-E   | Rosary Hill Home                     | 60              | 2              | 21,170       | 96.7%             | 30          | 35       |
| 7-E   | King-Bruwaert House                  | 125             | 25             | 36,500       | 80.0%             | 32          | 37       |
| 7-E   | Lemont Nursing & Rehab Center        | 158             | 21             | 51,423       | 89.2%             | 33          | 38       |
| 7-E   | Franciscan Village                   | 127             | 16             | 42,167       | 91.0%             | 35          | 40       |

Exhibit 1 (Cont.)  
Impact on General Long-Term Care Facilities

| HPA  | Facility   | Authorized Beds | Available Beds | Patient Days | Percent Occupancy | Travel Time |          |
|--|--|-----------------|----------------|--------------|-------------------|-------------|----------|
|  |  |                 |                |              |                   | MapQuest    | Adjusted |
| Other General Long Term Care Facilities in Health Planning Area (HPA) 7-E Continued                              |  |                 |                |              |                   |             |          |
| 7-E  | Lexington of LaGrange                            | 119             | 39             | 33,735       | 77.7%             | 35          | 40       |
| 7-E  | Meadowbrook Manor LaGrange                       | 197             | 84             | 47,883       | 66.6%             | 36          | 41       |
| 7-E  | Plymouth Place                                   | 220             | 117            | 35,500       | 44.2%             | 38          | 44       |
| 7-E  | Pershing Convalescent Center                     | 51              | 6              | 16,022       | 86.1%             | 39          | 45       |
| 7-E  | Fairview Care Center of La Grange                | 131             | 50             | 29,565       | 61.8%             | 40          | 46       |
|  | Subtotal Other HPA 7-E Facilities                | 9,242           | 1,793          | 2,836,486    | 76.7%             |             |          |
| Other General Long Term Care Facilities within 45 Minutes Normal Travel Time of Advocate South Suburban Hospital |  |                 |                |              |                   |             |          |
| 9  | Smith Crossing                                   | 30              | 6              | 8,156        | 74.5%             | 18          | 21       |
| 9  | Frankfort Terrace                                | 120             | 3              | 41,254       | 94.2%             | 20          | 23       |
| 6-C  | Belhaven Nursing & Rehab Center                  | 221             | 22             | 62,383       | 77.3%             | 20          | 23       |
| 6-C  | The Renaissance at Halsted                       | 300             | 86             | 81,805       | 74.7%             | 20          | 23       |
| 6-C  | Washington Heights Nursing & Rehab               | 228             | 24             | 66,819       | 80.3%             | 21          | 24       |
| 9  | St. James Manor & Villa                          | 110             | 38             | 26,507       | 66.0%             | 24          | 28       |
| 6-C  | Alden-Wentworth Rehab & Care                     | 300             | 74             | 79,654       | 72.7%             | 25          | 29       |
| 6-C  | Alden-Princeton Rehab & Care                     | 225             | 64             | 51,376       | 62.6%             | 26          | 30       |
| 9  | Sunny Hill Nursing Home Will County              | 300             | 85             | 73,683       | 67.3%             | 27          | 31       |
| 9  | Hillcrest Healthcare Center                      | 168             | 15             | 56,182       | 91.6%             | 28          | 32       |
| 9  | Salem Village Nursing & Rehab                    | 272             | 66             | 75,916       | 76.5%             | 28          | 32       |
| 6-C  | Renaissance at 87th Street                       | 210             | 3              | 70,606       | 92.1%             | 28          | 32       |
| 6-C  | Presidential Pavilion                            | 328             | 0              | 118,378      | 98.9%             | 29          | 33       |
| 6-C  | Community Care - Chicago                         | 204             | 9              | 62,741       | 84.3%             | 29          | 33       |
| 9  | Beecher Manor Nursing & Rehab Center             | 96              | 4              | 30,793       | 87.9%             | 30          | 35       |
| 9  | Joliet Terrace                                   | 120             | 5              | 42,637       | 97.3%             | 31          | 36       |
| 9  | Deerbrook Care Centre                            | 214             | 32             | 67,053       | 85.8%             | 31          | 36       |
| 9  | Fairview Care Center of Joliet                   | 203             | 83             | 43,567       | 58.8%             | 32          | 37       |
| 9  | Provena Villa Franciscan                         | 176             | 12             | 39,409       | 92.5%             | 32          | 37       |
| 6-C  | South Shore Nursing & Rehab Center               | 240             | 35             | 80,316       | 91.7%             | 32          | 37       |
| 6-C  | Kenwood Healthcare Center                        | 318             | 97             | 75,004       | 64.6%             | 32          | 37       |
| 6-C  | All Faith Pavilion                               | 245             | 59             | 51,483       | 57.6%             | 32          | 37       |
| 6-C  | Bronzeville Park Skilled Nursing & Living Center | 302             | 32             | 96,793       | 87.8%             | 32          | 37       |
| 6-C  | Southview Manor                                  | 200             | 6              | 70,359       | 96.4%             | 32          | 37       |
| 7-C  | Brighton Gardens-Burr Ridge                      | 132             | 10             | 44,476       | 92.3%             | 32          | 37       |
| 6-C  | Renaissance at South Shore                       | 248             | 23             | 86,123       | 95.1%             | 33          | 38       |
| 6-C  | Rainbow Beach Care Center                        | 211             | 2              | 71,530       | 92.9%             | 33          | 38       |
| 6-C  | Avenue Care Center                               | 155             | 8              | 50,752       | 89.7%             | 33          | 38       |
| 6-C  | Boulevard Care Center                            | 155             | 15             | 50,979       | 90.1%             | 33          | 38       |
| 7-C  | Chateau Nursing & Rehab Center                   | 150             | 21             | 48,244       | 88.1%             | 33          | 38       |
| 6-C  | Waterfront Terrace                               | 118             | 11             | 35,894       | 83.3%             | 34          | 39       |
| 6-C  | St. Agnes Health Care Center                     | 197             | 26             | 60,564       | 84.2%             | 34          | 39       |
| 9  | IL Veterans Home at Manteno                      | 340             | 116            | 91,566       | 73.8%             | 35          | 40       |
| 9  | Our Lady of Angels Retirement Home               | 133             | 19             | 34,006       | 70.1%             | 35          | 40       |
| 7-C  | Manor Care - Hinsdale                            | 200             | 16             | 68,834       | 94.3%             | 35          | 40       |
| 6-C  | Montgomery Place                                 | 40              | -9             | 10,965       | 32.3%             | 36          | 41       |
| 7-D  | Westchester Health & Rehab                       | 120             | 32             | 35,856       | 81.9%             | 36          | 41       |
| 9  | Bradley Royale Healthcare Center                 | 120             | 9              | 38,850       | 88.7%             | 37          | 43       |
| 6-C  | International Village                            | 218             | 39             | 179          | 0.2%              | 37          | 43       |
| 9  | Meadowbrook Manor                                | 298             | 35             | 98,053       | 90.1%             | 38          | 44       |
| 6-B  | Monroe Pavilion Health & Treatment Center        | 136             | 7              | 48,047       | 96.8%             | 38          | 44       |
| 6-C  | Renaissance at Midway                            | 249             | 23             | 74,961       | 82.5%             | 38          | 44       |
| 7-C  | Westmont Convalescent Center                     | 215             | 24             | 70,829       | 90.3%             | 38          | 44       |
| 7-C  | Manor Care - Westmont                            | 155             | 30             | 47,148       | 83.3%             | 38          | 44       |

Exhibit 1 (Cont.)  
Impact on General Long-Term Care Facilities

| HPA  | Facility                           | Authorized Beds | Available Beds | Patient Days | Percent Occupancy | Travel Time |          |
|--|------------------------------------|-----------------|----------------|--------------|-------------------|-------------|----------|
|  |                                    |                 |                |              |                   | MapQuest    | Adjusted |
| Other General Long Term Care Facilities within 45 Minutes Normal Travel Time of Advocate South Suburban Hospital |                                    |                 |                |              |                   |             |          |
| 6-B  | California Gardens Nursing & Rehab | 297             | 14             | 102,092      | 94.2%             | 39          | 45       |
| 7-C  | Fairview Baptist Home              | 232             | 87             | 53,376       | 63.0%             | 39          | 45       |
| 7-C  | Burgess Square                     | 207             | 43             | 57,724       | 76.4%             | 39          | 45       |
| 7-C  | Lexington Health Care Center       | 150             | 24             | 49,256       | 90.0%             | 39          | 45       |
| 7-D  | Pinnacle Healthcare of Berwyn      | 145             | 37             | 29,747       | 56.2%             | 39          | 45       |
| 7-D  | British Home                       | 92              | 19             | 29,713       | 88.5%             | 39          | 45       |
| 7-D  | Oakridge Convalescent Home         | 73              | 20             | 21,481       | 80.6%             | 39          | 45       |
| Subtotal Other Facilities within 45 Minutes  |                                    | 9,916           | 1,561          | 2,884,119    | 79.7%             |             |          |
| Total Other Facilities   |                                    | 19,158          | 3,354          | 5,720,605    | 81.8%             |             |          |

Source: 2007 IDPH Long Term Care Facility Profiles, revised Authorized and Available Beds based on the June 16, 2009 Long-Term Care Bed Inventory Update

Exhibit 2

General Long-Term Care Facilities in Health Planning Area 7-E and/or within 45 Minutes Normal Travel Time of Advocate South Suburban Hospital

| HIPA | Facility  | Address                           | Municipality          | State | Zip   | Distance | Travel Time |          |
|------|---|-----------------------------------|-----------------------|-------|-------|----------|-------------|----------|
|      |   |                                   |                       |       |       |          | MapQuest    | Adjusted |
|      | General Long-Term Care Bed Facilities in Health Planning Area 7-E that are within 45 Minutes Normal Travel Time |                                   |                       |       |       |          |             |          |
| 7-E  | Advocate South Suburban Hospital  | 17800 South Kedzie                | Hazel Crest           | IL    | 60429 | 0.00     | 0           | 0        |
| 7-E  | Impenial of Hazel Crest   | 3300 West 175th Street            | Hazel Crest           | IL    | 60429 | 0.58     | 1           | 1        |
| 7-E  | McAllister Nursing Home   | 18300 South Lavergne Avenue       | Tinley Park           | IL    | 60477 | 3.67     | 7           | 8        |
| 7-E  | Applewood Nursing & Rehab Center  | 21020 Kostner Avenue              | Matteson              | IL    | 60443 | 4.89     | 8           | 9        |
| 7-E  | Oak Forest Hospital   | 15900 South Cicero Avenue         | Oak Forest            | IL    | 60452 | 4.59     | 8           | 9        |
| 7-E  | Plaza Terrace   | 3249 West 147 Street              | Midlothian            | IL    | 60445 | 4.29     | 8           | 9        |
| 7-E  | Heather Health Care Center  | 15600 South Honore Street         | Harvey                | IL    | 60426 | 4.63     | 9           | 10       |
| 7-E  | Prairie Manor Nursing & Rehab Center  | 345 Dixie Highway                 | Chicago Heights       | IL    | 60411 | 4.74     | 9           | 10       |
| 7-E  | Lydia Healthcare  | 13901 South Lydia                 | Robbins               | IL    | 60472 | 5.29     | 10          | 12       |
| 7-E  | South Suburban Rehab Center   | 19000 Halsted Street              | Homewood              | IL    | 60430 | 3.62     | 10          | 12       |
| 7-E  | Manorcare Health Services Homewood  | 940 Maple Avenue                  | Homewood              | IL    | 60430 | 5.18     | 11          | 13       |
| 7-E  | Thornton Heights Terrace  | 160 West 10th Street              | Chicago Heights       | IL    | 60411 | 5.85     | 11          | 13       |
| 7-E  | Crestwood Care Centre   | 14255 South Cicero Avenue         | Crestwood             | IL    | 60445 | 6.72     | 12          | 14       |
| 7-E  | Glenshire Nursing & Rehab Centre  | 22660 South Cicero Avenue         | Richton Park          | IL    | 60471 | 7.89     | 12          | 14       |
| 7-E  | Riviera Manor   | 490 West 16th Place               | Chicago Heights       | IL    | 60411 | 6.00     | 12          | 14       |
| 7-E  | Rest Haven South  | 16300 Wausau Avenue               | South Holland         | IL    | 60473 | 6.54     | 14          | 16       |
| 7-E  | Windmill Nursing Pavilion   | 16000 South Wabash                | South Holland         | IL    | 60473 | 6.69     | 15          | 17       |
| 7-E  | Woodside Manor  | 120 West 26th Street              | South Chicago Heights | IL    | 60411 | 7.70     | 15          | 17       |
| 7-E  | Blue Island Nursing Home  | 2427 West 127th Street (Burr Oak) | Blue Island           | IL    | 60406 | 7.69     | 16          | 18       |
| 7-E  | Alden-Orland Park Rehab & HCC   | 16450 South 97th Avenue           | Orland Park           | IL    | 60462 | 12.85    | 17          | 20       |
| 7-E  | Glenwood Healthcare & Rehab   | 19330 South Cottage Grove         | Glenwood              | IL    | 60425 | 9.02     | 17          | 20       |
| 7-E  | Rest Haven Central  | 13259 South Central Avenue        | Palos Heights         | IL    | 60463 | 10.16    | 17          | 20       |
| 7-E  | Crestwood Terrace Operators, LLC  | 13301 South Central Avenue        | Crestwood             | IL    | 60445 | 8.91     | 18          | 21       |
| 7-E  | Manor Care - South Holland  | 2145 East 170th Street            | South Holland         | IL    | 60473 | 9.42     | 18          | 21       |
| 7-E  | Countryside Healthcare Center   | 1635 East 154th Street            | Dolton                | IL    | 60419 | 11.26    | 20          | 23       |
| 7-E  | Ridgeland Nursing & Rehab Center  | 12550 South Ridgeland Avenue      | Palos Heights         | IL    | 60463 | 11.28    | 20          | 23       |
| 7-E  | Tri-State Nursing & Rehab Center  | 2500 East 175th Street            | Lansing               | IL    | 60438 | 10.09    | 20          | 23       |
| 7-E  | Lexington Health Care Center  | 14601 S. John Humphrey Drive      | Orland Park           | IL    | 60462 | 15.18    | 21          | 24       |
| 7-E  | Manor Care - Palos Heights  | 7580 West College Drive           | Palos Heights         | IL    | 60463 | 12.81    | 21          | 24       |
| 7-E  | Burnham Healthcare  | 14500 South Manistee              | Burnham               | IL    | 60633 | 12.24    | 22          | 25       |
| 7-E  | Dolton Healthcare Centre  | 14325 South Blackstone            | Dolton                | IL    | 60419 | 11.80    | 22          | 25       |
| 7-E  | Evergreen Health Care Center  | 10124 South Kedzie Avenue         | Evergreen Park        | IL    | 60805 | 9.99     | 22          | 25       |
| 7-E  | Concord Extended Care   | 9401 South Ridgeland Avenue       | Oak Lawn              | IL    | 60453 | 15.89    | 23          | 26       |
| 7-E  | Hickory Nursing Pavilion  | 9246 South Roberts Road           | Hickory Hills         | IL    | 60457 | 15.52    | 23          | 26       |
| 7-E  | Manor Care - Oak Lawn / 95th  | 6300 West 95th Street             | Oak Lawn              | IL    | 60453 | 15.89    | 23          | 26       |
| 7-E  | Manor Care - Palos Heights West   | 11860 Southwest Highway           | Palos Heights         | IL    | 60463 | 13.41    | 23          | 26       |

Exhibit 2 (Cont.)  
 General Long-Term Care Facilities in Health Planning Area 7-E and/or within 45 Minutes Normal Travel Time of Advocate South Suburban Hospital

| HPA   | Facility                             | Address                    | Municipality     | State | Zip   | Distance | Travel Time |          |
|---|--------------------------------------|----------------------------|------------------|-------|-------|----------|-------------|----------|
|   |                                      |                            |                  |       |       |          | MapQuest    | Adjusted |
| General Long-Term Care Facilities in Health Planning Area 7-E that are within 45 Minutes Normal Travel Time     |                                      |                            |                  |       |       |          |             |          |
| 7-E   | Chicago Ridge Nursing Center         | 10602 Southwest Highway    | Chicago Ridge    | IL    | 60415 | 16.27    | 24          | 28       |
| 7-E   | Midway Neurological / Rehab Center   | 8540 South Harlem Avenue   | Bridgeview       | IL    | 60455 | 16.22    | 24          | 28       |
| 7-E   | Lexington of Chicago Ridge           | 10300 Southwest Highway    | Chicago Ridge    | IL    | 60415 | 14.00    | 25          | 29       |
| 7-E   | Manor Care - Oak Lawn / Kostner      | 9401 South Kostner Avenue  | Oak Lawn         | IL    | 60453 | 13.62    | 25          | 29       |
| 7-E   | Palos Hill Extended Care             | 10726 South Roberts        | Palos Hills      | IL    | 60465 | 16.39    | 25          | 29       |
| 7-E   | Regal Health and Rehab Center        | 9525 South Mayfield        | Oak Lawn         | IL    | 60455 | 16.43    | 25          | 29       |
| 7-E   | Bridgeview Health Care Center        | 8100 South Harlem Avenue   | Bridgeview       | IL    | 60455 | 16.78    | 26          | 30       |
| 7-E   | Brentwood Sub-Acute Healthcare       | 5400 West 87th Street      | Burbank          | IL    | 60459 | 14.80    | 27          | 31       |
| 7-E   | Bhar Place                           | 6800 West Joliet           | Indian Head Park | IL    | 60525 | 20.94    | 28          | 32       |
| 7-E   | Exceptional Health Care              | 5701 West 79th Street      | Burbank          | IL    | 60459 | 18.36    | 29          | 33       |
| 7-E   | Holy Family Villa                    | 12220 South Will Cook Road | Palos Park       | IL    | 60464 | 21.02    | 29          | 33       |
| 7-E   | Rosary Hill Home                     | 9900 West 81st Street      | Justice          | IL    | 60458 | 18.18    | 30          | 35       |
| 7-E   | King-Bruwaert House                  | 6101 S. County Line Road   | Burr Ridge       | IL    | 60527 | 23.31    | 32          | 37       |
| 7-E   | Lemont Nursing & Rehab Center        | 12450 Walker Road          | Lemont           | IL    | 60439 | 27.13    | 33          | 38       |
| 7-E   | Franciscan Village                   | 1260 Franciscan Drive      | Lemont           | IL    | 60439 | 21.93    | 35          | 40       |
| 7-E   | Lexington of LaGrange                | 4735 Willow Springs Road   | LaGrange         | IL    | 60525 | 23.49    | 35          | 40       |
| 7-E   | Meadowbrook Manor LaGrange           | 339 South 9th Street       | LaGrange         | IL    | 60525 | 24.44    | 36          | 41       |
| 7-E   | Plymouth Place                       | 315 North LaGrange Road    | LaGrange Park    | IL    | 60526 | 25.03    | 38          | 44       |
| 7-E   | Pershing Convalescent Center         | 3900 South Oak Park Avenue | Berwyn           | IL    | 60402 | 27.33    | 39          | 45       |
| General Long Term Care Facilities in Service Area 7-E that are not within 45 Minutes Normal Travel Time         |                                      |                            |                  |       |       |          |             |          |
| 7-E   | Fairview Care Center of La Grange    | 701 North LaGrange Road    | LaGrange Park    | IL    | 60525 | 25.52    | 40          | 46       |
| General Long Term Care Facilities that are not in Service Area 7-E yet are within 45 Minutes Normal Travel Time |                                      |                            |                  |       |       |          |             |          |
| 9   | Smith Crossing                       | 10501 Emilie Lane          | Orland Park      | IL    | 60467 | 12.60    | 18          | 21       |
| 6-C   | Belhaven Nursing & Rehab Center      | 11401 South Oakley Avenue  | Chicago          | IL    | 60643 | 11.00    | 20          | 23       |
| 6-C   | The Renaissance at Halsted           | 10935 South Halsted        | Chicago          | IL    | 60628 | 11.40    | 20          | 23       |
| 9   | Frankfort Terrace                    | 40 South Smith Street      | Frankfort        | IL    | 60423 | 14.39    | 20          | 23       |
| 6-C   | Washington Heights Nursing & Rehab   | 1010 West 95th Street      | Chicago          | IL    | 60643 | 13.15    | 21          | 24       |
| 9   | St. James Manor & Villa              | 1251 East Richton Road     | Crete            | IL    | 60417 | 15.78    | 24          | 28       |
| 6-C   | Alden-Wentworth Rehab & Care         | 201 West 69th Street       | Chicago          | IL    | 60621 | 17.21    | 25          | 29       |
| 6-C   | Alden-Princeton Rehab & Care         | 255 West 69th Street       | Chicago          | IL    | 60621 | 17.27    | 26          | 30       |
| 9   | Sunny Hill Nursing Home Will County  | 421 Donis Avenue           | Joliet           | IL    | 60433 | 23.10    | 27          | 31       |
| 6-C   | Renaissance at 87th Street           | 2940 West 87th Street      | Chicago          | IL    | 60652 | 12.09    | 28          | 32       |
| 9   | Hillcrest Healthcare Center          | 777 Draper                 | Joliet           | IL    | 60432 | 21.94    | 28          | 32       |
| 9   | Salem Village Nursing & Rehab        | 1314 Lowell Avenue         | Joliet           | IL    | 60433 | 22.96    | 28          | 32       |
| 6-C   | Community Care - Chicago             | 4314 South Wabash Avenue   | Chicago          | IL    | 60653 | 20.59    | 29          | 33       |
| 6-C   | Presidential Pavilion                | 8001 South Western Avenue  | Chicago          | IL    | 60620 | 15.09    | 29          | 33       |
| 9   | Beecher Manor Nursing & Rehab Center | 1201 Dixie Highway         | Beecher          | IL    | 60401 | 17.96    | 30          | 35       |

Exhibit 2 (Cont.)

General Long-Term Care Facilities in Health Planning Area 7-E and/or within 45 Minutes Normal Travel Time of Advocate South Suburban Hospital

| HPA   | Facility   | Address                      | Municipality  | State | Zip   | Distance | Travel Time |          |
|---|--|------------------------------|---------------|-------|-------|----------|-------------|----------|
|   |  |                              |               |       |       |          | MapQuest    | Adjusted |
| General Long Term Care Facilities that are not in Service Area 7-E yet are within 45 Minutes Normal Travel Time Continued |  |                              |               |       |       |          |             |          |
| 9   | Dearbrook Care Centre                            | 306 North Larkin Avenue      | Joliet        | IL    | 60435 | 26.28    |             | 31       |
| 9   | Joliet Terrace                                   | 2230 McDonough               | Joliet        | IL    | 60436 | 26.03    |             | 31       |
| 6-C   | All Faith Pavilion                               | 3500 South Giles Avenue      | Chicago       | IL    | 60653 | 21.87    |             | 32       |
| 6-C   | Bronzeville Park Skilled Nursing & Living Center | 3400 South Indiana Avenue    | Chicago       | IL    | 60616 | 21.87    |             | 32       |
| 6-C   | Kenwood Healthcare Center                        | 6125 South Kenwood           | Chicago       | IL    | 60637 | 19.60    |             | 32       |
| 6-C   | South Shore Nursing & Rehab Center               | 2649 East 75th Street        | Chicago       | IL    | 60649 | 19.55    |             | 32       |
| 6-C   | Southview Manor                                  | 3311 South Michigan Avenue   | Chicago       | IL    | 60616 | 22.44    |             | 32       |
| 7-C   | Brighton Gardens-Burr Ridge                      | 6801 Highgrove Boulevard     | Burr Ridge    | IL    | 60527 | 23.58    |             | 32       |
| 9   | Fairview Care Center of Joliet                   | 222 North Hammes             | Joliet        | IL    | 60436 | 26.49    |             | 32       |
| 9   | Provema Villa Franciscan                         | 210 North Springfield Avenue | Joliet        | IL    | 60435 | 26.82    |             | 32       |
| 6-C   | Avenue Care Center                               | 4505 South Drexel            | Chicago       | IL    | 60653 | 21.43    |             | 33       |
| 6-C   | Boulevard Care Center                            | 3405 South Michigan Avenue   | Chicago       | IL    | 60616 | 22.55    |             | 33       |
| 6-C   | Rainbow Beach Care Center                        | 7325 South Exchange          | Chicago       | IL    | 60649 | 19.80    |             | 33       |
| 6-C   | Renaissance at South Shore                       | 2425 East 71st Street        | Chicago       | IL    | 60649 | 13.74    |             | 33       |
| 7-C   | Chateau Nursing & Rehab Center                   | 7050 Madison Street          | Willowbrook   | IL    | 60527 | 24.05    |             | 33       |
| 6-C   | St. Agnes Health Care Center                     | 1725 South Wabash            | Chicago       | IL    | 60616 | 23.54    |             | 34       |
| 6-C   | Waterfront Terrace                               | 7750 South Shore Drive       | Chicago       | IL    | 60649 | 20.18    |             | 34       |
| 7-C   | Manor Care - Hinsdale                            | 600 West Ogden Avenue        | Hinsdale      | IL    | 60521 | 26.13    |             | 35       |
| 9   | IL Veterans Home at Manteno                      | 1 Veterans Drive             | Manteno       | IL    | 60901 | 25.16    |             | 35       |
| 9   | Our Lady of Angels Retirement Home               | 1201 Wyoming Avenue          | Joliet        | IL    | 60436 | 27.78    |             | 35       |
| 6-C   | Montgomery Place                                 | 5550 South Shore Drive       | Chicago       | IL    | 60637 | 21.50    |             | 36       |
| 7-D   | Westchester Health & Rehab                       | 2901 Wolf Road               | Westchester   | IL    | 60154 | 26.40    |             | 36       |
| 6-C   | International Village                            | 4815 South Kinzie            | Chicago       | IL    | 60915 | 34.76    |             | 37       |
| 9   | Bradley Royale Healthcare Center                 | 650 North Kinzie             | Bradley       | IL    | 60609 | 22.69    |             | 37       |
| 6-B   | Monroe Pavilion Health & Treatment Center        | 1400 West Monroe Street      | Chicago       | IL    | 60607 | 26.54    |             | 38       |
| 6-C   | Renaissance at Midway                            | 4437 South Cicero            | Chicago       | IL    | 60632 | 28.93    |             | 38       |
| 7-C   | Manor Care - Westmont                            | 512 East Ogden Avenue        | Westmont      | IL    | 60559 | 27.30    |             | 38       |
| 7-C   | Westmont Convalescent Center                     | 6501 South Cass              | Westmont      | IL    | 60359 | 27.00    |             | 38       |
| 9   | Meadowbrook Manor                                | 431 West Remington Boulevard | Boilingbrook  | IL    | 60440 | 32.37    |             | 38       |
| 6-B   | California Gardens Nursing & Rehab               | 2829 South California Blvd   | Chicago       | IL    | 60608 | 27.68    |             | 39       |
| 7-C   | Burgess Square                                   | 5801 South Cass Avenue       | Westmont      | IL    | 60559 | 27.83    |             | 39       |
| 7-C   | Fairview Baptist Home                            | 250 Village Drive            | Downers Grove | IL    | 60516 | 27.81    |             | 39       |
| 7-C   | Lexington Health Care Center                     | 420 West Butterfield Road    | Elinhurst     | IL    | 60126 | 29.72    |             | 39       |
| 7-D   | British Home                                     | 8700 West 31st Street        | Brookfield    | IL    | 60513 | 28.16    |             | 39       |
| 7-D   | Oakridge Convalescent Home                       | 323 Oakridge Avenue          | Hillside      | IL    | 60162 | 29.12    |             | 39       |
| 7-D   | Pinnacle Healthcare of Berwyn                    | 3601 South Harlem Avenue     | Berwyn        | IL    | 60402 | 27.15    |             | 39       |

Source: MapQuest.com

Exhibit 3  
Returned Impact Statements

| Facility  | Date Return Letter Sent | Number of Beds | Average Census | Willing to Accept   | Conditions Statement | Comments  |
|---|-------------------------|----------------|----------------|---------------------|----------------------|---|
| Facilities Within 45 Minutes Adjusted Travel Time |                         |                |                |                     |                      |   |
| Oak Forest Hospital                               | 8/3/2009                | None           | None           | None                | No                   | Impact Quote "Absence of a Hospital based Long Term Care services within the South Suburbs will impact loss of referral option". Stated the service discontinued in 2007. |
| Lexington of Chicago Ridge                        | 8/10/2009               | Not Reported   | Not Reported   | Not Reported        | No                   | No volume reported. Willing to accept patients upon evaluation.   |
| Beecher Manor                                     | 7/27/2009               | 130            | 100            | 20                  | No                   | Willing to accept patients upon evaluation. Part of Extended Care Corporation.  |
| Woodside Extended Care                            | 8/7/2009                | 112            | 109            | 3                   | Yes                  | Estimate an ability to accept another 10 patients in the short term.  |
| Ridgeland Rehabilitation and Nursing Center       | 7/27/2009               | 101            | 89             | 10                  | No                   | Willing to accept patients; however, does not state without conditions...   |
| Thornton Heights Terrace                          | 8/4/2009                | 222            | Not Reported   | Not Reported        | No                   | Only accepts major mental illness patients between the ages of 21-59.   |
| Crestwood Care Center                             | 7/27/2009               | 303            | 237            | 30                  | Yes                  | States 60 Beds available; however, only willing to accept 30 patients.  |
| Windmill Nursing Pavilion                         | 7/28/2009               | 150            | 133            | 10                  | No                   | Willing to accept patients; however, does not state without conditions...   |
| Lexington of Elmhurst                             | 8/7/2009                | Not Reported   | Not Reported   | None                | No                   | Currently this facility has no available capacity. Will contact if beds become available.   |
| Evergreen Health Center                           | 7/29/2009               | 242            | 190            | 5 to 10             | No                   | Willing to accept patients; however, does not state without conditions...   |
| Alden - Orland Park                               | 7/30/2009               | 200            | 144 to 151     | 29 to 36            | No                   | Willing to accept patients; however, does not state without conditions...   |
| St. James Manor and Villas                        | Unknown                 | 106            | 80 to 84       | 20                  | No                   | Willing to accept patients; however, does not state without conditions...   |
| The Clare at Water Tower                          | 8/11/2009               | Not Reported   | Not Reported   | None                | No                   | The Clare at Water Tower is a "Life Care" community and is unable to accept outside patients.   |
| Subtotal within 45 Minutes                        |                         | 1,566          | 858            | 127 to 139 Patients |                      |   |

Exhibit 3 (Cont.)  
Returned Impact Statements

| Facility   | Date Return Letter Sent | Number of Beds | Average Census | Willing to Accept   | Conditions Statement | Comments  |
|--|-------------------------|----------------|----------------|---------------------|----------------------|---|
| Facilities Outside 45 Minutes Adjusted Travel Time |                         |                |                |                     |                      |   |
| Center Home for Hispanic Elderly                   | 8/17/2009               | 156            | 141            | 5                   | No                   | Can not accept residents with a primary diagnosis of psychiatric.                                 |
| West Suburban Medical Center                       | 8/6/2009                | 50             | 19             | None                | No                   | Assume looking for long term placement which could not be accommodated.                           |
| Norridge Health Care & Rehabilitation Centre       | 8/7/2009                | 292            | 262            | 25                  | No                   | Willing to accept patients; however, does not state without conditions...                         |
| Scottish Home                                      | 8/12/2009               | 36             | Not Reported   | None                | No                   | Licensed for Intermediate Care Beds Only  |
| Lee Manor  | 8/10/2009               | 262            | 220            | Not Reported        | No                   | Willing to accept patients; however, does not state how many or without conditions...             |
| Skokic Meadows Nursing Center                      | 7/28/2009               | 111            | 106            | 5                   | Yes                  |   |
| Lieberman Center for Health and Rehabilitation     | Unknown                 | 240            | 226            | Not Reported        | Yes                  | Willing to accept patients; however, does not state how many.                                     |
| Belmont Crossing                                   | 7/29/2009               | Not Reported   | Not Reported   | 8                   | No                   | Willing to accept patients that have a psychiatric diagnosis and require minimal nursing services |
| Westbury Care Center                               | 7/28/2009               | 82             | 90 to 92%      | 8 to 10             | No                   | Not Medicaid Certified  |
| Clayton Home                                       | 8/3/2009                | 241            | 235            | 5 to 6              | No                   | Only accepts major mental illness patients between the ages of 21-59.                             |
| Warren Barr Pavilion                               | 7/29/2009               | 271            | 170            | 5                   | No                   | Willing to accept patients; however, does not state without conditions...                         |
| Renaissance at Hillside                            | 8/6/2009                | 188            | 170            | Not Reported        | No                   | Willing to accept patients; however, does not state how many or without conditions...             |
| Columbus Manor                                     | Unknown                 | Not Reported   | Not Reported   | Not Reported        | No                   | "We can take MI on Ambulatory Patients."  |
| Subtotal outside 45 Minutes                        |                         | 1,929          | 1,549          | 61 to 64 Patients   |                      |   |
| Grand Total  |                         | 3,495          | 2,407          | 188 to 203 Patients |                      |   |

Source: Analysis of received impact letters



Exhibit 4

Returned Impact Statements

Facilities Willing to Accept Patients without "Restrictions, Conditions, Limitations, or Discrimination"

| Facility   | Date Return Letter Sent | Number of Beds | Average Census | Willing to Accept | Conditions Statement | Comments   |
|--|-------------------------|----------------|----------------|-------------------|----------------------|--|
| Facilities Within 45 Minutes Adjusted Travel Time  |                         |                |                |                   |                      |  |
| Woodside Extended Care                             | 8/7/2009                | 112            | 109            | 3                 | Yes                  | Estimate an ability to accept another 10 patients in the short term.   |
| Crestwood Care Center                              | 7/27/2009               | 303            | 237            | 30                | Yes                  | States 60 Beds available; however, only willing to accept 30 patients. |
| Subtotal within 45 Minutes *                       |                         | 415            | 346            | 33 Patients       |                      |  |
| Facilities Outside 45 Minutes Adjusted Travel Time |                         |                |                |                   |                      |  |
| Skokie Meadows Nursing Center                      | 7/28/2009               | 111            | 106            | 5                 | Yes                  |  |
| Lieberman Center for Health and Rehabilitation     | Unknown                 | 240            | 226            | Not Reported      | Yes                  | Willing to accept patients; however, does not state how many.          |
| Subtotal outside 45 Minutes **                     |                         | 351            | 332            | 5 Patients        |                      |  |
| Grand Total  |                         | 766            | 678            | 38 Patients       |                      |  |

Source: Analysis of Received Impact Letters; see Exhibit 3...88 available beds are indicated by these responses and the facilities are willing to accept 38 new patients.

- \* Adjusted travel time
- \*\* With 45 minutes unadjusted travel time

Impact Statement Letters and Return Receipts

There were 241 letters sent to LTC providers.

Letters and return receipts are submitted as Attachment 9, Exhibit 5  
per State Agency request.

See Appendix 1, Attachment 9

Pages 45 - 516

**Responses Received to Impact Statement Letters**



**Alden • Orland Park**  
Rehabilitation and Health Care Center, Inc.

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July 30, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Ave.  
Hazel Crest, IL 60429-0989

Dear Devita Smith,

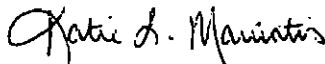
We received your letter regarding the closing of your Skilled Nursing Facility. I would like to provide you with the information you requested as well as encourage you to send as many patients as you would like to our facility. Please see the enclosed information about our lovely facility and if you have a chance visit our website.

We are licensed for 200 beds. We have made some rooms private and put library dividers in some rooms. That means the real total capacity would be about 173-180 depending on isolations. Our average daily census for June, 2009 was 151. Our average daily census for July, 2009 was 144. Given these numbers, it is possible to accept 29-36 patients.

If you have any further questions, don't hesitate to call me at the provided number.

Thank You

Sincerely,

  
Katie Lynn Maniaits  
Administrator

16751 S. 27th Avenue • Hazel Crest, Illinois 60467-5587 Phone: (708) 403-6500 Fax: (708) 403-7773  
www.aaldennetwork.com

**BEECHER MANOR**  
NURSING & REHABILITATION CENTER

1201 DIXIE HIGHWAY  
BEECHER, ILLINOIS 60401  
TEL: (708) 946-2600  
FAX: (708) 946-9411

July 27, 2009

Advocate South Suburban Hospital  
Devita Smith  
17800 south Kedzie Ave  
Hazel Crest, IL 60429

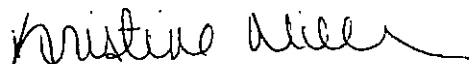
Dear Ms Smith:

Thank you for considering our facility in assisting you in the event of your skilled care unit closure. We would like to inform you of our bed status. Our total bed capacity is 130 we average approximately 100 on a daily basis and would be able to accommodate 20 of your skilled care patients upon evaluation.

We would happily assist you with your discharge planning needs. As we are part of the Extended Care Corporation we have many sister facilities that can meet your needs.

If we can assist you further please contact our Admissions Department 708/946-2600.

Thank you,



Kristine Miller  
Admissions Director

**BELMONT CROSSING OF LAKEVIEW  
1936 WEST BELMONT AVENUE  
CHICAGO, ILLINOIS 60657  
773-525-7176**

July 29, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

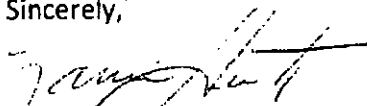
Dear Ms. Devita:

I recently received a letter from Timothy Daugherty about the closing of South Suburban Hospital's long term care unit. Belmont Crossing is a small homey psychiatric nursing home on the north side of Chicago. We currently have about 8 empty beds. If any of the patients you are trying to relocate have a primary psychiatric diagnosis and require minimal nursing services, please feel free to refer them to our facility for placement.

You may make a referral by faxing the resident's face sheet, their list of current medications, their OBRA screening and any typed assessments to 773-525-8929 or simply call me at 773-525-7176. I will be more than happy to interview any potential admissions and get back to you with a decision as soon as possible.

Thanks so much.

Sincerely,



Laurie Hertz, M.S.  
Administrator



Lieberman Center for  
Health and Rehabilitation  
9700 Gross Point Road  
Skokie, Illinois 60076  
847.674.7210  
847.674.6366 fax  
www.cje.net

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

Ms. Smith,

Lieberman Center for Health and Rehabilitation supports your decision to discontinue long-term care services at Advocate South Suburban Hospital. We may be able to assume additional long-term care patients, depending upon the timeframe of transfer and bed availability. In the event we can accommodate transfers, they will be done so "without restrictions, conditions, limitations, or discrimination."

Our facility is 240-beds with all private rooms. Forty-eight of those rooms are designated for short-term rehabilitation in our Haag Pavilion. Average occupancy for the fiscal year ending June 30, 2009 was 226.

Please let us know if we can be of any assistance with your transfer plans.

A handwritten signature in black ink that reads "Sandra Crasko". The signature is written in a cursive, flowing style.

Sandra Crasko  
Director of Medicare Services

*CJE SeniorLife is a partner in  
serving our community,  
supported by the Jewish United  
Fund/Jewish Federation of  
Metropolitan Chicago.*



# CENTER HOME

FOR HISPANIC ELDERLY



.....servicing a bicultural community.

August 17, 2009

Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

Dear Mrs. Smith,

This letter is in response to communication received from Mr. Timothy Daugherty on July 22, 2009.


My name is Alexandra Vallejo, Admissions Director at Center Home for Hispanic Elderly. I want to thank you and your organization for keeping us and our services in mind and we look forward to partnering with Advocate South Suburban Hospital during your transition.

Here at Center Home, our capacity is 156 beds. Our average daily Census is 141 with a current bed availability of 12. We are prepared to accommodate up to 5 residents from your institution. However, I must inform you that our facility does not currently have a Psychiatric Unit in place and therefore we will not be able to accommodate residents with a primary diagnosis of Psychiatric.

Although I am saddened by the news of the closing of your Long Term Care category of service, I look forward to working closely with you to ensure a smooth transition for the residents of your facility. I thank you for allowing Center Home the opportunity to assist in the re-location of your residents.

Please feel free to contact me should have any questions, concerns or require any additional information. I can be reached at 773-782-8700 or via email at [headmstron1@extendedcarellc.com](mailto:headmstron1@extendedcarellc.com). I look forward to hearing from you soon to further discuss this matter.


Sincerely,

  
Alexandra Vallejo  
Admissions Director  
Center Home for Hispanic Elderly

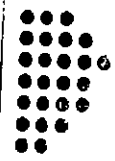
Cc: I Norme Torres  
1 file

Sent via certified and registered mail

**Alexandra Vallejo**  
Admissions  
**Center Home for Hispanic Elderly**



1401 N California Ave.  
Chicago, IL 60622  
Phone: 773-782-8700  
Cell: 312-215-4785  
Fax: 773-782-8723  
[headmstron1@extendedcarellc.com](mailto:headmstron1@extendedcarellc.com)



1401 N. CALIFORNIA AVE.  
CHICAGO, IL 60622  
(773) 782-8700



*Clayton Home*

2026 NORTH CLARK STREET  
CHICAGO, ILLINOIS 60614  
PHONE (773) 549-1840

August 3, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 S. Kedzie Avenue  
Hazel Crest, Illinois 60429

RE: LTC Service Discontinuation

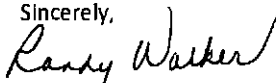
Dear Ms. Smith:

We are in receipt of Advocate's letter relative to the proposed discontinuation of long term care services. In that light, we offer the following information.

The Clayton Home provides service to **ambulatory adults with a diagnosis of major mental illness**. Admissions are restricted to those **21-59 years of age**. There are 241 beds available to the population, with an average census (including those who will be returning from hospitalizations) of approximately 235. Should you have any individuals who fit the aforementioned criteria, we would be happy to discuss the needs of 5 to 6 individuals.

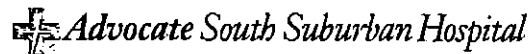
Thank you for your interest.

Sincerely,



Randy Walker  
Administrator

17800 South Kedzie Avenue  
Hazel Crest, Illinois 60429-0989  
Telephone 708.799.8000



July 22, 2009

Patrick O'Brien  
Columbus Manor Residential  
5107-21 West Jackson Blvd  
Chicago, IL 60644

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Patrick O'Brien:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

| Year | Admissions | Patient Days | Average Daily Census |
|------|------------|--------------|----------------------|
| 2007 | 1,085      | 11,966       | 32.8                 |
| 2008 | 1,087      | 11,440       | 31.3                 |

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

*We can take M1 on  
Ambulatory Patient.*

Sent via certified and registered mail.

[www.advocatehealth.com](http://www.advocatehealth.com)

Related to the Evangelical Lutheran Church in America and the United Church of Christ



July 27, 2009

via Certified Mail #7009 0080 0000 6555 2991

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

Re: South Suburban Hospital's Proposed Discontinuation of Long Term Care Services

Dear Ms. Smith,

Crestwood Care Centre has the capacity to admit additional long term care patients without restrictions, conditions, limitations, or discrimination based on our scope of services.

We have 303 licensed beds, 60 available beds, and an average daily census of 237. We could comfortably accept 30 patients. I have enclosed a copy of our Scope of Services. Please call me if you have any questions at 708.371.0400. I welcome the opportunity to assist you when you need to relocate any of your patients.

Sincerely,

A handwritten signature in cursive script that reads "Judy Dumont-Hoffman".

Judy Dumont-Hoffman  
Administrator

14255 South Cicero Avenue • Crestwood, IL 60445 • (708) 371-0400 • FAX: (708) 371-5871 • [www.crestwoodcare.com](http://www.crestwoodcare.com)



July 29, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

RE: Proposed Discontinuation; Long Term Care Category of Services

Dear Ms. Devita Smith:

I am writing in response to your discontinuance of your 41-bed general long-term category of service. We are a 242 bed skilled nursing facility located in Evergreen Park, just outside the southwest side of Chicago. All of our 242 beds are dually Medicare and Medicaid certified. We currently are averaging 190. We would be happy to consider 5 to 10 additional patients based on clinical appropriateness. Please feel free to contact me at 708-907-7050, if you have any questions or would like to discuss any possible referrals.

Best regards,

Joanne Graf, RN  
Administrator, LNHA

10124 South Kedzie Avenue  
Evergreen Park Illinois 60805  
708.907.7000  
Fax 1 708.907.7003  
boulevardhealthcare.com



**FRANCISCAN**  
SISTERS OF CHICAGO  
SERVICE CORPORATION

August 11, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, Illinois 60429

Dear Ms. Smith:

The Clare at Water Tower and the Franciscan Sisters of Chicago Service Corporation is in receipt of notification that Advocate South Suburban Hospital will be seeking approval from the Illinois Health Facilities and Services Review Board to discontinue the category of long-term care service at the Hazel Crest location.

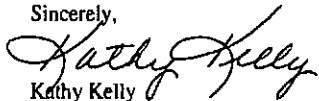
This action will not affect our operations at The Clare at Water Tower because based on our own Certificate of Need approval. The Clare at Water Tower is a Life Care community and as such is unable to accept residents directly into our skilled nursing beds. That is, we are only allowed to accept residents who have been residing within The Clare at Water Tower in either assisted living or independent living. We are preparing to submit a new Certificate of Need request for approval to change it so that we would be able to admit from the community and hospitals at large but at this time we are restricted.

I am sure if any other Franciscan communities have been identified in the geographic area they will respond with their available capacity. For your information, the Franciscans have four (4) other communities with long-term care skilled nursing services in Illinois besides The Clare at Water Tower. Three (3) communities are located north of The Clare at Water Tower so I am not sure that relocation for your residents within those communities would be feasible. However, if we can assist in any way with relocation to those communities or to our south suburban location at Franciscan Village in Lemont, IL, we would be more than willing to assist.

The Advocate brand is associated with quality care and service in the Chicago metropolitan area, as are the Franciscan communities. The ability to assist another quality provider is always a relationship that we appreciate, and to the extent we can, we would be more than happy to assist Advocate South Suburban Hospital in their relocation efforts on behalf of their residents. I am sure that this decision to eliminate offering this service at Advocate South Suburban Hospital was not made easily.

Please feel free to contact me directly should you have any questions or if we can be of assistance as the time draws near for the discontinuation of your long-term care service.

Sincerely,

  
Kathy Kelly  
Vice President of Clinical Services

1055 W. 175TH STREET, SUITE 202, HOMERWOOD, IL 60430 PHONE (708) 647-6500 FAX (708) 647-6982  
[www.franciscancommunities.com](http://www.franciscancommunities.com)

*SPONSORED BY THE FRANCISCAN SISTERS OF CHICAGO*



August 10, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 S. Kedzie Avenue  
Hazel Crest, Il. 60429

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Ms. Smith,

Thank you for your letter regarding the hospital's discontinuation of long term care. Lee Manor is a 262 bed facility, dual certified for both Medicare and Medicaid. We have, earlier this month, applied to license approximately 8 additional private rooms. Lee Manor offers a wide variety of skilled nursing services. I have enclosed our brochure from the facility and information about all of the programs we offer for short and long term patients.

For the year 2007, we had 6697 admissions with an average daily census of 215.  
For the year 2008, we had 6742 admissions with an average daily census of 220.

We would definitely be interested in participating in the hospital's process of transitioning patients to our facility. Please feel free to contact me anytime!

Sincerely,

A handwritten signature in cursive script that reads "Pat".

Pat Beauvais  
Director of Business and Program Development

extension 228  
pbeauvais@leemanor.com  
cell: 847-347-2786

Pat Beauvais  
Director of Business &  
Program Development



1301 Lee Street, Des Plaines, Illinois 60018 phone: 847-635-4000 fax: 847-827-5796

LEXINGTON  
Health Care

Dear Mr. Daugherty,  
8/10/09

Thank you for the opportunity to share information and our commitment to you and your patients. Lexington Healthcare is pleased to assist you on placing patients. We take pride in every step of the placement process and the quality care all of our patients receive after their placement.

*Lexington*

*of*

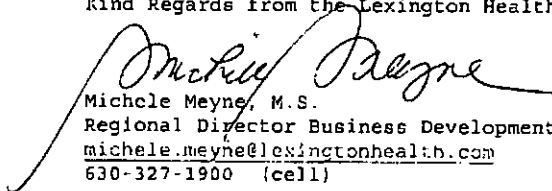
*Chicago Ridge*

Please find the enclosed information regarding two of our ten LTC/Sub-Acute buildings (Orland Park and Chicago Ridge). All ten buildings have undergone extensive remodeling to make them an environment which allows patients an updated yet nurtured and caring environment. We have also outlined the experienced and dedicated staff, the on-site services along with the "Specialty Programs" which are run by prominent physicians from the surrounding communities.

To start the process, we would like to allow our Medical Liaisons to assess the patients you would like to send to any of our facilities. This enables us to determine their needs and decide if we have the ability to take a particular patient. We will then follow standard procedures to have the liaison speak to family, Social Worker and or Case Manager and Physician. We can then proceed with getting the patients admitted to any of our facilities based on bed availability.

Please schedule a brief meeting to answer any questions and share information. Again, thank you for the opportunity to assist you and look forward to partnering with you.

Kind Regards from the Lexington Healthcare Team,

  
Michele Meyne, M.S.  
Regional Director Business Development  
[michele.meyne@lexingtonhealth.com](mailto:michele.meyne@lexingtonhealth.com)  
630-327-1900 (cell)

10300 Southwest Highway  
Chicago Ridge, Illinois 60415  
tel 708 425 1100  
fax 708 425 0779

LEXINGTON  
Health Care

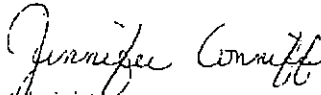
Ms Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest IL 60429

August 7, 2009

*Lexington  
of  
Elmhurst*

In response to your letter dated July 22, 2009 in reference to the proposed discontinuation of your long term unit. Lexington of Elmhurst does not, at this time, have any long term beds available. Our only open beds are on our short term stay sub acute unit. As you know bed availability can change without notice. If beds become available we will contact you.

Jennifer Conniff

  
Administrator  
Lexington of Elmhurst

420 West Butterfield Road  
Elmhurst, Illinois 60126  
tel 630 832 2300  
fax 630 832 7043





HealthCare & Rehabilitation Centre

7001 West Cullom Avenue, Norridge, IL 60706  
(708) 457-0700 FAX (708) 457-8852

Aug 07, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

Re: Proposed Discontinuation; Long Term Care Category of Services

Dear Ms. Devita Smith:

Norridge HealthCare and Rehabilitation Centre has available capacity to assume additional long-term care patients upon discontinuation of your long-term care category of services.

Following are the facility statistics you requested:

| Total Bed Capacity | Average Daily Census | Number of available beds | Estimated number of additional patients facility could accept |
|--------------------|----------------------|--------------------------|---|
| 292                | 262                  | 30                       | 25  |

We look forward to the opportunity to partner with Advocate South Suburban Hospital in the relocation of your patients.

Sincerely,

  
Safet Kaljalic  
Nursing Home Administrator

A Member of the Lancaster Health Group  
Trusted Care. Peace of Mind.

**Oak Forest Hospital of Cook County**

**Cook County Health & Hospitals System**  
(formerly Cook County Bureau of Health Services)

Todd H. Stroger • President  
Cook County Board of Commissioners

Warren L. Britts • Chairman  
Cook County Health & Hospitals System

Jorge Ramirez • Vice Chairman  
Cook County Health & Hospitals System

William T. Foley • CEO  
Cook County Health & Hospitals System



Health System Board Members  
Dr. David A. Ansell  
Commissioner Jerry Butler  
David N. Carvalho  
Quin R. Golden  
Beno Greucuspan  
Sr. Sheila Lyne  
Dr. Lois R. Mullan  
Heather E. O'Donnell  
Andrea L. Zupp

15911 South Cicero Avenue  
Oak Forest, Illinois 60452

Telephone (708) 687-7200  
TDD (708) 687-7074

Sybil Edwards, RN, MBA  
Chief Operating Officer

August 3, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

**RE: Proposed Discontinuation – Long Term Care Services**

Dear Ms. Smith:

Oak Forest Hospital and the Cook County Health and Hospitals System are in receipt of your letter of intent to discontinue Long Term Care services in the South Suburbs (effective 2/1/10).

**Impact:**

- Absence of a Hospital based Long Term Care facility within the South Suburbs will impact loss of referral options for those patients whose activity would be better served in a hospital setting.

**Capacity:**

- Oak Forest Hospital discontinued Long Term Care Services in 2007; no bed capacity at this time.

If you have any further questions, I can be reached at (708) 633-2004.

Sincerely,

*Shirley Bomar-Cole / R*

Shirley Bomar-Cole, RN, BSM, MHS  
Deputy Chief Operating Officer

SBC:ca

We Bring Health **CARE** to Your Community



RENAISSANCE  
AT HILLSIDE

August 6, 2009

Advocate South Suburban Hospital

17800 South Kedzie Avenue

Hazel Crest, Illinois 60429

Attn: Ms. Devita Smith

Dear Ms. Smith

I am in receipt of your letter dated July 22, 2009. The Renaissance at Hillside is able to assume additional long-term care patients. The facility's licensed bed capacity is 188. Our average daily census is 170. Feel free to give me a call if you have any further questions.

Sincerely,

John Stare

Administrator

*The center for nursing, rehabilitation and assisted living*

4600 NORTH FRONTAGE ROAD • HILLSIDE, IL 60162 • TEL: 708-544-9933 • FAX: 708-544-9966

## RIDGELAND REHABILITATION AND NURSING CENTER

12550 S. Ridgeland Avenue  
Palos Heights, IL 60463  
TEL: 708-597-9300 FAX: 708-597-9956

July 27, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 S. Kedzie Ave.  
Hazel Crest, IL 60429

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Ms. Devita Smith,

Hello. I hope this letter finds you doing well. I am writing in regards to the letter received July 25<sup>th</sup>, 2009 in regards to finding placement for the residents currently residing in the Long Term Care area of your hospital. We would be happy to offer our services and continue the care of these residents at Ridgeland Rehabilitation and Nursing Center.

Ridgeland is a 101-bed facility specializing in both long-term care and short-term rehab. Our rooms are semi-private and include both a television and telephone for our residents. For our short-term residents, we also have a separate dining area and internet café. Our therapy team is led by a physiatrist, Dr. Khanna, and is offered up to seven days a week.

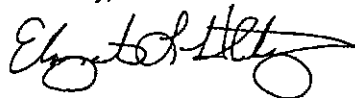
Our average daily census is 89. We currently have room for both short and long-term residents and would be happy to give any of your residents' family members a tour of our facility to give them a better idea of what Ridgeland represents.

The estimated number of patients we would be able to accept is 10 and with residents returning home from short-term rehab, we may have more availability at the time of transition.

As always, it is a pleasure working with South Suburban Hospital and we would be happy to be of service to you.

If you have any questions about Ridgeland, our services or when you would like placement to occur, please do not hesitate to contact me at 708-597-9300 or via email [rladmissions@extendedcarellc.com](mailto:rladmissions@extendedcarellc.com).

Sincerely,



Elizabeth Hladky  
Admissions Director  
Ridgeland Rehabilitation and Nursing Center



St. James Manor & Villas  
1251 E. Richton Road  
Crete, IL 60417  
(708) 672-6700

100 BEDS TOTAL IN  
OUR HEALTH CENTER  
15 CURRENTLY OPEN  
80-84 AVERAGE CENSUS

WE COULD POTENTIALLY  
HOST 20 ADDITIONAL  
AT WHICH POINT YOU  
WED THE AVAILABILITY

DEUITA,

7/20/09

WE RECEIVED YOUR  
LETTER REGARDING YOUR  
LONG TERM CARE  
SERVICE. WE WOULD  
WELCOME THE OPPORTUNITY  
TO ACCOMMODATE YOU!

MELISSA RODRIGUEZ



## Skokie Meadows Nursing Center

*an intermediate care nursing facility*

4600 GOLF ROAD • SKOKIE, ILLINOIS 60076 • TEL 847.679.1157 • FAX 847.679.5966

July 28, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 So. Kedzie Ave.  
Hazel Crest, IL 60429

Dear Ms. Smith,

Thank you for advising us of your intention to discontinue your long-term services.

Skokie Meadows Nursing Center has availability to assume additional long-term patients without restrictions, conditions, limitations or discrimination.

Skokie Meadows capacity is 111 beds and average daily census is 106, therefore we could accept an additional 5 patients at any time.

Thank you for your consideration and we hope to work together to relocate patients.

Please feel free to contact me with additional updates.

Sincerely,

Joan M. Willey  
Executive Director



THE SCOTTISH HOME

August 12, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

Re: Proposed Discontinuation: Long Term Care Services

Dear Ms. Smith:

In response to your letter dated July 22, 2009, the Scottish Home in North Riverside has 36 licensed Intermediate Care beds. We do not have any licensed Skilled beds, so we would not meet your requirements for providing care.

Sincerely,

Lynn Elker  
Administrator

2800 Des Plaines Avenue North Riverside, IL 60546 708.447.5092 Fax 708.447.5269  
[www.chicago-scots.org](http://www.chicago-scots.org)



160 West Tenth Street  
Chicago Heights, IL 60411



Phone: (708) 754-2220  
Fax: (708) 754-9311

THORNTON HEIGHTS TERRACE

August 4, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 S. Kedzie Avenue  
Hazel Crest, Il. 60429

RE: LTC Service Discontinuation

Dear Ms. Smith:

We have received Advocate's letter relative to the proposed discontinuation of long term care services. I would like to provide the following information.

Thornton Heights Terrace is a 222 bed facility servicing ambulatory adults with a diagnosis of major mental illness. We admit only residents between the ages of 21-59. We would be happy to discuss any clients meeting these criteria.

We look forward to working with you.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Elvira L. Cull'.

Elvira L. Cull  
Administrator



July 29, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

RE: Proposed Discontinuation; Long Term Care Category of Services

Dear Ms. Devita Smith:

I am writing in response to your discontinuance of your 41-bed general long-term category of service. We are a 271 bed skilled nursing facility located in the heart of the downtown area. All of our 271 beds are Medicare certified in which 51 beds are dually certified for Medicaid. We currently are averaging 170 with one floor closed for renovations. We would be happy to consider 5 additional patients based on clinical appropriateness. Please feel free to contact me at 312.705.6755, if you have any questions or would like to discuss any possible referrals.

Best regards,

Megan Mulherin  
Administrator, LNHA

66 West Oak Street  
Chicago | Illinois | 60610

312.705.5100

Fax | 312.337.5041

[www.boulevardhealthcare.com](http://www.boulevardhealthcare.com)

A Boulevard Healthcare, LLC Facility



West Suburban Medical Center  
5 Erie Court  
Oak Park, Illinois 60302  
708.763.6200  
www.westsubhealth.org

August 6, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 S. Kedzie  
Hazel Crest, IL 60429

Thank you for your letter dated July 22, 2009 informing us of your decision to close your 41-bed long term care category of service. Our West Suburban Medical Center Subacute Rehabilitation Unit (SNF) is a hospital based short stay unit. We have 50-bed capacity with an average length of stay of 19 days.

We are assuming that you are looking for long term placements of patients for which we would not be able to accommodate.

If we can be of further assistance, please do not hesitate to call Sara Hannigan, Admission Coordinator, at 708-763-6382.

Sincerely,

A handwritten signature in cursive script that reads "Sherry Workman".

Sherry Workman  
Licensed Nursing Home Administrator  
West Suburban Medical Center Subacute Rehab Unit

CO-SPONSORS  
Sisters of the Holy Family of Nazareth & Sisters of the Resurrection

1800 Robin Lane, Lisle, IL 60532  
Telephone 630-810-0500 - Fax 630-810-0600  
www.brookdaleliving.com

July 28, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

Dear Ms. Smith,

This letter is in response to the letter I received from Timothy Daugherty dated 7/22/09 in reference to your application to discontinue your 41 bed long-term care service.

Westbury Care Center is an 82 bed facility. 55 of those beds are medicare certified. Our census is usually at 90-92% of occupancy. This means we usually have 6-8 empty beds. We are not Medicaid certified.

Please let me know if you need additional information.

Sincerely,



Cathy Flanagan, RN  
Administrator

WESTBURY CARE CENTER  
of The Brookdale  
Senior Living

Cathy Flanagan, RN  
Administrator

Telephone 630.810.0500  
Fax 630.810.0600

cflanagan@brookdaleliving.com

1800 Robin Lane, Lisle, IL 60532

WESTBURY CARE CENTER  
of The Brookdale  
Senior Living



*Windmill Nursing Pavilion, Ltd.*

July 28, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429

Re: Available Capacity To Assume Additional Long-Term Care Patients

Dear Ms. Devita Smith:

Windmill Nursing Pavilion, LTD, does have available capacity to assume additional long-term care patients.

Windmill's total bed capacity is 150 beds, our number of available beds is 15, and our average 2008 daily census was 133 patients.

Windmill can accept up to 10 additional patients and assist you with relocating these patients as soon as needed.

If you have any questions, please contact me at 708-339-0600.

Respectfully,

  
Anmarie Harrington

Administrator

Sent via certified and registered mail.

|                               |
|-------------------------------|
| 16000 South Wabash Avenue     |
| South Holland, Illinois 60473 |
| Tel 708.339.0600              |
| Fax 708.339.2766              |
| www.dynamiche.com             |

*A Member of the Dynamic Health Care Family*

## Woodside Extended Care

120 West 26th Street  
South Chicago Heights, IL 60411  
(708) 756-5200

August 7, 2009

Ms. Devita Smith  
Advocate South Suburban Hospital  
17800 South Kedzie Ave.  
Hazel Crest, IL 60429

Re: Proposed Discontinuation of Long Term Care Service

Dear Ms. Smith:

In response to your letter of July 22, 2009 this is to advise you that Woodside Extended Care has available capacity to assume additional long-term care patients without restrictions, limitations, conditions or discrimination. Our total bed capacity is 112. We currently have 3 beds available. Our average daily census is 109 and we estimate that we can accept another 10 patients in the short term.

If we can be of any assistance in relocating patients, do not hesitate to contact me at the above number.

Very truly yours,



Fred L. Berkovits

Equal Opportunity Employer

**ILLINOIS HEALTH FACILITIES PLANNING BOARD  
APPLICATION FOR PERMIT**

**SECTION XI. SAFETY NET IMPACT STATEMENT**

20 ILSC 3960 Sec. 5.4 requires that certificate of need applicants provide a Safety Net Impact Statement.

As developed by the applicant, a Safety Net Impact Statement shall describe all of the following:

1. The project's material impact, if any, on essentially safety net services in the community, to the extent that it is feasible for the applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known by the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.
4. Safety Net Impact Statement shall also include all of the following:
  - a. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care at cost, in accordance with an appropriate methodology specified by the Board.
  - b. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
5. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research and any other service.

## Safety Net Impact Statement

### Overview

Along with providing quality care to 3.1 million patients annually, Advocate provides essential community services and programs to patients, families and communities. These community benefits, as defined in the Illinois Community Benefits Act, are provided free, subsidized or without full reimbursement from Medicaid, Medicare, and similar governmental programs. As a result, Advocate's mission and its impact extend well-beyond the walls of its hospitals and other sites of care to make a positive difference.

Advocate provides benefits in all of the following categories:

- Charity Care and Other Uncompensated Costs
- Subsidized Health Services
- Hospital-Based Education
- Volunteer Services
- Language-Assistance Services, and
- Donations.

Advocate's 2008 Community Benefits Report has been submitted to the Illinois Attorney General's Office.

Total community benefits for 2008 were more than \$373 million. This amount represents a \$29.5 million increase from its 2007 Community Benefits Journal. A summary of the benefits initiatives is attached as Attachment 77, Exhibit 1.

Advocate's program to patients who need financial assistance includes the following:

- Advocate provides charity care consideration for patients with incomes up to six times the federal poverty level – one of the most generous sets of guidelines of any health care provider in the country.
- Advocate and its financial counselors make every effort to help patients who are uninsured, underinsured, or face financial challenges.



## Safety Net Impact Statement Criterion and Response

20 ILSC 3960 Sec. 5.4 requires that certificate of need applicants provide a Safety Net Impact Statement. The Section is as follows:

- a) **General review criteria shall include a requirement that all health care facilities, with the exception of skilled and intermediate long-term care facilities licensed Nursing Care Act, provide a Safety Net Impact Statement, which shall be filed with an application for a substantive project or when the application proposes to discontinue a category of service.**
- b) **For the purpose of this Section, "safety net services" are services provided by health care providers or organizations that deliver health care services to persons with barriers to main stream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. Safety net service providers include, but are not limited to, hospitals and private practice physicians that provide charity care, school-based health centers, migrant health clinics, rural health clinics, public health departments, federally qualified health centers, community health centers, public health departments, and community mental health centers.**
- c) **As developed by the applicant, a Safety Net Impact Statement shall describe all of the following:**
  1. **The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for the applicant to have such knowledge.**

Discontinuing the general long term care category of service will not impact on essential safety net services. Advocate South Suburban will maintain its current acute care programs and there is demonstrated market area support and bed availability to accept their LTC patients without any restrictions or limitations. There will be no adverse impact in the market.

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

We understand this question in the Safety Net Impact Statement criterion as asking whether the closure of Advocate South Suburban's Long Term Care bed Category of Service will burden other area providers. As discussed below, the discontinuation project is not expected to adversely impact the ability of other area providers to cross-subsidize safety net services.

In general, cross-subsidization arises when positive revenues in one provider's services subsidize or affect losses for a safety net service. The long term care category of service within a hospital is unique among hospital based categories of services. The vast majority of skilled nursing care providers operate as stand alone long-term care facilities rather than as part of a general acute care hospital. Of the over 200 area providers of long term care and skilled nursing care services we contacted for this application, almost all are dedicated LTC facilities. For these providers, LTC is the only category of service they provide and the question of cross-subsidization does not apply.

As a more practical matter, the closure of the service at Advocate South Suburban should not adversely affect area LTC providers because the LTC facilities' cost structure is much different (and lower) than a hospital based service. As discussed elsewhere in this application, hospitals have a much higher overhead for SNF services than most LTC providers. Consequently, although the SNF unit may operate at a financial loss for Advocate South Suburban Hospital, the same patients likely do not create an operating loss for LTC providers. Indeed, many LTC providers are structured as for-profit entities and can treat these patients at a financial gain. The evidence of the lack of adverse impact is evidenced by the large number of providers which have indicated a desire to accept our patients within State Agency criterion.

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

Discontinuing the general long term care category of service is not expected to impact any related safety net services in that there is sufficient interest within the market area to accept current LTC patients as demonstrated by the respective impact letter responses. In addition, there is no change in the Hospital's acute care services associated with the proposed long term care category of service discontinuation.

4. Safety Net Impact Statement shall also include all of the following:

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

Advocate Health Care Network and Advocate Health and Hospitals Corporation certify that the following charity care and community benefits information is accurate and complete and in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

|                                  | <u>Total Charity Care</u> |               |               |
|----------------------------------|---------------------------|---------------|---------------|
|                                  | <u>2006</u>               | <u>2007</u>   | <u>2008</u>   |
| Advocate System                  | \$ 29,135,000             | \$ 29,709,000 | \$ 32,354,000 |
| Advocate South Suburban Hospital | \$ 992,800                | \$ 2,083,200  | \$ 763,200    |

|                                  | <u>Total Community Benefits</u> |               |                |
|----------------------------------|---------------------------------|---------------|----------------|
|                                  | <u>2006</u>                     | <u>2007</u>   | <u>2008</u>    |
| Advocate System                  | \$296,033,000                   | \$344,002,000 | \$ 373,554,000 |
| Advocate South Suburban Hospital | \$ 25,616,300                   | \$ 23,735,000 | \$ 17,714,700  |

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

Advocate Health Care Network and Advocate Health and Hospitals certify that the amount of care provided to Medicaid patients is accurate and complete. It is consistent with the information reported to the Illinois Department of Public Health.

|                                  | <u>Cost of Unreimbursed Medicaid</u><br>(subset of Community Benefits) |              |               |
|----------------------------------|--|--------------|---------------|
|                                  | <u>2006</u>  | <u>2007</u>  | <u>2008</u>   |
| Advocate System                  | \$81,927,000   | \$98,324,000 | \$102,573,000 |
| Advocate South Suburban Hospital | \$ 5,555,200   | \$ 4,838,900 | \$ 4,193,400  |

|            | <u>Advocate South Suburban</u><br><u>Total Medicaid (Gross Revenue)</u> |                     |                     |
|------------|---|---------------------|---------------------|
|            | <u>2006</u>   | <u>2007</u>         | <u>2008</u>         |
|            | <u>Medicaid</u>   | <u>Medicaid</u>     | <u>Medicaid</u>     |
|            | <u>Revenue</u>  | <u>Revenue</u>      | <u>Revenue</u>      |
| Inpatient  | \$30,254,000  | \$30,123,000        | \$35,846,000        |
| Outpatient | \$16,946,000  | \$20,883,000        | \$28,426,000        |
| Total      | <u>\$47,200,000</u>   | <u>\$51,006,000</u> | <u>\$64,272,000</u> |

|            | <u>Advocate South Suburban</u><br><u>Total Medicaid (Net Revenue)</u> |                     |                     |
|------------|---|---------------------|---------------------|
|            | <u>2006</u>   | <u>2007</u>         | <u>2008</u>         |
| Inpatient  | \$6,999,000   | \$ 7,656,400        | \$ 8,412,200        |
| Outpatient | \$ 820,100  | \$ 2,429,500        | \$ 4,599,500        |
| Total      | <u>\$7,819,100</u>  | <u>\$10,085,900</u> | <u>\$13,011,700</u> |

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

In 2008, the Advocate system provided more than \$373 million in charitable care and services. This represents an approximate \$29.5 million increase over 2007.

Advocate's community benefits investment allows it to meet the health and wellness needs of its communities and expands access to care.

In addition to \$32.4 million in free and charity care for the uninsured and underinsured, Advocate supplied more than \$228 million in care without full reimbursement from Medicare and Medicaid or other government-sponsored programs.

In addition to free and subsidized care, Advocate also offers programs and services that respond to communities' unique healthcare needs. These include health and wellness screenings, behavior health services, and school-based health care. Also provided are language-assistance services and interpreters and non-English educational materials.

In addition to patient care services, Advocate is involved in hospital-based education to train physicians, nurses, radiology technicians, physical therapists and a host of others to meet the ever growing need for skilled health care professionals.

Advocate is also engaged in multiple research projects that will result in new techniques, drugs, and devices to improve the health and well being of patients everywhere.

[Advocate > About Us > News](#)

## Advocate Health Care reports \$373 million in community benefits

*System reports \$29.5 million increase in charitable care and services  
Oak Brook, Ill. (June 30, 2009) —*

Advocate Health Care, a not-for-profit, faith-based health care system, today announced it provided more than \$373 million in charitable care and services during 2008 to the communities it serves throughout Chicagoland. This total represents a \$29.5 million increase from its 2007 community benefits contribution.

Advocate's community benefits investment allows it to meet the health and wellness needs of its communities and expands access to care. The 8.6 percent increase from 2007's total underscores the dedication of Advocate physicians, nurses and associates to provide for the underserved and vulnerable.

"Advocate is proud to report our continuing commitment to providing substantial, and vital, care and service to our communities," said Jim Skogsbergh, president and CEO of Advocate Health Care. "Our \$373 million community benefit contribution in 2008 illustrates Advocate's healing mission and dedication to meeting the needs of those that we are so privileged to serve."

Advocate provided \$32.4 million in free and discounted charity care for the uninsured and underinsured, and supplied more than \$228 million in care without full reimbursement from Medicare, Medicaid or other government-sponsored programs. In 2008, these benefits alone totaled \$260 million in health care service costs.

In addition to free and subsidized health care, Advocate also offers programs and services that respond to communities' unique needs. These include health and wellness screenings, behavioral health services, and school-based health care. Also provided are language-assistance services, such as interpreters and non-English patient education materials.

Advocate's 2008 donations, such as contributions of equipment, supplies and clinic space, increased 20 percent over 2007. And the system increased its provision of medical education and training by more than \$3.5 million.

Advocate is able to provide these substantial benefits in its diverse communities, in large part, due to its tax exempt not-for-profit status. This flexibility, established through a continuing partnership with state and local governments, allows Advocate's more than 200 sites of care to deploy health care services and programs tailored to the health and wellness needs of individual communities.

A detailed breakdown of Advocate's community benefits contributions was provided in its Community Benefits Report, recently filed with the State.

### About Advocate Health Care

Advocate Health Care, a nationally-ranked health system, is the largest health care provider in Illinois. Advocate operates more than 200 sites of care across

metropolitan Chicago, including nine acute care hospitals, two children's hospitals, four Level I trauma centers (the state's highest designation in trauma care), a home health care company and one of the region's largest medical groups. As a not-for-profit, mission-based health system affiliated with the Evangelical Lutheran Church in America and the United Church of Christ, Advocate contributed more than \$373 million in charitable care and services to communities across Chicagoland in 2008.

**Contact:**

Kelly Jo Golson, MBA

Vice President, Communications

Advocate Health Care

630.990.5615 or 630.777.5459

[KellyJo.Golson@advocatehealth.com](mailto:KellyJo.Golson@advocatehealth.com)

**1.800.3.ADVOCATE / TDD 630.990.4700**  
**También tenemos representantes que hablan español.**

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