

09-076

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- July 2009 Edition

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 29 2009

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Sarah Bush Lincoln Health Center
Street Address: 1000 Health Center Drive
City and Zip Code: Mattoon, IL 61938
County: Coles Health Service Area 4 Health Planning Area: D-05

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220] and insert after this page.]

Exact Legal Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive
Name of Registered Agent: Mr. Bill Warmoth
Name of Chief Executive Officer: Mr. Gary Barnett
CEO Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2572

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

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

Name: Mr. Dennis Pluard
Title: Vice President Operations
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2102
E-mail Address: Dpluard@sblhs.org
Fax Number: 217-258-2111

Additional Contact

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

Name: Ms. Kim Uphoff
Title: Director Planning
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2106
E-mail Address: Kuphoff@sblhs.org
Fax Number: 217-258-4135

**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.

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City and Zip Code: Mattoon, IL 61938		
County: Coles	Health Service Area 4	Health Planning Area: D-05

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Fax Number: 217-258-4135

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: Mr. Dennis Pluard
Title: Vice President Operations
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2102
E-mail Address: DPluard@sblhs.org
Fax Number: 217-258-2111

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Sarah Bush Lincoln Health Center
Address of Site Owner: 1000 Health Center Drive, Mattoon, IL 61938
Street Address or Legal Description of Site: 1000 Health Center Drive, Mattoon, IL 61938

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: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
<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"> 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.

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

[Refer to application instructions.]

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

[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 checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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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			X		66 med/surg
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	15
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:					
• Surgical Operating Rooms			X		8
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging			X		NA
• Therapeutic Radiology					
• Laboratory		X	X		NA
• Emergency		X	X		27
• Speech Pathology/Audiology		X	X		NA
• Recovery (Surgical)		X	X		31
• 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.

Sarah Bush Lincoln Health Center proposes a construction and modernization project. The proposed project includes new construction to expand the emergency department, ambulance garage and EMS storage/offices, and modernization to renovate existing emergency department space, medical-surgical services, laboratory, phlebotomy, radiology (ultrasound and CT patient holding/recovery area only), surgical operating rooms, surgical recovery rooms, speech pathology and audiology and non-clinical areas.

The emergency department will be renovated and expanded by constructing a 6,021 GSF addition to the adjacent emergency department (ED) in the Health Center. The number of ED treatment rooms will increase from 19 to 27. The laboratory will be relocated to the ground floor and expanded. Phlebotomy will be relocated on the first floor and expanded. Surgical operating rooms and surgical recovery rooms will be renovated. The number of surgical operating rooms will not change. The number of recovery rooms will increase from 26 to 31.

The renovation of the Health Center's fourth floor and portion of the third floor will accommodate the conversion of all semi-private medical/surgical rooms to private rooms. The authorized medical/surgical bed count will not change. Sarah Bush Lincoln is authorized for 73 medical/surgical beds. The project proposes to modernize 66 of the 73 beds. The remaining 7 authorized beds are not set up and staffed.

Speech Pathology and Audiology will be relocated from the first floor of the Health Center to the fourth floor of the Medical Office Pavilion to accommodate the relocation of the Admitting/Patient Registration Department near the main entrance. Ultrasound and the CT patient holding/recovery area will be renovated in the existing radiology/imaging space. No other radiology/imaging modalities will be modernized.

Non-clinical services to be modernized include medical records, main entrance/patient waiting, admitting/patient registration, gift shop, physician lounge, dressing rooms/patient registration, security, quality and risk management department, linen, administrative offices, circulation, and a mechanical upgrade.

Non-clinical services requiring new construction include the ambulance garage and EMS storage and office space.

Additionally, this project proposes to discontinue its general long term care category of service. Sarah Bush Lincoln is authorized for 15 beds and these beds will be discontinued. SBL anticipates using the vacated space to relocate its pediatric beds at some point in the future. There is no project cost associated with discontinuing this service.

The project consists of 8,945 GSF construction, and 128,842 GSF of modernized space. The total estimated project cost is \$48,910,191.

The anticipated project completion date is September, 2013.

The project will be located at Sarah Bush Lincoln Health Center, 1000 Health Center Drive, Mattoon, IL 61938.

The project is classified as substantive, pursuant to Section 1110.40(c).

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

Related Project Costs

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

Land acquisition is related to project Yes No
 Purchase Price: \$ 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): September, 2013

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
CLINICAL							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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**.

FACILITY NAME: Sarah Bush Lincoln Health Center		CITY: Mattoon			
REPORTING PERIOD DATES: From: Jan 1, 2008 to: Dec 31, 2008					
Category of Service	*Authorized Beds	Admissions	Patient Days	Bed Changes	*Proposed Beds
Medical/Surgical	114	4028	16854	0	114
Obstetrics	20	1056	2192	0	20
Pediatrics	10	250	457	0	10
Intensive Care	8	744	1825	0	8
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	20	1012	3375	0	20
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	15	255	1968	0	15
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
TOTALS:	187	7197	26671		187

*On April 22, 2009, IHFPB approved new authorized beds, which changed SBL's bed count. SBL is currently authorized for 73 Medical/Surgical beds, 19 Obstetric beds, 8 Pediatric beds, 8 Intensive Care beds, 20 Acute/Chronic Mental Illness beds, and 15 general long term care beds. SBL's new authorized total bed count is 143.

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

Gary M. Mikel, MD
SIGNATURE

GARY M. MIKEL, MD
PRINTED NAME

Secretary, Health Center Board
PRINTED TITLE

Scott Lensink
SIGNATURE

Scott Lensink
PRINTED NAME

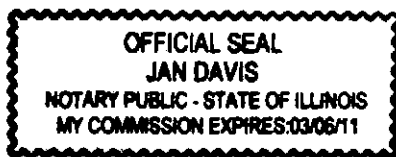
Vice Chairperson, Health Center Board
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22nd day of December, 2009

Notarization:
Subscribed and sworn to before me
this 22nd day of December, 2009

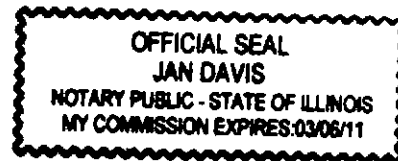
Jan Davis
Signature of Notary

Seal



Jan Davis
Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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Michael Canman
SIGNATURE

Joyce A. Madigan
SIGNATURE

Michael Canman
PRINTED NAME

Joyce A. Madigan
PRINTED NAME

Board member
PRINTED TITLE

Chairperson of the Board
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of December

Notarization:
Subscribed and sworn to before me
this 23rd day of December

Renée A. Williams
Signature of Notary

Renée A. Williams
Signature of Notary

Seal "OFFICIAL SEAL"
RENEE A. WILLIAMS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5/21/2012

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MY COMMISSION EXPIRES 5/21/2012

*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.

SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

For projects involving modernization, describe the conditions being upgraded. For facility projects, include statements of age and condition and regulatory citations. For equipment being replaced, include repair and maintenance records.

NOTE: The description of the "Purpose of the Project" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-11. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
 - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-12. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.
2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B.

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and

- b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. - CATEGORY OF SERVICE - REVIEW CRITERIA

1. This Section is applicable to all projects proposing establishment, expansion or modernization of **ALL categories of service that are subject to CON review**, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960], WITH THE EXCEPTION OF:

- General Long Term Care;
- Subacute Care Hospital Model;
- Postsurgical Recovery Care Center Alternative Health Care Model;
- Children's Community-Based Health Care Center Alternative Health Care Model; and
- Community-Based Residential Rehabilitation Center Alternative Health Care Model.

If the project involves any of the above-referenced categories of service, refer to " SECTION VIII.- Service Specific Review Criteria" for applicable review criteria, and submit all necessary documentation for each service involved..

2. READ THE APPLICABLE REVIEW CRITERIA FOR EACH OF THE CATEGORIES OF SERVICE INVOLVED. [Refer to SECTION VIII regarding the applicable criteria for EACH action proposed, for EACH category of service involved.]

3. After identifying the applicable review criteria for each category of service involved (see the charts in Section VIII), provide the following information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Planning Area Need - Formula Need Calculation:

1. Complete the requested information for each category of service involved:

Refer to 77 Ill. Adm. Code 1100 for information concerning planning areas, bed/station/key room deficits and occupancy/utilization standards.

Planning Area D-05

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
Medical/Surgical	73	20 excess	85%

Using the formatting above:

2. Indicate the number of beds/stations/key rooms proposed for each category of service.
3. Document that the proposed number of beds/stations/key rooms is in conformance with the projected deficit specified in 77 Ill. Adm. Code 1100.
4. Document that the proposed number of beds/stations/key rooms will be in conformance with the applicable occupancy/utilization standard(s) specified in Ill. Adm. Code 1100.

B. Planning Area Need - Service to the Planning Area Residents:

1. If establishing or expanding beds/stations/key rooms, document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
2. If expanding an existing category of service, provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, document that at least 50% of the projected patient volume will be from residents of the

area.

- If expanding an existing category of service, submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

APPEND DOCUMENTATION AS ATTACHMENT -19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

C. Service Demand - Establishment of Category of Service

Document "Historical Referrals" and either "Projected Referrals" or "Project Service Demand - Based on Rapid Population Growth" :

1. Historical Referrals

If the applicant is an existing facility, document the number of referrals for the last two years for each category of service, as formatted below:

EXAMPLE:

Year	CY or FY	Category of Service	Patient Origin by Zip Code	Name & Specialty of Referring Physician	Name & Location of Recipient Hospital
2008	CY	Medical/Surgical	62761 [Patient Initials]	Dr. Hyde	Wellness Hospital

2. Projected Referrals

An applicant proposing to establish a category of service or establish a new hospital shall submit physician referral letters containing ALL of the information outlined in Criterion 1110.530(b)(3)

3. Project Service Demand - Based on Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand must be determined, as specified in the Criterion titled "Project Service Demand - Based on Rapid Population Growth".

APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

D. Service Demand - Expansion of an Existing Category of Service

Document "Historical Service Demand" and either "Projected Referrals" or "Project Service Demand - Based on Rapid Population Growth" :

1. Historical Service Demand

Category of Service	Board Occupancy/Utilization Standards	Year One Indicate CY or FY	Year Two Indicate CY or FY
	[Indicate standards for the planning area.]		

--	--	--	--

a. As formatted above, document that the average annual occupancy/utilization rate has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years;

b. If patients have been referred to other facilities in order to receive the subject services, provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years

2. Projected Referrals
An applicant proposing to establish a category of service or establish a new hospital shall submit physician referral letters containing ALL of the information outlined in subsection(b)(4) of the criteria for the subject service(s).

3. Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand must be determined, as specified in the criterion titled "Projected Service Demand-Based on Rapid Population Growth" of the criteria for the subject service(s).

APPEND DOCUMENTATION AS ATTACHMENT-21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Service Accessibility - Service Restrictions

1. The applicant shall document that at least one of the factors listed in subsection (b)(5) of the criteria for subject service(s) exists in the planning area.
2. Provide documentation, as applicable, listed in subsection (b)(5) of the criteria for the subject service(s), concerning existing restrictions to service access:

APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Unnecessary Duplication/Maldistribution

1. Document that the project will not result in an unnecessary duplication, and provide the following information:
 - a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
 - b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
 - c. The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2. Document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as presented in subsection (c)(1) and (2) of the criteria for the subject service(s)..
3. Document that, within 24 months after project completion, the proposed project:
 - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
 - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

APPEND DOCUMENTATION AS ATTACHMENT-23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Category of Service Modernization

1. Document that the inpatient beds areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, citing factors, as listed in subsection (d)(1) of the criteria for the subject service(s), but not limited to the reasons cited in the rule.
2. Provide the following documentation of the need for modernization:
 - A. the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports;
 - B. the most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports;
3. Include other documentation, as applicable to the factors cited above:
 - A. Copies of maintenance reports;
 - B. Copies of citations for life safety code violations; and
 - C. Other pertinent reports and data.
4. Provide the annual occupancy/utilization for each category of service to be modernized, for each of the last three years.

APPEND DOCUMENTATION AS ATTACHMENT-24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

APPEND DOCUMENTATION AS ATTACHMENT-25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE

APPLICATION FORM.

I. Performance Requirements

READ the subsection titled "Performance Requirements" for the subject service(s).

K. Assurances

Submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy/utilization standards specified in 77 Ill. Adm Code 1100 for each category of service involved in the proposal.

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

- In addition to addressing the Category of Service Review Criteria for ALL category of service projects [SECTION VII], applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> Medical/Surgical	73	73			*66
<input type="checkbox"/> Obstetric					
<input type="checkbox"/> Pediatric					
<input type="checkbox"/> Intensive Care					

*The remaining 7 beds are not set up and staffed.

3. READ the applicable review criteria outlined below:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(b)(5) - Planning Area Need - Service Accessibility	X		
1110.530(c)(1) - Unnecessary Duplication of Services	X		
1110.530(c)(2) - Maldistribution			
1110.530(c)(3) - Impact of Project on Other Area Providers	X		
1110.530(d)(1) - Deteriorated Facilities			X
1110.530(d)(2) - Documentation			X
1110.530(d)(3) - Documentation Related to Cited Problems			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(d)(4) - Occupancy			X
1110.530(e) - Staffing Availability	X	X	
1110.530(f) - Performance Requirements	X	X	X
1110.530(g) - Assurances	X	X	

R. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> Emergency Department	19	27	--	27	27
<input checked="" type="checkbox"/> Laboratory	NA	NA		X	X
<input checked="" type="checkbox"/> Surgery Operating Rooms	8	8	--	--	8
<input checked="" type="checkbox"/> Surgery Recovery Rooms	26	31	--	31	31
<input checked="" type="checkbox"/> Speech Audiology	NA	NA	--	X	X
<input checked="" type="checkbox"/> Radiology/Imaging (ultrasound and CT patient holding area only)	NA	NA	--	--	X

3. READ the applicable review criteria outlined below and SUBMIT all required information:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility

APPEND DOCUMENTATION AS INDICATED BELOW, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

APPLICABLE REVIEW CRITERIA	Attachment Number
Need Determination - Establishment	62
Service Demand	63
Referrals from Inpatient Base	64

Physician Referrals	65
Historical Referrals to Other Providers	66
Population Incidence	67
Impact of Project on Other Area Providers	68
Utilization	69
Deteriorated Facilities	70
Necessary Expansion	71
Utilization -Major Medical Equipment	72
Utilization - Service or Facility	73

T. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?
 Yes No

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. **If no is indicated, submit the most recent three years' audited financial statements including the following:**

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

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REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)
(continued)

B. Criterion 1120.210(b), Availability of Funds

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

_____ Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

_____ Debt Financing (indicate type(s) _____)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

_____ Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

_____ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

_____ Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

_____ TOTAL FUNDS AVAILABLE

C. Criterion 1120.210(c), Operating Start-up Costs

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

APPEND DOCUMENTATION AS ATTACHMENT 75, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

U. Economic Feasibility

This section is applicable to all projects subject to Part 1120.

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

A. Criterion 1120.310(a), Reasonableness of Financing Arrangements

Is the project classified as a Category B project? Yes No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Criterion 1120.310(b), Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

B. Criterion 1120.310(c), Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)

- a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

D. Criterion 1120.310(d), Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

SBL's projected annual operating cost in FY15 is \$236,722,919, or \$2,280 per equivalent patient day.

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

SBL's projected capital expenditure in FY15 is \$10,000,000, or \$96.32 per equivalent patient day.

F. Criterion 1120.310(f), Non-patient Related Services

Is the project classified as a category B project and involve non-patient related services? Yes No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT 78, 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:

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1	Applicant Identification	34
2	Site Ownership	35-41
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	42-46
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5	Historic Preservation Act Requirements	48-49
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7	Project and Sources of Funds Itemization	50-51
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11	Purpose of the Project	147
12	Alternatives to the Project	148-152
13	Size of the Project	153-164
14	Project Service Utilization	165-174
15	Unfinished or Shell Space	NA
16	Assurances for Unfinished/Shell Space	NA
17	Master Design Project	NA
18	Mergers, Consolidations and Acquisitions	NA
	Categories of Service:	
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	175-177
25	Staffing Availability	NA
26	Performance Requirements/Assurances	178
	Service Specific:	
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
	General Long Term Care:	
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 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
		NA
	Service Specific (continued...):	
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
	Clinical Service Areas Other than Categories of Service:	
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
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72	Utilization- Major Medical Equipment	NA
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	FEC:	
74	Freestanding Emergency Center Medical Services	NA
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75	Financial Feasibility	198-203
76	Economic Feasibility	204-207
77	Safety Net Impact Statement	208-218
78	Support Letters	219-230

Attachment 1 – Applicant Identification

Applicant Identification

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

Exact Legal Name: Sarah Bush Lincoln Health System
Address: 1000 Health Center Drive
Name of Registered Agent: Mr. Bill Warmoth
Name of Chief Executive Officer: Mr. Gary Barnett
CEO Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2572

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS

Richmond, Virginia

COMMITMENT FOR TITLE INSURANCE

#9603172

LAWYERS TITLE INSURANCE CORPORATION, A Virginia corporation, herein called the Company, for valuable consideration, hereby commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest covered hereby in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor; all subject to the provisions of Schedule A and B and to the Conditions and Stipulations hereof.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by subsequent endorsement.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six (6) months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company. This Commitment shall not be valid or binding until countersigned by an authorized officer or agent.

IN WITNESS WHEREOF, the Company has caused the Commitment to be signed and sealed, to become valid when countersigned by an authorized officer or agent of the Company, all in accordance with its By-Laws. This Commitment is effective as of the date shown in Schedule A as "Effective Date."

CONDITIONS AND STIPULATIONS

1. The term "mortgage," when used herein, shall include deed of trust, trust deed, or other security instrument.
2. If the proposed Insured has or acquires actual knowledge of any defect, lien, encumbrance, adverse claim or other matter affecting the estate or interest or mortgage thereon covered by this Commitment other than those shown in Schedule B hereof, and shall fail to disclose such knowledge to the Company in writing, the Company shall be relieved from liability for any loss or damage resulting from any act of reliance hereon to the extent the Company is prejudiced by failure to so disclose such knowledge. If the proposed Insured shall disclose knowledge to the Company, or if the Company otherwise acquires actual knowledge of any such defect, lien, encumbrance, adverse or other matter, the Company at its option may amend Schedule B of this Commitment accordingly, but such amendment shall not release the Company from liability previously incurred pursuant to paragraph 3 of these Conditions and Stipulations.
3. Liability of the Company under this Commitment shall be only to the named proposed Insured and such parties included under the definition of Insured in the form of policy or policies committed for and only for actual loss incurred in reliance hereon in under taking in good faith (a) to comply with the requirements hereof, or (b) to eliminate exceptions shown in Schedule B, or (c) to acquire or create the estate or interest or mortgage thereon covered by this Commitment. In no event shall such liability exceed the amount stated in Schedule A for the policy or policies committed for and such liability is subject to the insuring provisions and Conditions and Stipulations and the Exclusions from Coverage of the form of policy or policies committed for in favor of the proposed Insured which are hereby incorporated by reference and are made a part of this Commitment except as expressly modified herein.
4. Any action or actions or rights of action that the proposed Insured may have or may bring against the Company arising out of the status of the title to the estate or interest or the status of the mortgage thereon covered by this Commitment must be based on and are subject to the provisions of this Commitment.

CRITES TITLE COMPANY, INC.

Lawyers Title Insurance Corporation

By:

Janet A. Albert

President

Attest:

John R. [Signature]

Secretary

Countersigned by

[Signature]

Agent or Authorized Officer

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Attachment 2

Lawyers Title
Insurance Corporation

INSURANCE COMMITMENT
SCHEDULE A

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

1. Commitment Date: March 28, 1996 @ 8:00 A.M. Case No. 9603172

2. Policy (or policies) to be issued:
(a)

Amount: \$To Be
Determined

X ALTA Owner's Policy - (10-17-92)

Proposed Insured:

To Be Determined

(b) ALTA Loan Policy - (10-17-92)

Amount: \$NONE

Proposed Insured:

NONE

Fee Simple interest in the land described in this Commitment is owned,
at the Commitment Date, by:

ah Bush Lincoln Health Center FKA Area E-7 Hospital Association

The land referred to in this Commitment is described as follows:

(SEE NEXT PAGE FOR LEGAL DESCRIPTION)

Witnessed at: Mattoon, Illinois

Commitment No. 9603172
Schedule A - Page 1

CRITES TITLE COMPANY, INC.

[Handwritten Signature]

Attachment 2

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Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

LEGAL DESCRIPTION - CASE NO. 9603172

BEGINNING AT A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID POINT BEING 1857.33 FEET SOUTH OF THE NORTHEAST CORNER OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 259.96 FEET; THENCE SOUTH 21 DEGREES 15 MINUTES EAST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 53.25 FEET; THENCE NORTH 21 DEGREES 15 MINUTES WEST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 279.00 FEET; THENCE SOUTH 0 DEGREES 01 MINUTES 31 SECONDS WEST 149.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 304.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 134.76 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 83.94 FEET; THENCE SOUTH 33 DEGREES 45 MINUTES WEST 275.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 80.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 75.46 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 61.75 FEET; THENCE NORTH 33 DEGREES 45 MINUTES EAST 180.00 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 192.17 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 71.05 FEET ALONG SAID RIGHT-OF-WAY LINE; THENCE NORTH 81 DEGREES 30 MINUTES EAST 84.80 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 78 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 83.86 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 360.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 165.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 90.00 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 132.39 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 109.53 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 497.39 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 285.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 985.89 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS WEST 422.20 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 252.28 FEET TO A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE SOUTH 0 DEGREES 06 MINUTES 11 SECONDS EAST 936.00 FEET ALONG SAID EAST LINE TO THE POINT OF BEGINNING, ALL SITUATED IN THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, COLES COUNTY, ILLINOIS.

Attachment 2

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NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

Schedule B - Section 2
Exceptions

Any policy issued will have the following exceptions unless they are imposed of to our satisfaction.

Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the proposed insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.

Rights or claims of parties in possession, boundary line disputes, overlaps, encroachments, and any other matters not shown by the public records which would be disclosed by an accurate survey and inspection of the land described in Schedule A. You are not insured against the forced removal of any structure on account of the matters referred to this exception.

Easements, or claims of easements, not shown by the public records.

Liens on your title, arising now or later, for labor or material furnished before or after the date of this policy, which are imposed by and not filed in the public records.

Taxes or assessments which are not shown as existing liens by either the public records or the records of any taxing authority that levies taxes or assessments on real property.

Taxes for 1995, due and payable in 1996, and for all subsequent years.

Rights of Way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.

Any and all rights of the People of the State of Illinois, County of [] or other municipality for any part of said premises described in Schedule "A" being used or taken by right of way or dedication for highway or public road purposes.

Title to all minerals, including, oil, gas and coal within and underlying the premises, including mortgages and mineral deeds thereon, together with all mining and drilling rights or other rights, privileges and immunities relating thereto.

Subject to Right of Way Grant to Central Illinois Public Service Company, filed for record in the office of the Recorder of Coles County, Illinois, September 26, 1994, in Miscellaneous Record 894 Page 3, reserving the right to construct, operate, maintain and repair a gas distribution and distribution system over and across part of said premises.



Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

0. Security Interest, if any, of Helena Laboratories as disclosed by Financing Statement #95-51, filed for record January 11, 1995, covering equipment.

1. Security Interest, if any, of Cerner Corporation as disclosed by Financing Statement #94-66, filed for record January 19, 1994, covering computer system.

2. Security Interest, if any, of Citizens Fidelity Bank and Trust Company as disclosed by Financing Statement #92-462, filed for record May 8, 1992, covering equipment.

Subject to the interest of Illinois Health Facilities Authority by reason of a UCC-1 fixture filing executed by Sarah Bush Lincoln Health Center, December 15, 1994 as #94-1387 and indexed in the Mortgage Records Document #572011.

Subject to Right of Way Grant to Central Illinois Public Service Company, filed for record, June 18, 1975, in Deed Record 484 at Page granting the right to construct, operate, maintain and repair a gas transmission pipeline and appurtenances over and across part of said lands.

Subject to Easement and Agreement by and between Area E-7 Hospital Association and Coles-Moultrie Electric Cooperative, filed for record June 1977 in Deed Record 502 at Page 477, granting the right to construct electric transmission line and appurtenances over and across part of said lands and a temporary construction easement over and across part of said lands. (SEE RECORD)

Subject to Rights of the United States of America and the State of Illinois, or either of them, to recover any public funds advanced under either or both the provisions of the "Hill-Burton" Act (Title 42 U.S.S.291 et seq.) or the "Illinois Hospital Construction Act" (Ill. Stat., CH 23, pars. 1301 et seq.)

File Line and Agreement and Easement by and between Area E-7 Hospital Association and the First National Bank, Mattoon, Illinois, Trustee, Trust #23, filed for record November 14, 1980 in Misc. Record 561 at Page

Subject to Right of Way Permit to Illinois Consolidated Telephone Company, filed for record November 13, 1981 in Misc. Record 581 at Page granting the right to construct, operate, maintain and repair communication lines and appurtenances over and across part of said lands.

(Page 2 of 4 Pages)

Attachment 2

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Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

19. Easement and Grant to Drainage District No. 1 of the Township of Lafayette, filed for record October 15, 1982 in Misc. Record 598 at Page 1, subject to its terms and provisions. (SEE RECORD)
20. Easement and Grant to Drainage District No. 1 of the Township of Lafayette, filed for record February 10, 1983 in Misc. Record 604 at Page 4, subject to its terms and provisions. (SEE RECORD)
21. Public utility easements and appurtenances as disclosed by survey of date, March 2, 1984, signed by Fred L. Frick IRLS #2645.
22. Public utility easements and appurtenances as disclosed by survey of date, April 6, 1992, signed by William A. Boyd IRLS #2440.
23. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-336, filed for record March 12, 1992, and CONTINUED February 25, 1992, covering collateral under Lease. (SEE RECORD)
24. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-535, filed for record April 30, 1992, and CONTINUED April 6, 1992 as F/S #92-286, covering one (1) Mag Tape System 3422 and one (1) Power Warning Feature.
25. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-536, filed for record April 30, 1992, and CONTINUED April 6, 1992 as F/S #92-287, covering collateral under Lease. (SEE RECORD)
26. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-721, filed for record June 26, 1992, covering collateral under Lease. (SEE RECORD) CONTINUED May 22, 1992, as F/S #92-521, and CONTINUED June 25, 1992 as F/S #92-682.

(Page 3 of 4 Pages)

Attachment 2

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Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

7. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-789, filed for record July 23, 1987, covering collateral under Lease. (SEE RECORD) CONTINUED June 25, 1992 as F/S #92-683.

8. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1367, filed for record October 16, 1987, covering collateral under Lease. (SEE RECORD) CONTINUED September 1992 as F/S #92-964.

9. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1607, filed for record December 3, 1987, covering collateral under Lease. (SEE RECORD) CONTINUED November 1992 as F/S #92-1352.

10. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-149, filed for record February 22, 1988, covering collateral under Lease. (SEE RECORD) CONTINUED January 1993 as F/S #93-79.

11. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-349, filed May 6, 1988, covering collateral under Lease. (SEE RECORD) CONTINUED April 28, 1993 as F/S #93-479.

12. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-867, filed November 21, 1988, covering collateral under Lease. (SEE RECORD) CONTINUED October 13, 1993 as F/S #93-1028.

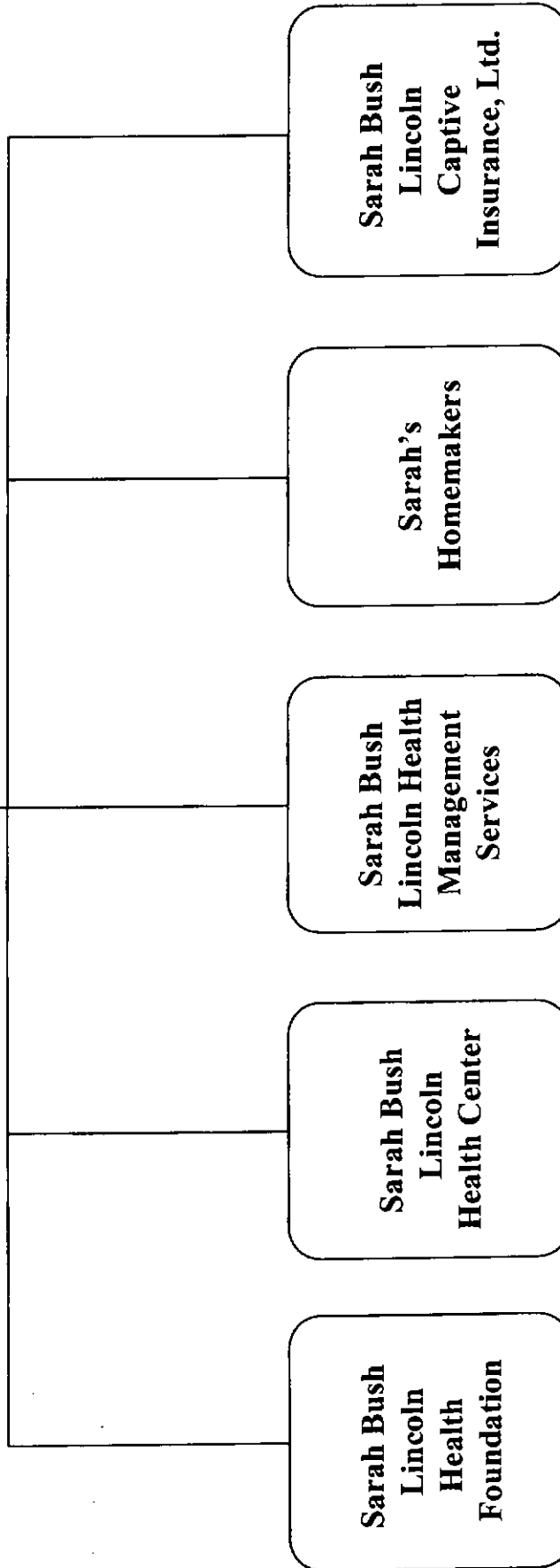
Schedule B - Section 2 - Page 4 - Commitment No. 9603172

commitment is invalid unless the Insuring Provisions and Schedule A are attached.

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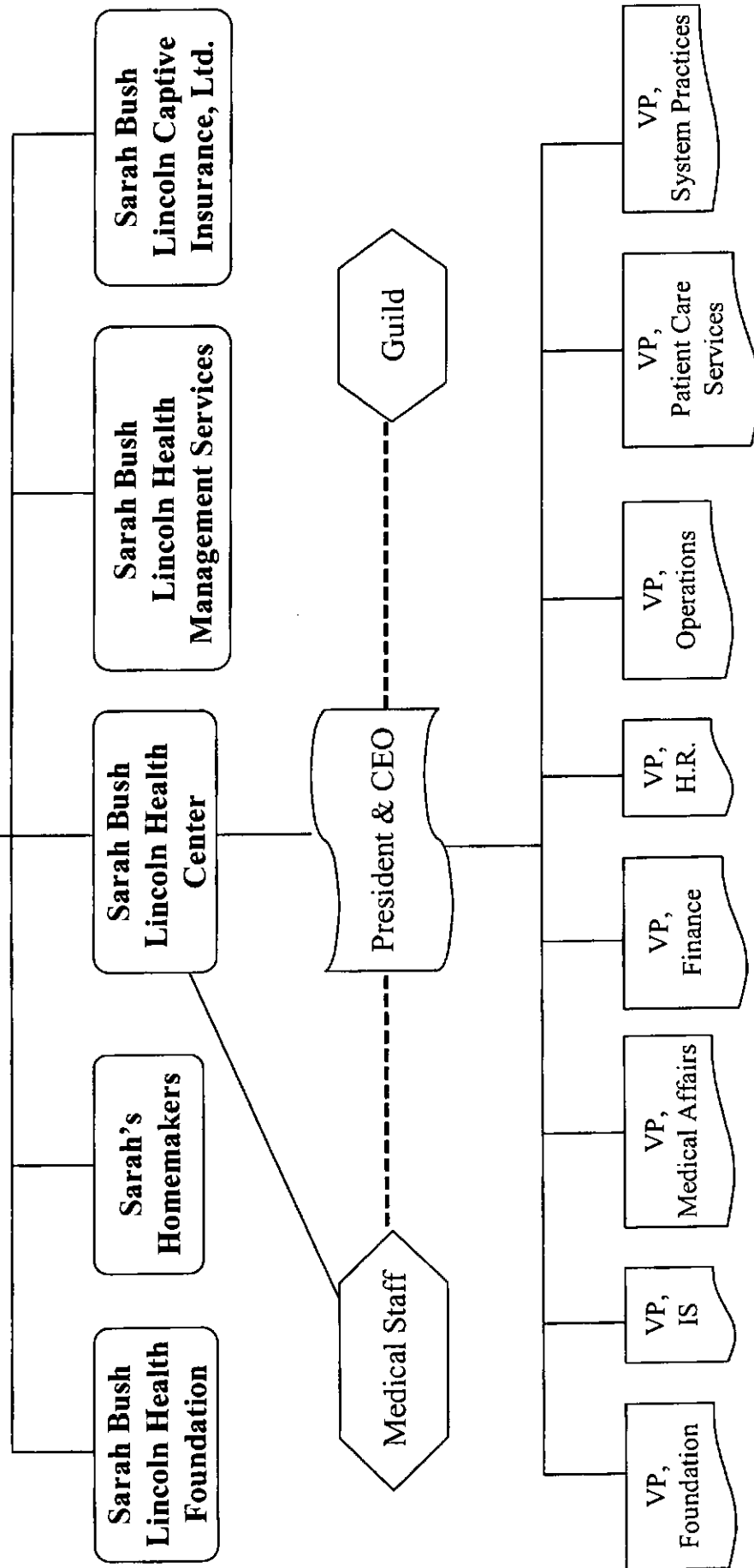
Attachment 2

Sarah Bush Lincoln Health System



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Sarah Bush Lincoln Health System



Solid Line = Direct Report
 Dotted Line = Communication

President/CEO
Gary Barnett

Corp Compliance Officer
Dorrie Heaton

VP
Info Systems
Mike DeLuca

Information Systems Dir
Beth Evenson

Information Systems Dir
Bilan Murphy

Medical Record Mgmt Dir
Kathryn Blatz

VP
Finance
Craig Sheagren

Controller
Bob O'Rourke

Materials Mgmt Dir
Tom Murley

Patient Services Mgr
Rich Farnell

Patient Financial
Services Mgr
Mary Bourd

VP
Human
Resources
Eric Benson

Human Resources Dir
Debra Williams

Employee & Org
Development Dir
Lynette Smith

Volunteer Services Dir
Colleen Stanner

VP
Operations
Dennis Pluard

Diagnostic Imaging Dir
Sandra Gotsis

Cardiovascular
Product Line Mgr
Mark Decker

Laboratory Dir
Jodie Warner

Renal/Transplant Serv Dir
Karen Dyer

Planning & Healthy
Communities Dir
Kim Upcott

Public Relations Dir
Patty Peterson

Food & Nutrition Serv Dir
Cathy Babbes

Facilities Serv Dir
Tim Kost

Home Health and
Hospice Dir
Chris Linn

METS & Cardiac
Director Mgr
Sharon Jackson

Cardiovascular
Product Line Mgr
Mark Decker

Lab Operations Mgr
Jennifer Swasington

Lab Outreach Mgr
David Sorensen

Durable Med Equip
Mgr
Dan Hodusa

Healthy Comm Mgr
Julie Weiss

ISBE Program Mgr
Cary Harrison

Cardiac Serv Mgr
Jeff Nichols

Plant Operations Mgr
Ernyl Dunaigon

Branch Mgr
Cindy Clark

Branch Mgr
Kelsey Henrich

Hospice Mgr
Sandra Edwards

VP
Patient Care Serv
Mary Lou
Randolph

Pharmacy Dir
Mike Craig

BHS Director
Bruce Morgan

W & C Serv Dir
Vicki Clark

ACU West Dir
Sandy Miller

ACU East Dir
Colleen Swick

Critical Care Serv Dir
Joyce Conaghan

Emergency Serv Dir
Helen Walsbrough

Surgical Serv Dir
Cora Ray

Clinical Education Mgr
Cynthia Edwards

VP
System Practices
Jenny Esker

Clinic Dir
Julie Kubit

Clinic Dir
Theresa Quinn

Clinic Dir
Edna Subard

Clinic Dir
Tammy Weststock

Clinic Dir
VACANT

Phys. Network Dev Dir
Roger Osthorf

VP
Foundation
Val Mullens

Planned Giving Dir
Amy Card

VP
Medical Affairs
Dr. Ned Hoppin

Case/Quality/Risk Dir
Ruth Rankin

Case Mgmt Mgr
Wendy Mason

Quality Mgmt Mgr
Brandie Miller

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To all to whom these Presents Shall Come, Greeting:

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

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, 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.



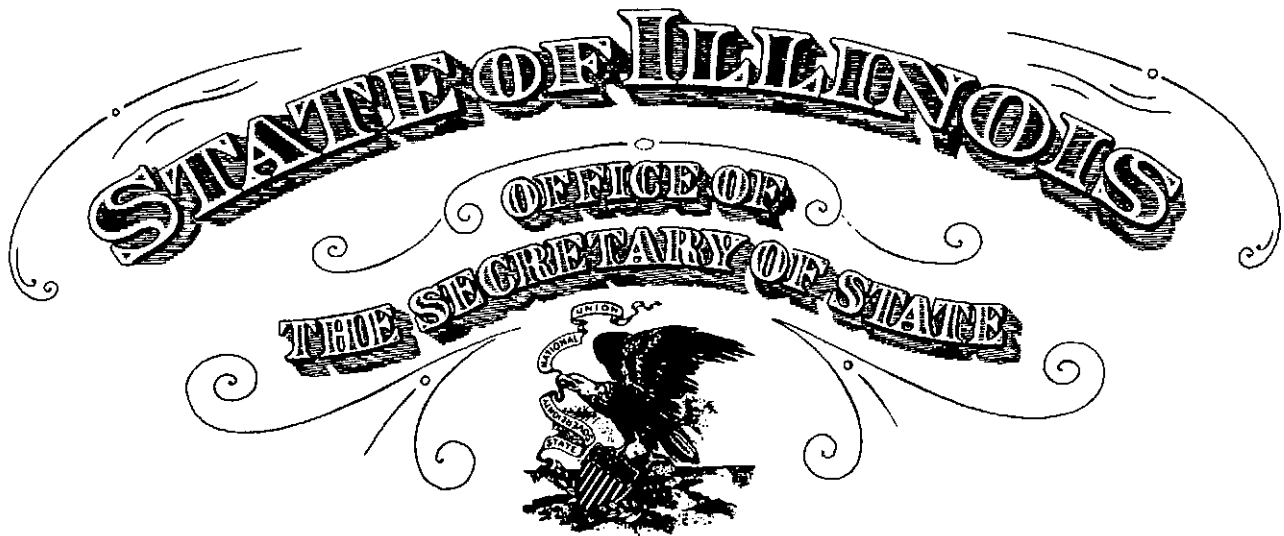
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of JUNE A.D. 2009

Jesse White

SECRETARY OF STATE

Authentication #: 0917001260

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



To all to whom these Presents Shall Come, Greeting:

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

SARAH BUSH LINCOLN HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 25, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0917001292

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 19TH day of JUNE A.D. 2009

Jesse White

SECRETARY OF STATE

Attachment 3



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
http://dnr.state.il.us

Pat Quinn, Governor
Marc Miller, Acting Director

Special Flood Hazard Area Determination Pursuant to Governor's Executive Order 5 (2006) (Supersedes Governor's Executive Order 4 (1979))

In brief, Executive Order 5 (2006) requires that State agencies which plan, promote, regulate, or permit activities, as well as those which administer grants or loans in the State's floodplain areas, must ensure that all projects meet the standards of the State floodplain regulations or the National Flood Insurance Program (NFIP), whichever is more stringent. These standards require that new or substantially improved buildings as well as other development activities be protected from damage by the 100-year flood. Critical facilities, as described in the Executive Order, must be protected to the 500-year flood elevation. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties.

Requester: Sarah Bush Lincoln Health Center / Tim Kastl

Address: 1000 Health Center Dr., P.O. Box 372

City, state, zip code: Mattoon, IL 61938

Project Description: Expansion to Emergency Department.

Site address or location: 1000 Health Center Dr.

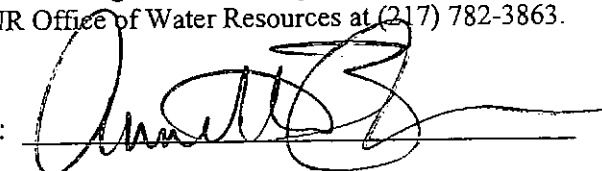
City, state, zip code: Mattoon, IL 61938

County: Cole County **Flood Map Panel:** 1709860125 **Map Date:** 08/05/1985

Floodplain Determination

- The property described above is **NOT** located within a 100-year or 500-year floodplain.
- The property described above is located within a 100-year floodplain. Further plan review required.
- Critical facility site located within 500-year floodplain. Further plan review required.

Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or flood damage. Questions concerning this determination may be directed to the Illinois DNR Office of Water Resources at (217) 782-3863.

Reviewed by:  Date 6/29/09

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**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Coles County
Mattoon

CON - New Construction of Emergency Department Expansion and Rehabilitation of
Hospital Departments
1000 Health Center Dr.
IHPA Log #001073009

August 17, 2009

Dennis Pluard
Sarah Bush Lincoln Health Center
1000 Health Center Dr.
P.O. Box 372
Mattoon, IL 61938-0372

Dear Mr. Pluard:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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Attachment 5



June 17, 2009

Illinois Historic Preservation Agency
Preservation Services Division
1 Old State Capitol Plaza
Springfield, Illinois 67201

To Whom It May Concern,

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.

Sarah Bush Lincoln Health Center located in Mattoon, Illinois plans to request a certificate of need permit from the Illinois Health Facilities Board for a project which includes construction and modernization of an existing building. It does not include demolition of any structure.

The building address is Sarah Bush Lincoln Health Center, 1000 Health Center Drive, Mattoon, IL 61938 and is located on the corner of East Route 16 and County Road 1050 East.

The project includes the construction of new space connected to the existing hospital facility, located on the north-west side of the building. The construction will not exceed 7,000 gross square foot and will be used to expand services in the Emergency Department.

The project also includes modernization of some departments within the hospital facility. Sarah Bush Lincoln plans to renovate laboratory, diagnostic services, surgery, and patient care rooms. No external doors or windows will be affected by this modernization.

A map is enclosed showing the general location of the project.

Photographs of the existing building are labeled and attached.

Original construction of this facility began in 1973 and it opened in 1977.

Please provide a determination letter concerning the applicability of the Preservation Act and comments relating to this project to: Kim Uphoff, Director of Planning, Sarah Bush Lincoln Health Center, Mattoon, IL 61938, so that it may be included with the submission of the application for permit to the Health Facilities Planning Board.

Thank you for your consideration of this request. If you have any questions, please contact Kim Uphoff, Director of Planning, at 217-258-2106.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis Pluard", written over a horizontal line.

Dennis Pluard
Vice President Operations
Sarah Bush Lincoln Health Center

Attachment 5

Project Costs and Source of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs			\$0
Site Survey and Soil Investigation			\$0
Site Preparation	\$280,500	\$49,500	\$330,000
Off Site Work			\$0
New Construction Contracts	\$2,593,610	\$439,240	\$3,032,850
Modernization Contracts	\$20,069,361	\$12,937,678	\$33,007,039
Contingencies	\$781,873	\$472,889	\$1,254,762
Architectural/Engineering Fees	\$1,813,038	\$1,196,554	\$3,009,592
Consulting and Other Fees			\$0
Movable or Other Equipment (not in construction contracts)	\$3,050,000	\$285,000	\$3,335,000
Bond Issuance Expense (project related)	\$455,133	\$244,867	\$700,000
Net Interest Expense During Construction (project related)	\$2,757,424	\$1,483,524	\$4,240,948
Fair Market Value of Leased Space or Equipment			\$0
Other Costs To Be Capitalized			\$0
Acquisition of Building or Other Property (excluding land)			\$0
TOTAL USES OF FUNDS	\$31,800,939	\$17,109,252	\$48,910,191
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$5,475,939	2,934,252	\$8,410,191
Pledges			
Gifts and Bequests	\$3,575,000	1,925,000	\$5,500,000
Bond Issues (project related)	\$22,750,000	12,250,000	\$35,000,000
Mortgages			
Leases (fair market value)			
Government Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$31,800,939	17,109,252	\$48,910,191

Attachment 7 Itemization of Project Costs and Source of Funds

- Line three, Site Preparation, \$330,000
Cost includes all site preparation necessary for the new construction of this project. Of the total amount, \$280,500 represents the clinical site preparation cost. This amount represents 8.3% of the clinical Construction, and Contingency costs.

This site preparation cost exceeds the standards by 3.3%. Extensive site planning is required, even for a small, single story construction project. Because the construction project is fairly small, the required site planning is a larger percentage of the total clinical construction cost than the State Standard.

- Line five, New Construction Costs, \$3,032,850
Of the total amount, \$2,593,610 represents the clinical cost, which is the expansion of the emergency department. The clinical construction is 6,021 square feet. The clinical cost/square foot is \$430

The non clinical cost represents the ambulance garage, EMS storage and offices.

The clinical cost/square foot exceeds the State Standard because the construction will join the occupied Emergency Department. The construction will require 4 phases to complete. This phasing is necessary for the continued use of the adjacent Emergency Room space. SBL will continue to care for the increasing number of emergency room patients, and therefore special accommodations will be made to deliver care during the construction phase. Also, premium time is included in this project to decrease the timeline needed for completion, therefore reducing any adversary impact on patients.

- Line six, Modernization Costs, \$33,007,041
Of the total amount, \$20,069,362 represents the clinical cost and includes all clinical components of the project, with the exception of the construction of the emergency department. The clinical modernization is 71,705 square feet. The clinical cost/square foot is \$279.

Non clinical costs include non-clinical areas, including the temporary modernization which involves temporary non-clinical support space which will minimize disruption to the surgery service during the renovation.

The clinical cost/square foot exceeds the State Standards because of the surgery component of the project. The surgery suites will remain in operation during the modernization phase. Therefore, this modernization will require multiple phasing. The cost of the project increases for each added phase of construction. It's likely 5 phases will be required to complete the surgery suite renovation. Some of these phases will be completed on premium time due to the noise levels and infection control.

Line seven, Contingencies, \$1,254,761

- Contingencies allow for unforeseen costs. Of the total amount, \$781,880 represents the clinical contingency cost. This amount represents 3.4% of the clinical modernization and construction costs and meets the State Standard.

Line eight, Architectural/Engineering Fees, \$3,009,592

- Includes preplanning architect fees, schematic design, design development, bidding and negotiation, construction administration phase, and inspection of project. Of the total amount, \$1,813,038 is the clinical component of the Architectural and Engineering Fees., which represents 7.73% of the clinical Modernization, Construction, and Contingency costs and meets the State Standard.

Non Clinical includes A/E fees for non-clinical areas.

Line ten, Movable or Other Equipment (not in construction contracts), \$3,335,000

- The clinical cost is \$3,050,000 and includes all equipment, furniture and furnishings required for equipping the clinical services associated with this project. This represents 13% of clinical Modernization, Construction, and Contingency costs.

Line eleven, Bond Issuance, \$700,000

- The clinical cost associated with the Bond Issuance expense is \$445,133.

Line twelve, Net Interest Expense, \$4,240,948

- The clinical cost associated with the Net Interest Expense is \$2,757,424

Attachment - 7

Clinical	Other Owner Cost				Total Project Cost
	Cost	A/E Fees	FF & E	Owner Contingency	
Ground Floor - Laboratory	\$2,538,330	\$203,066	\$650,000	\$87,572	\$3,478,969
First Floor - Emergency Department Addition (New Construction)	\$2,593,610	\$207,489	\$50,000	\$89,480	\$2,940,578
First Floor - Emergency Department Renovation	\$3,138,524	\$251,082	\$500,000	\$108,279	\$3,997,885
First Floor - Phlebotomy	\$559,388	\$44,751	\$50,000	\$19,299	\$673,438
First Floor - Radiology/Imaging	\$580,390	\$46,431	\$50,000	\$20,023	\$696,844
First Floor - Surgery Operating Rooms	\$5,740,758	\$459,261	\$850,000	\$198,056	\$7,248,075
First Floor - Surgery Recovery Rooms	\$2,552,254	\$204,180	\$150,000	\$88,053	\$2,994,487
Medical/Surgical Beds	\$4,479,718	\$358,377	\$700,000	\$154,550	\$5,692,646
Medical Office Pavilion 4th Floor - Speech Pathology/Audiology	480,000	\$38,400	\$50,000	\$16,560	\$584,960
CLINICAL SUBTOTAL	\$22,662,972	\$1,813,038	\$3,050,000	\$781,873	\$28,307,882

Non-Clinical

Ground Floor - Medical Records	165,000	\$13,200	\$50,000	\$5,693	\$233,893
Ground Floor - Expanded Linen	3,475	\$278	\$1,000	\$120	\$4,873
First Floor - Main Entrance/Patient Waiting	\$241,200	\$19,296	\$50,000	\$8,321	\$318,817
First Floor - Admitting/Patient Registration	\$338,546	\$27,084	\$75,000	\$11,680	\$452,310
First Floor - Gift Shop	\$262,440	\$20,995	\$9,000	\$9,054	\$301,489
First Floor - Quality and Risk Management Dept.	\$426,600	\$34,128	\$100,000	\$14,718	\$575,446
First Floor - Ambulance Garage (New Construction)	\$393,000	\$31,440	\$0	\$13,559	\$437,999
First Floor - EMS Storage and Offices (New Construction)	\$46,240	\$3,699	\$0	\$1,595	\$51,534
First Floor - Patient Registration/Dressing Rooms	\$108,025	\$8,642	\$0	\$3,727	\$120,394
First Floor - Security	\$31,500	\$2,520	\$0	\$1,087	\$35,107
First Floor - Physician Lounge	\$84,970	\$6,798	\$0	\$2,931	\$94,699
Total Circulation	\$5,195,120	\$415,610	\$0	\$179,232	\$5,789,961
Total Administrative Office Space	\$1,088,080	\$87,046	\$0	\$37,539	\$1,212,665
Mechanical Upgrades	\$4,673,476	\$373,878	\$0	\$161,235	\$5,208,589
NON-CLINICAL SUBTOTAL	\$13,057,672	\$1,044,614	\$285,000	\$450,490	\$14,837,775

Site Work	\$330,000	\$26,400	\$0	\$11,385	\$367,785
Certificate of Need Fee	\$100,000	\$0	\$0	\$0	\$100,000
Temporary Modernization	\$319,247	\$25,540	\$0	\$11,014	\$355,801
Bond Issuance Expense					\$700,000
Net Interest Expense					\$4,240,948
OTHER SUBTOTAL	\$649,247	\$151,940	\$0	\$22,399	\$5,764,534

TOTAL	\$36,369,891	\$3,009,591	\$3,335,000	\$1,254,761	\$48,910,191
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51

Attachment -8

Clinical	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			Total Project Cost
	Existing	Proposed	New Const.	Modernized	Vacated Space	
Ground Floor - Laboratory	5,830	9,083		9,083		\$3,478,969
First Floor - Emergency Department Construction	0	6,021	6,021			\$2,940,578
First Floor - Emergency Department Renovation	7,949	7,766		7,766		\$3,997,885
First Floor - Phlebotomy	0	1,570		1,570		\$673,438
First Floor - Radiology/Imaging	10,906	1,816		1,816	9,090	\$696,844
First Floor - Surgery Operating Rooms	14,822	14,834		14,834		\$7,248,075
First Floor - Surgery Recovery Rooms	6,846	7,829		7,829		\$2,994,487
Medical/Surgical Beds	25,607	25,607		25,607		\$5,692,646
Medical Office Pavilion 4th Floor - Speech Pathology/Audiology	2,395	3,200		3,200		\$584,960
CLINICAL SUBTOTAL	74,355	77,726	6,021	71,705	9,090	\$28,307,882

Non-Clinical

Ground Floor - Medical Records	3,536	3,300		3,300		\$233,893
Ground Floor - Expanded Linten	485	695		695		\$4,873
First Floor - Main Entrance/Patient Waiting	1,340	1,340		1,340		\$318,817
First Floor - Admitting/Patient Registration	1,299	1,332		1,332		\$452,310
First Floor - Gift Shop	1,291	1,458		1,458		\$301,489
First Floor - Quality and Risk Management Dept.	3,275	2,844		2,844		\$575,446
First Floor - Ambulance Garage	1,338	2,635	2,635			\$437,999
First Floor - EMS Storage and Offices	238	289	289			\$51,534
First Floor - Patient Registration/Dressing Rooms		745		745		\$120,394
First Floor - Security	199	225		225		\$35,107
First Floor - Physician Lounge	334	586		586		\$94,699
Total Circulation	23,151	37,108		37,108		\$5,789,961
Total Administrative Office Space		7,504		7,504		\$1,212,665
Mechanical Upgrades				0		\$5,208,589
NON-CLINICAL SUBTOTAL	36,486	60,061	2,924	57,137	0	\$14,837,775

Site Work						\$367,785
Certificate of Need Fee						\$100,000
Temporary Modernization						\$355,801
Bond Issuance Expense						\$700,000
Net Interest Expense						\$4,240,948
OTHER SUBTOTAL						\$5,764,534

TOTAL	110,841	137,787	8,945	128,842	9,090	\$48,910,191
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52

Attachment – 9

Criterion 1110.130 – Discontinuation

1. Sarah Bush Lincoln is proposing to discontinue its 15-bed Long Term Care Category of Service.
2. No other clinical services will be discontinued.
3. The anticipated date of discontinuation will be the date the permit is issued, which is anticipated to be on or around April 2010.
4. Sarah Bush Lincoln anticipates using the vacated long-term care nursing space to relocate its pediatric beds at some point in the future to accommodate the conversion of all semi-private pediatric rooms to private rooms. This will not change the authorized pediatric bed count, nor is there a project cost associated with discontinuing this service.
5. All medical records associated with the long term care services being discontinued will be maintained in the Medical Records Management Department at Sarah Bush Lincoln Health Center. Medical Records will be maintained in an electronic medical record format, paper copy, scanned copy, or microfilm. Sarah Bush Lincoln follows the retention guidelines of the State of Illinois and will maintain these records for a minimum of 12 years.
6. Not applicable.

Reasons for Discontinuation

1. Sarah Bush Lincoln proposes to discontinue its general long term care category of service for the following reasons:
 - a. insufficient volume, and
 - b. it is not economically feasible and continuation impairs Sarah Bush Lincoln's financial viability.

Sarah Bush Lincoln has experienced a low average daily census (ADC) in its long term nursing care unit for the past three fiscal years. In FY07 the average daily census was 6.6, in FY08 it was 5.5, and in FY09 it was 6.8. The table below indicates average daily census and occupancy rate.

Sarah Bush Lincoln Long Term Nursing Care Unit

	<u>ADC</u>	<u>Occupancy</u>		<u>ADC</u>	<u>Occupancy</u>
FY07	6.6	44%	CY06	6.8	45.5%
FY08	5.5	37%	CY07	6.2	41.4%
FY09	6.8	45%	CY08	5.4	35.9%

It is no longer economically feasible for Sarah Bush Lincoln to operate a long term care nursing unit. The following table indicates a net loss to the Health Center over the past three fiscal years.

	<u>FY 2009</u>	<u>FY 2008</u>	<u>FY 2007</u>
Net Revenue	\$962,612	\$897,814	\$912,367
Variable Costs	\$720,350	\$784,228	\$767,232
Fixed Costs	<u>\$292,623</u>	<u>\$200,154</u>	<u>\$239,421</u>
Total Expenses	\$1,012,973	\$984,382	\$1,006,653
Net Operating Income (Loss)	<u>-\$50,361</u>	<u>-\$86,568</u>	<u>-\$94,286</u>

Impact on Access

1. The discontinuation of the general long-term care nursing category of service will not have an adverse effect upon access to care for residents in Sarah Bush Lincoln's (SBL) market area, as indicated by the response SBL received from area long term care facilities and as indicated by the excess beds available in Health Service Area 4.

Impact statements received indicate that area long-term care facilities have the capacity and are willing to accommodate Sarah Bush Lincoln's caseload. The majority of these facilities do not have restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

As indicated by the Inventory of Health Care Facilities and Services Need Determinations State Summary of General Long-Term Nursing Care Beds, there are 682 excess beds in Health Service Area 4. In Coles and Cumberland Counties, which is where Sarah Bush Lincoln is located, the State Inventory shows an excess of 230 beds.

2. Pages 55-86 of this Attachment are copies of the written requests for an impact statement which were 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 Sarah Bush Lincoln Health Center.
3. Pages 87- 115 of this Attachment are copies of impact statements received from health care facilities located within 45 minutes travel time, that indicate the extent to which Sarah Bush Lincoln's workload will be absorbed without conditions, limitations or discrimination.

Of the 27 impact statements received, 26 long term care facilities indicated either a portion or all of the workload would be absorbed. Only one facility, Shelby Memorial Hospital, indicated it would not be able to receive long term care nursing patients due to the impending closure of that service at that facility.

In summary, long term nursing care facilities in this region have expressed overwhelming interest and have ample capacity to accept Sarah Bush Lincoln's long term care nursing patients.



**SARAH
LINCO**
HEALTH CENTER

August 28, 2009

Ms. Lola White
Evergreen Nursing & Rehab Center
115 N Wentz Dr
Effingham IL 62401

SENDER: COMPLETE THIS SECTION

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Ms. Lola White
Evergreen Nursing & Rehab Center
115 N Wentz Dr
Effingham IL 62401

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8764

PS Form 3811, February 2004

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102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Melissa Kanizer Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

Melissa Kanizer 8/31/09

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) Yes

Dear Ms. White,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

55



**SARAH BUSH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Katie Hanner
Cumberland Rehab & Health Care
300 Marietta St
Greenup IL 62428

Dear Ms. Hanner,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,



Gary Barnett
President and CEO

Attachment 9

56



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- **Delivered, August 31, 2009, 10:37 am, GREENUP, IL 62428**
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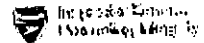
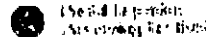
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Attachment 9

57

9/3/2009



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Deb Porter
Pleasant Meadows Christian Village
400 W. Washington
Chrisman IL 61924

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1. Article Addressed to:

Ms. Deb Porter
Pleasant Meadows Christian Village
400 W. Washington
Chrisman IL 61924

2. Article Number
(Transfer from service label) **7008 3230 0001 4432 9099**

PS Form 3811, February 2004

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A. Signature Agent
X Janet Embury Addre

B. Received by (Printed Name) C. Date of Del
8-29-09

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-02-M

Dear Ms. Porter,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

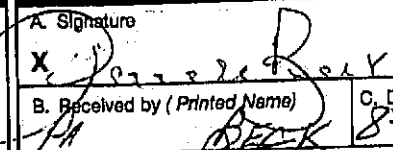
Sincerely,


Gary Barnett
President and CEO

58



**SARAH
LINCOLN**
HEALTH CENTER

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<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) H. BECK	
Ms. Karen Hille Lutheran Care Center 700 W Cumberland Altamont IL 62411		C. Date of Delivery 8-29-09 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7008 3230 0001 4433 0132	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M	
3. Service Type		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

August 28, 2009

Ms. Karen Hille
 Lutheran Care Center
 700 W Cumberland
 Altamont IL 62411

Dear Ms. Hille,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,



Gary Barnett
 President and CEO

Attachment 9

59



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. John Letizia
Heartland Christian Village
101 Trowbridge RD
Neoga IL 62447

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Mr. John Letizia
Heartland Christian Village
101 Trowbridge RD
Neoga IL 62447

2. Article Number
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PS Form 3811, February 2004

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102595-02-M-15

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A. Signature <i>Missy Kudsu</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Missy Kudsu</i>	C. Date of Delivery <i>8-31-09</i>	
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Dear Mr. Letizia,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

60



**SARAH
LINCO**
HEALTH CENTER

August 28, 2009

Ms. Donna Coad
Hilltop Convelescent Center
910 W Polk
Charleston IL 61920

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1. Article Addressed to:

Ms. Donna Coad
Hilltop Convelescent Center
910 W Polk
Charleston IL 61920

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8849

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address

T. Edwards LCN

B. Received by (Printed Name) Date of Delivery

T. Edwards LCN 8-29-09

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 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102599-02-M-1

Dear Ms. Coad,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

(61)



**SARAH
LINCOLN**
HEALTH CENTER

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Josh Drake
Newman Rehab & Healthcare Center
418 S Memorial Dr.
Newman IL 61942

COMPLETE THIS SECTION

A. Signature Agent Addressee
X *[Signature]*

B. Received by (Printed Name) *Josh Drake*

C. Date of Delivery *8/31/09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

August 28, 2009

Mr. Josh Drake
Newman Rehab & Health
418 S Memorial Dr.
Newman IL 61942

2. Article Number
(Transfer from service label)
PS Form 3811, February 2004

7008 3230 0001 4432 9044

Domestic Return Receipt

102595-02-M-15

Dear Mr. Drake,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

[Signature]
Gary Barnett
President and CEO

Attachment 9

62



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. Tom Stephenson
Tuscola Health Care Center
1203 Egyptian Trail
Tuscola IL 61953

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Tom Stephenson
Tuscola Health Care Center
1203 Egyptian Trail
Tuscola IL 61953

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 9143

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Tom Stephenson Address

B. Received by (Printed Name) C. Date of Delivery
Tom Stephenson *8-31-09*

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

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

4. Restricted Delivery? (Extra Fee) Yes

Dear Mr. Stephenson,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

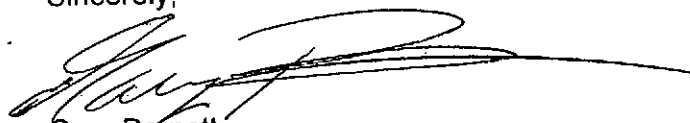
In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9

(63)



**SARAH
LINCOLN**
HEALTH CENTER

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Stephen Hopkins
Lakeland Rehab & Healthcare
800 W Temple
Effingham IL 62401

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rachel Watkins*

- Agent
- Address

B. Received by (Printed Name)

Rachel Watkins

C. Date of Delivery

8-31

D. Is delivery address different from Item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

August 28, 2009

Mr. Stephen Hopkins
Lakeland Rehab & Healthcare
800 W Temple
Effingham IL 62401

Dear Mr. Hopkins,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
Gary Barnett
President and CEO

Attachment 9

64



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. David Eversole
Arthur Home
423 Eberhardt
Arthur IL 61910

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. David Eversole
Arthur Home
423 Eberhardt
Arthur IL 61910

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Linda Butler* Agent
 Addre

B. Received by (Printed Name)

LINDA BUTLER C. Date of Del
8/29/09

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Dear Mr. Eversole,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

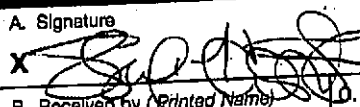
65



**SARAH
LINCO**
HEALTH CENTER

August 28, 2009

Ms. Karla Schneider
Arcola Healthcare Care Center
422 E 4th St, Box 70
Arcola IL 61910.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: Ms. Karla Schneider Arcola Healthcare Care Center 422 E 4th St, Box 70 Arcola IL 61910		B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery Sheila Hopkins 8/31/09	
2. Article Number: (Transfer from service label) 7008 3230 0001 4432 8689		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchant <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		102595-02-M	

Dear Ms. Schneider,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

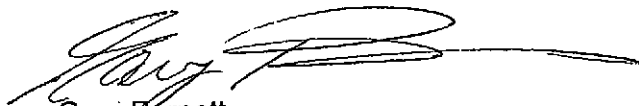
In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9

666



**SARAH
LINCOLN**
HEALTH CENTER

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Debbie Maaks
Moweaque Nursing & Ret Center
525 S. Macon St
Moweaqua IL 62550

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 9037

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Valery Argo
Ritey Argo 8/31/09

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

August 28, 2009

Ms. Debbie Maaks
Moweaque Nursing & Ret Center
525 S. Macon St
Moweaqua IL 62550

Dear Ms. Maaks,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett

Gary Barnett
President and CEO

Attachment 9

67



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mrs. Henson
Prairie View Care Center
716 18th St
Charleston IL 61920

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mrs. Henson
Prairie View Care Center - Charleston -
Charleston Rehab & Healthcare
716 18th St
Charleston IL 61920

2. Article Number

(Transfer from service label)

7008 3230 0001 4432 9105

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/31/09

D. Is delivery address different from Item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Dear Mrs. Henson,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

[Signature]

Gary Barnett
President and CEO

Attachment 9

68



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Kathy Moore
Casey Healthcare Center
100 NE 15th.
Casey IL 62420

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Kathy Moore
Casey Healthcare Center
100 NE 15th.
Casey IL 62420

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8719

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Dinah Wagon*

B. Received by (Printed Name) *Dinah Wagon*

C. Date of Delivery *8-29-09*

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

Dear Ms. Moore,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
Gary Barnett
President and CEO

Attachment 9

69



**SARAH
LINCOLN**
HEALTH CENTER

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Laura Northway
Sullivan Rehab & Health Care Center
11 Hawthorne Lane
Sullivan IL 61951

August 28, 2009

Ms. Laura Northway
Sullivan Rehab & Health C
11 Hawthorne Lane
Sullivan IL 61951

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 9136

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
L. Johnson Addressee
- B. Received by (Printed Name) Addressee
 L. Johnson
- C. Date of Delivery
 8-31-09
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Dear Ms. Northway,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9

70



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. Dave Standerfer
Odd Fellows - Rebekah
201 Lafayette E.
Mattoon IL 61938

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Glenda Lunsford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Dave Standerfer Odd Fellows - Rebekah Home 201 Lafayette E. Mattoon IL 61938		B. Received by (Printed Name) G Lunsford	C. Date of Delivery 8-31-09
2. Article Number <i>(Transfer from service label)</i> 7008 3230 0001 4432 9051		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-154	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Dear Mr. Standerfer,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. Lester Robinson
Paris Healthcare Center
1011 N. Main
Paris IL 61944

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Shirley Bercau</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Shirley Bercau</i> 8-31-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Mr. Lester Robinson Paris Healthcare Center 1011 N. Main Paris IL 61944</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7008 3230 0001 4432 9082</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-15</p>	

Dear Mr. Robinson,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

72



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Carol Boyer
Lakewood Senior Living
2121 S 9th St
Mattoon IL 61938

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Carol Boyer
Lakewood Senior Living -
Mattoon/Mattoon Health Care
2121 S 9th St
Mattoon IL 61938

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8870

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Address

B. Received by (Printed Name) C. Date of Delivery
 W. A. N. C. [Signature] 8-31-09

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E

Dear Ms. Boyer,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

[Signature]
 Gary Barnett
 President and CEO

Attachment 9

73



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Glenna Birch
Palm Terrace of Mattoon
1000 Palm Terrace
Mattoon IL 61938

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Glenna Birch
Palm Terrace of Mattoon
1000 Palm Terrace
Mattoon IL 61938

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 9068

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Kelli Simpson</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Kelli Simpson</i>	C. Date of Delivery <i>8/31/2009</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Dear Ms. Birch,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

74



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Diana Spence
Douglas Rehab & Care Center
3516 W Powell Lane
Mattoon IL 61938

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Diana Spence
Douglas Rehab & Care Center
3516 W Powell Lane
Mattoon IL 61938

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8733

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Theresa Laks* Agent
 Address
- B. Received by (Printed Name)
Theresa Laks
- C. Date of Delivery
8/3/10
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Dear Ms. Spence,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Gary Barnett
President and CEO

Attachment 9

75



**SARAH
LINCOLN**
HEALTH CENTER

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Bark Brock</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Darin Wall Illinois Masonic Home - Mason Point 1 Masonic Way Sullivan IL 61951		B. Received by (Printed Name) <i>Bark Brock</i>	C. Date of Delivery <i>8-29-09</i>
2. Article Number <i>(Transfer from service label)</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
7008 3230 0001 4432 8856		102565-02-M-16	

August 28, 2009

Mr. Darin Wall
 Illinois Masonic Home -
 1 Masonic Way
 Sullivan IL 61951

Dear Mr. Wall,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 -- June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9

76



**SARAH
LINCOLN**
HEALTH CENTER

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Karen Dowell
Lynncrest Manor of Paris/Twin Lakes Rehab &
Health Care
310 S Eads
Paris IL 61944

2. Article Number

(Transfer from service label)

7008 3230 0001 4432 8818

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Karen Dowell

- Agent
- Addressee

B. Received by (Printed Name)

Karen Dowell

C. Date of Delivery

8-31-09

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

August 28, 2009

Ms. Karen Dowell
Lynncrest Manor of Paris
310 S Eads
Paris IL 61944

Dear Ms. Dowell,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

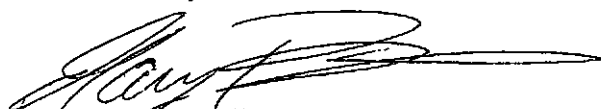
In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Gary Barnett
President and CEO

Attachment 9

77



**SARAH
LINCOLN**
HEALTH CENTER

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Tom Dunlap
Heartland Manor Nursing Home
410 NW Third, Box 10
Casey IL 62420

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8825

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Charles C. Wright Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery
8/29/09

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

August 28, 2009

Mr. Tom Dunlap
Heartland Manor Nursing
410 NW Third, Box 10
Casey IL 62420

Dear Mr. Dunlap,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
Gary Barnett
President and CEO

Attachment 9

78



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Karen Dailey
Shelbyville Manor
North Route 128
Shelbyville IL 62565

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Carole White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Ms. Karen Dailey Shelbyville Manor North Route 128 Shelbyville IL 62565		Carole White	8/29/09
2. Article Number (Transfer from service label)		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
7008 3230 0001 4432 9112			
3. Service Type		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1	

Dear Ms. Dailey,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

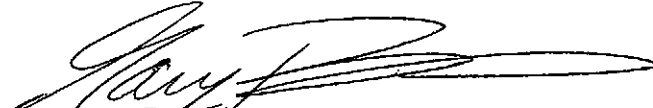
In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Gary Barnett
President and CEO

Attachment 9


79



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. Nathan Scholas
Effingham Rehab & Health
1610 N Lakewood Dr
Effingham IL 62401

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 	
1. Article Addressed to: Mr. Nathan Scholas Effingham Rehab & Health Care Center 1610 N Lakewood Dr Effingham IL 62401		B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee Heather Brown	
		C. Date of Delivery 8/29/09	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7008 3230 0001 4432 8757	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-15	

Dear Mr. Scholas,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

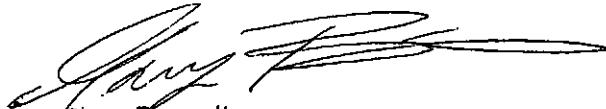
In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9

80



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. Randy Simmons
Paris Community Hospital
721 East Court
Paris IL 61944

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>Mary Whittenberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Mary Whittenberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery: _____	
1. Article Addressed to: Mr. Randy Simmons Paris Community Hospital – Swing Beds 721 East Court Paris IL 61944		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7008 3230 0001 4432 9075 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	

Dear Mr. Simmons,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9

81



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. John Bennett
Shelby Memorial Hospital
200 S Cedar
Shelbyville IL 62565

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Cathy Borders</i>	
1. Article Addressed to: Mr. John Bennett Shelby Memorial Hospital Nursing Home and Swing Beds 200 S Cedar Shelbyville, IL 62565		B. Received by (Printed Name) _____ Date of Delivery <i>8/29/09</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		7008 3230 0001 4432 8795 Domestic Return Receipt 102595-02-M-1	

Dear Mr. Bennett,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,


 Gary Barnett
 President and CEO

Attachment 9

82



**SARAH
LINCO**
HEALTH CENTER

August 28, 2009

Ms. Shannon Paden
Eastview Terrace
100 Eastview Place
Sullivan IL 61951

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Shannon Paden
Eastview Terrace
100 Eastview Place
Sullivan IL 61951

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8740

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Breana Davis*

Agent
 Addressee

B. Received by (Printed Name)

Breana Davis

C. Date of Delivery

8-29-09

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Dear Ms. Paden,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

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If you have any questions, please do not hesitate to contact me.

Sincerely,


Gary Barnett
President and CEO

Attachment 9

83



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. Dan Wood
St. Anthony Memorial Hospital
503 North Maple
Effingham IL 62401

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

1. Article Addressed to:

Mr. Dan Wood
St. Anthony Memorial Hospital
503 North Maple
Effingham IL 62401

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 9129

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Steve Schumacher 8/31/2009

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Dear Mr. Wood,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

84



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Mr. Shawn Metzger
Burnside Nursing Home
410 N 2nd.
Marshall IL 62441

SENDER: COMPLETE THIS SECTION

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

1. Recipient Name and Address
Mr. Shawn Metzger
Burnside Nursing Home
410 N 2nd.
Marshall IL 62441

2. Article Number
(Transfer from service label)

7008 3230 0001 4432 8702

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Keith Kindberg* Agent
 Addressee

B. Received by (Printed Name)
Keith Kindberg

C. Date of Delivery
8-29-09

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
P.O. Box 219

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

4. Restricted Delivery? (Extra Fee) Yes

Dear Mr. Metzger,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary Barnett
President and CEO

Attachment 9

85



**SARAH
LINCOLN**
HEALTH CENTER

August 28, 2009

Ms. Rhonda Baker
Shelbyville Rehab & Health
216 S 3rd & Dancy Dr.
Shelbyville IL 62565

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Rhonda Baker
Shelbyville Rehab & Healthcare
Center
216 S 3rd & Darcy Dr
Shelbyville IL 62565

2. Article Number
(Transfer from service label) 7008 3230 0001 4432 8832

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cathy Brown Agent Address

B. Received by (Printed Name) Cathy Brown

C. Date of Delivery 9-2-09

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

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-18

Dear Ms. Baker,

Sarah Bush Lincoln Health Center is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (general long-term nursing care category of service) on or around February 2010.

In the latest 24 month period (July 1, 2007 – June 30, 2009), Sarah Bush Lincoln has provided long-term nursing care services to 573 patients. In fiscal year 2007 the average daily census was 6.6 and in fiscal year 2008 it was 5.5. The low census, coupled with the excess long term nursing care beds in our region, has led to the difficult decision to close the unit.

Pursuant to the Illinois Health Facilities and Services Review Board, Sarah Bush Lincoln is asking your facility to indicate if it has the available capacity to accommodate a portion or all of Sarah Bush Lincoln's long-term nursing care caseload, and if your facility has any restrictions or limitations precluding providing service to residents within Sarah Bush Lincoln's market area.

I would appreciate a response within 15 days so that it may be included in the information submitted to the Illinois Health Facilities and Services Review Board. Please feel free to send me a letter or respond on the form that I have enclosed. You may return your response to me in the stamped, self-addressed envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Gary Barnett
President and CEO

Attachment 9

86

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: 

Title: CEO

Long-Term Care Facility: _____

Date: 9/29/09

DANIEL J. WOODS
St. Anthony's Memorial Hospital
503 North Maple
Effingham, Illinois 62401

Attachment 9

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Lola White

Title: ADMINISTRATOR

Long-Term Care Facility: Evergreen Nursing + Rehabilitation

Date: 8/31/09

1115 NORTH WENTHE DRIVE
EFFINGHAM, IL 62401

217-347-7121

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) _____ Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) X Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) _____ Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Katie Hanner

Title: Administrator

Long-Term Care Facility: Cumberland Rehab + HCC

Date: 9-1-09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: *Albra Spita*

Title: *Administrator*

Long-Term Care Facility: *Pleasant Meadows Christian Village*

Date: *September 1, 2009*

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Karen Hill

Title: Administrator

Long-Term Care Facility: Lecheran Care Center

Date: 9/1/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: JOHN LETIZIA

Title: ADMINISTRATOR

Long-Term Care Facility: Heartland Christian Village

Date: 8-31-09

Hilltop Convalescent Center

910 W. Polk Ave. - Charleston, IL 61920
www.hilltopnursinghomeonline.com

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

DONNA COAD, BS, LNHA
Administrator



(217) 345-7066
Fax: (217) 345-6017
E-Mail: hilladmin@nhmspr.com

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) X Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate Lincoln's long-term care nursing case load.

Hilltop Convalescent Center

910 W. Polk Ave. - Charleston, IL 61920
www.hilltopnursinghomeonline.com

MARY SMITHENRY, RN
Director of Nursing



(217) 345-7066
Fax: (217) 345-6017
E-Mail: hilldon@nhmspr.com

Sincerely,

Name: Donna Coad

Title: Administrator

Long-Term Care Facility: Hilltop Convalescent Center

Date: 09/01/09

Acceptance of residents is pending their screening by a member of the Hilltop staff.

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility ~~does not have any~~ restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area. *No trach, vents, hemiparesis, mental illness*

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Joshua Dato

Title: Administrator

Long-Term Care Facility: Newman Rehab & Health Care Center

Date: 8/31/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Tom Stephenson Adm.

Title: Administrator

Long-Term Care Facility: Tuscola Health Care Center

Date: 8/31/09

at present we have one ~~Male~~ Male Bed in our Med A wing open

TS

Attachment 9

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area. *Lakeland Rehab HCC does not accept ventilator residents.*

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Stephena Hopkins

Title: Administrator

Long-Term Care Facility: Lakeland Rehabilitation + Health Care Center

Date: 8/3/09

the
ARTHUR HOME



Operated by Community Retirement, Inc.
423 Eberhardt Dr
Arthur, IL 61911
217-543-2103

August 31, 2009

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Mr. Barnett,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds).

Please accept this letter in lieu of our response on your form.

The Arthur Home will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. The Arthur Home does, however, have a very few self-imposed restrictions or limitations in the acceptance of our Residents. It is my belief that these restrictions are not vastly different from other long-term care nursing facilities in the area. If you need details regarding the type of restrictions that are currently in place, we will be happy to provide those upon request.

If you require any further information, or The Arthur Home can provide any assistance to you throughout this process, please do not hesitate to let us know how we may help.

Sincerely,

David Eversole
Administrator

97





422 East 4th South Street
Arcola, IL 61910
Phone: (217) 268-3022
Fax: (217) 268-4180

Arcola
HEALTH CARE CENTER
"Making a difference in the lives of others"

September 1, 2009

Dear Mr. Barnett:

In response to the notification regarding the discontinuation of the 15 bed skilled nursing unit, our facility should be able to accommodate a portion of Sarah Bush Lincoln's case load. However, that would be on a case by case basis depending on our current census at the time of need.

There would be some services we would not be able to accommodate for example, ventilator care and dialysis care. Again, we would have to review each referral as all referrals to ensure we could meet the individual's needs.

Thank you for allowing us the opportunity to assist with the needs of the community. If we can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Karla Schneider
Administrator

98

Attachment 9

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Deb Marks

Title: Administrator

Long-Term Care Facility: Moweaqua Nursing Retirement Center

Date: 08/31/09



716 18th Street
Charleston, IL. 61920
Phone: 217-345-7054
Fax: 217-348-1264

Charleston
REHABILITATION &
HEALTH CARE CENTER

"Caring with a Hometown Touch"

September 2, 2009

Gary Barnett , President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive .
Mattoon, Illinois 61938- 0372

Re: SBLHC's long term care
case load

Mr. Barnett,

First and foremost – I want to thank you for asking us if we could be of help in accommodating all or a portion of SBLHC's long term care case load.

On behalf of Charleston Rehabilitation and Health Care Center's administration and staff – I am offering our service and would be honored to accommodate all your long term care case load . Our facility , basically, could render services to all patients with long term care needs except for sex offenders.

Also, per your request, I am enclosing the form you sent to us bearing our response.

Please feel free to contact us should you need further information from us or if you have any questions.

Respectfully,

Araceli M. Henson
Araceli M. Henson , LNHA
Administrator

100

Attachment 9

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area *except sex offenders.*

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Angela M. Jensen
Title: Administrator
Long-Term Care Facility: Charleston RHCC
Date: 9/2/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Laura Northway

Title: Administrator

Long-Term Care Facility: Sullivan Rehab

Date: 8/31/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) _____ Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) _____ Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Dawn Standerfer

Title: Administrator

Long-Term Care Facility: ODD Fellow Rehabilitation Home

Date: 8-31-09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) _____ Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) X Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) _____ Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Lucretia E. Robertson

Title: ADMINISTRATOR

Long-Term Care Facility: PARIS HEALTHCARE CENTER

Date: 8/31/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Carol Boyer

Title: Administrator

Long-Term Care Facility: Mattoon Healthcare Rehab Center

Date: 8/31/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Glenn K. Burt
Title: Administrator
Long-Term Care Facility: Palm Terrace
Date: 8/31/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) _____ Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) _____ Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Dianna Spence

Title: Administrator

Long-Term Care Facility: Douglas Rehab & Care

Date: 9-1-09

Thank you for your consideration

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Darin Wau

Title: Administrator

Long-Term Care Facility: Mason Point

Date: 08/31/09

Attachment 9

109

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Karen Dowell, Admin.

Title: Administrator

Long-Term Care Facility: Two Lakes Rehab & Health Care

Date: 8.31.2009

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name:

Title:

Long-Term Care Facility:

Date:

Thomas L. Cap

Administrator

Heartland Manor Inc. Nursing Center

8/31/09



Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Karen Dailey

Title: Administrative

Long-Term Care Facility: St. Mary's Home

Date: 8/31/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) _____ Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) X Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area. *(at this time)*

OR

(C) _____ Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Nathan Schotes

Title: Administrator

Long-Term Care Facility: Effingham Rehabilitation & Health Care Center

Date: 08/31/09

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Sincerely,

Name: Randy Simmons

Title: President & CEO

Long-Term Care Facility: Paris Community Hospital

Date: 9/9/09

D) X our facility may be able to accommodate a portion of SBL's LTC nursing case load if accepted on a case by case basis by one of our medical staff members.

Attachment 9

114

Gary Barnett
CEO and President
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Dear Gary,

We have received notification that Sarah Bush Lincoln is proposing to discontinue its 15 licensed bed Skilled Nursing Unit (long-term care nursing beds). We have checked the statement below which best indicates our ability to accommodate Sarah Bush Lincoln's long-term care nursing patients.

(A) _____ Our facility will be able to accommodate a portion of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(B) _____ Our facility will be able to accommodate all of Sarah Bush Lincoln's long-term care nursing case load. Our facility does not have any restrictions or limitations which preclude providing services to residents of Sarah Bush Lincoln's market area.

OR

(C) Our facility will not be able to accommodate a portion or all of Sarah Bush Lincoln's long-term care nursing case load.

Shelby Mem Hosp is also closing our
Sincerely, *Skilled Nursing Unit.*

Name: John Bennett

Title: CEO

Long-Term Care Facility: Shelby Memorial Hospital

Date: 8/31/09

Attachment – 10

**Criterion 1110.230 - Project Purpose, Background and Alternatives
Background of Applicant**

1. Sarah Bush Lincoln Health System (SBLHS) owns and operates Sarah Bush Lincoln Health Center (SBLHC). SBLHS does not own or operate any other health care facilities.

Sarah Bush Lincoln Health Center's identification numbers are listed below.

Illinois Hospital License: ID# 0003392

JCAHO: ID #7257

Proof of Sarah Bush Lincoln Health Center's current licensure and accreditation is found on pages 118-119 of this Attachment.

2. A certification from Sarah Bush Lincoln documenting that it has not had adverse action taken against it during the past three years is found on page 117 of this Attachment.
3. Authorization from Sarah Bush Lincoln permitting the Illinois Health Facilities and Services Review Board, Department of Public Health, and other State Agencies to access to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations, is also found on page 177 of this Attachment.
4. Not applicable.



**SARAH BUSH
LINCOLN**
HEALTH SYSTEM

October 22, 2009

Ms. Courtney Avery
Interim Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, IL 62702-5051

Dear Ms. Avery,

Sarah Bush Lincoln Health Center is a licensed, Joint Commission accredited hospital in Mattoon that is owned and operated by Sarah Bush Lincoln Health System.

Neither Sarah Bush Lincoln Health Center, nor Sarah Bush Lincoln Health System owns more than 5% of or operates any other Illinois health care facilities.

We hereby certify that there has been no adverse action taken against Sarah Bush Lincoln Health Center during the past three years.

In addition, I hereby authorize the Illinois Health Facilities Planning Board and the Illinois Department of Public Health access to all information necessary to verify any documentation or information submitted in response to the requirements of criterion 1110.230.b Background of Applicant subsection, or to obtain any documentation or information which the State Board or agency finds pertinent to this same subsection.

Sincerely,

Gary Barnett
President and
Chief Executive Officer



Attachment 10



State of Illinois 1899766
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.
DIRECTOR

Issued under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE	CATEGORY	LD. NUMBER
12/31/09	BGBD	0003392

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/09

BUSINESS ADDRESS

SARAH BUSH LINCOLN HEALTH CENTER
1000 HEALTH CENTER DRIVE
P. O. BOX 372

MATTOON IL 61938

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 1899766
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	LD. NUMBER
12/31/09	BGBD	0003392

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/09

11/01/08

SARAH BUSH LINCOLN HEALTH CENTER
1000 HEALTH CENTER DRIVE
P. O. BOX 372
MATTOON IL 61938

FEE RECEIPT NO.

118

Sarah Bush Lincoln Health Center Mattoon, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

October 19, 2007

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold

David L. Nahrwold, M.D.
Chairman of the Board

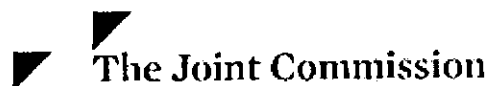
7257
Organization ID #

Dennis S. O'Leary

Dennis S. O'Leary, M.D.
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





January 30, 2008

Gary Barnett
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Accreditation Activity: Evidence of Standards
Compliance
Accreditation Activity Completed: 1/30/2008

Dear Mr. Barnett:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Home Care
- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning October 19, 2007. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Linda S. Murphy-Knoll
Interim Executive Vice President
Division of Accreditation and Certification Operations



Sarah Bush Lincoln Health Center
 1000 Health Center Drive
 Mattoon, IL 61938

Organization Identification Number: 7257

Evidence of Standards Compliance Received: 1/30/2008

PROGRAM(S)

Hospital Accreditation Program
 Home Care Program

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit a Measure of Success (MOS) within four (4) months from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

Program	Standard	Level of Compliance
HAP	EC.5.20	Compliant
HAP	MM.2.20	Compliant
HAP	MM.4.10	Compliant
HAP	MS.4.110	Compliant
HAP	MM.4.70	Compliant
HAP	IM.6.50	Compliant
HAP	NPSG Requirement 2B	Compliant
HAP	UP Requirement 1B	Compliant
HAP	UP Requirement 1C	Compliant
OME	MM.8.10	Compliant
OME	PC.6.10	Compliant
OME	PC.8.10	Compliant
OME	IC.1.10	Compliant
OME	NPSG Requirement 3C	Compliant
OME	NPSG Requirement 9B	Compliant

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The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

N/A

Standard: IM.2.20
Program: HDS
Standard Text: Information security, including data integrity, is maintained.
Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

10. For Medicare-certified hospices only: The hospice must also comply with CFR 418.74b. See Appendix D for the full text of the regulations.

Surveyor Findings

Standard: PC.4.10
Program: HDS
Standard Text: Development of a plan for care, treatment, and services is individualized and appropriate to the patient's needs, strengths, limitations, and goals.
Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

28. For Medicare-certified hospices: The hospice must also comply with CFR 418.58c. See Appendix D for the full text of the regulations.

Surveyor Findings



November 26, 2007

Gary Barnett
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Joint Commission ID #: 7257
Accreditation Activity: Unannounced Full
Event
Accreditation Activity Completed: 10/18/2007

Dear Mr. Barnett:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

With that goal in mind, your organization received Requirement(s) for Improvement during its recent survey. These requirements have been summarized in the Accreditation Report provided by the survey team that visited your organization.

Please be assured that once your organization's Accreditation Report is available, the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

Sincerely,

Linda S. Murphy-Knoll
Interim Executive Vice President
Division of Accreditation and Certification Operations



Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938

Organization Identification Number: 7257

Date(s) of Survey: 10/15/2007 - 10/18/2007

PROGRAM(S)

Hospital Accreditation Program
Hospice Deemed Status Program
Home Care Program

SURVEYOR(S)

Emil J. Kleinholz, MD
James B. Mason
Jerry I. Dykman
Karen A. Szymanski, RN
Margaret T. Nardi, RN
Michael C. Clark, RRT
Monica R. Coffin, MS, RN

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within 45 days from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

Your hospice organization's services have been found to be in compliance with The Joint Commission standards that are comparable to the Medicare Conditions of Participation for hospice care. The Joint Commission will make a recommendation for Medicare certification to the Center for Medicare and Medicaid Services (CMS). In order for this survey to be recognized for Medicare certification requirements, this report will be shared with the CMS and appropriate state or regional regulatory agencies. These findings are publicly accessible per the requirements of the Social Security Act.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Assessment and Care/Services

Standard: MM.4.10
Program: HAP
Standard Text: All prescriptions or medication orders are reviewed for appropriateness.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B
6. All concerns, issues, or questions are clarified with the individual prescriber before dispensing the medication.

Surveyor Findings

EP 6
Observed in the PACU at Sarah Bush Lincoln Health Center site.
During the course of tracer activity, it was learned that the anesthesia department has a set of preprinted orders that are used consistently in the PACU to address treatment of pain. The orders include both Demerol and Morphine. The PACU nursing staff routinely decides how to use these analgesics in their patients without any other direction from the anesthesia providers. Thus nurses decide which medication to use first and if and when to administer the second analgesic.

Standard: PC.8.10
Program: OME
Standard Text: Pain is assessed in all patients.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C
3. Regular reassessment and follow-up occur according to criteria developed by the organization.

Surveyor Findings

**The Joint Commission
Accreditation Survey Findings**

Requirement(s) for Improvement

EP 3

Observed in Ind. Pt. Tracers/Home Visit at Lincolnland Home Care of Sarah Bush Lincoln site. In one instance, it was noted that a patient diagnosed with a heel ulcer taking Lorcet 10/ 650 mg. PRN for leg pain, did not consistently receive ongoing comprehensive pain assessments according to criteria developed by the organization and/or the scope of care, treatment and services provided.

Observed in Ind. Pt. Tracers/Doc. Review at Lincolnland Home Care of Sarah Bush Lincoln site. In a second instance, it was noted that a patient diagnosed with a hip replacement taking "Tylenol Arthritis Pain 650mg. oral tablets" PRN for hip pain, did not consistently receive appropriate comprehensive pain assessments according to criteria developed by the organization and/or the scope of care, treatment and services provided.

Observed in Ind. Pt. Tracers/Record Review at Lincolnland Home Care of Sarah Bush Lincoln site. In a third instance, it was noted that a patient diagnosed with Congestive Heart Failure and Osteoporosis taking three analgesic medications for pain in several areas did not consistently receive appropriate ongoing comprehensive pain assessments according to criteria developed by the organization and/or the scope of care, treatment and services provided.

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Communication

Standard: NPSG Requirement 2B

Program: HAP

Standard Text: Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

4. Preprinted forms do not include any abbreviations identified as not to be used.

Surveyor Findings

EP 4

Observed in Behavioral health medical record at Sarah Bush Lincoln Health Center site. During tracer activity, it was noted a preprinted form included an order for Thiamine ...QD.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Credentialed Practitioners

Standard: MS.4.110

Program: HAP

Standard Text: The organization may grant disaster privileges to volunteers eligible to be licensed independent practitioners.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

3. The medical staff describes in writing a mechanism (for example, direct observation, mentoring, and clinical record review) to oversee the professional performance of volunteer practitioners who receive disaster privileges.

Scoring Category : A

8. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.

Surveyor Findings

EP 3

Observed in review of medical staff bylaws at Sarah Bush Lincoln Health Center site.
In review of medical staff bylaws, rules and regulations and hospital disaster policies, there was no written description of a mechanism for the medical staff to assess the care of a volunteer licensed independent practitioner granted disaster privileges as required by this element of performance.

EP 8

Observed in review of documents at Sarah Bush Lincoln Health Center site.
There was no provision in medical staff bylaws, rules and regulations or hospital disaster policies for the hospital to decide on whether to continue, or discontinue a volunteer licensed individual practitioner's disaster privileges within 72 hours of initially granting the privileges as required by this element of performance

Attachment 10

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Infection Control

Standard: IC.1.10

Program: OME

Standard Text: The risk of development of a health care-associated infection is minimized through an organizationwide infection control program.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

3. All applicable organization services/disciplines are integrated into the IC program.

Scoring Category : B

9. The organization has a written IC plan* that includes the following:

A description of prioritized risks

A statement of the goals of the IC program

A description of the organization's strategies to minimize, reduce, or eliminate the prioritized risks

A description of how the strategies will be evaluated

*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the "plan" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

Surveyor Findings

EP 3

Observed in Infection control session at In Home Medical of Sarah Bush Lincoln site.

Inquiry of the HME manager and discussion in the Infection Control Session revealed that HME was not integrated into the Infection Control program.

EP 9

Observed in Mgmt. Interviews/Doc. Review at Lincolnland Home Care of Sarah Bush Lincoln site.

It was noted that the Home Care Department had not completed a written Infection Control Plan that included a description of prioritized risks for the department. In addition there was no evidence of a description of how the goals and strategies to minimize, reduce, or eliminate the prioritized risks would be evaluated.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Information Management

Standard: IM.6.50

Program: HAP

Standard Text: Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

3. When required by law or regulation, verbal or telephone orders are authenticated within the specified time frame.

Surveyor Findings

EP 3

Observed in cardiac catheterization laboratory at Sarah Bush Lincoln Health Center site.
During closed review of cardiac catheterization medical records, it was noted that 2 of the 3 records had verbal orders that were not authenticated within 48 hours as required by hospital policy

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Medication Management

Standard: MM.2.20
Program: HAP
Standard Text: Medications are properly and safely stored.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

6. Controlled substances are stored to prevent diversion and according to state and federal laws and regulations.

Scoring Category : A

7. All expired, damaged, and/or contaminated medications are segregated until they are removed from the hospital.

Surveyor Findings

EP 6

Observed in the PACU at Sarah Bush Lincoln Health Center site.

During the course of tracer activity a syringe with 2 mg of Morphine Sulfate for injection was found unattended and unsecured on top of the Pyxis machine in the PACU. The syringe could have been removed by unauthorized persons. The nurse who was responsible for the security of the syringe was several feet away with her back to the syringe attending to a patient. The other nursing personnel in the PACU at the time were also busily engaged in patient care .

EP 7

Observed in Facility Tour & Clinic Visit at Arthur Clinic site.

Review of stock medications at this clinic found four vials of medications which had expired and had not been removed from the shelf.

Standard: MM.4.70
Program: HAP
Standard Text: Medications dispensed by the hospital are retrieved when recalled or discontinued by the manufacturer or the Food and Drug Administration for safety reasons.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

1. When the hospital has been informed of a medication recall or discontinuation by the manufacturer or the Food and Drug Administration (FDA) for safety reasons, medications within the hospital are retrieved* and handled per hospital policy and law or regulation.

*Although recalls are generally by lot number, a hospital may retrieve all lots of a recalled medication instead of recording and identifying medications by their lot number.

Attachment 10

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

Surveyor Findings

EP 1

Observed in Facility Tour & Clinic Visit at Sullivan Clinic site.

Review of the sample medication process at the clinics indicates a carboned or copy through form for documenting the information. On several occasions the copy was not fully completed nor readable when not pressed firmly on the original. Recall would be difficult if not impossible to determine the patients receiving the medication due to lack of good information.

Standard: MM.8.10

Program: OME

Standard Text: The organization evaluates its medication management system.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

4. The organization acts to implement improvements based on the following:

evaluation of its medication management system

review of new technologies

external data

successful practices that have been demonstrated to enhance safety

Surveyor Findings

EP 4

Observed in Mgmt. Interviews/Doc. review at Lincolnland Home Care of Sarah Bush Lincoln site.

Observed in Mgmt. Interviews at Lincolnland Home Care of Sarah Bush Lincoln site.

There was limited evidence that the Home Care Department had implemented improvements based on an evaluation of its complete medication management system, review of new technologies, external data, and successful practices that have been demonstrated to enhance safety. This did not reflect the use of currently accepted practices and incorporate relevant performance improvement results in order to consistently meet the needs of patients.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Patient Safety

Standard: UP Requirement 1B
Program: HAP
Standard Text: Mark the operative site as described in the Universal Protocol

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C

6. The person performing the procedure should do the site marking.

Surveyor Findings

EP 6

Observed in the operating room at Sarah Bush Lincoln Health Center site.

The operative site for a left knee arthroscopy was marked by the preoperative nurse. Staff indicated that it is routine that nurses (and on occasion patients when there is an issue of modesty) mark the operative site.

Observed in operating room at Sarah Bush Lincoln Health Center site.

The operative site for this patient undergoing excision of a left knee mass was marked by the preoperative nurse. Staff indicated that it is routine that nurses (and on occasion patients when there is an issue of modesty) mark the operative site.

Observed in operating room at Sarah Bush Lincoln Health Center site.

The operative site was marked by the preoperative nurse for this patient undergoing a breast biopsy. Staff indicated that nurses routinely (and on occasion patients when there is an issue of modesty) mark the operative site.

Standard: UP Requirement 1C
Program: HAP
Standard Text: Conduct a "time out" immediately before starting the procedure as described in the Universal Protocol

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

2. The process must involve the entire operative team, use active communication, and must, at least, include:

Correct patient identity.

Correct side and site

Agreement on the procedure to be done.

Correct patient position.

Availability of correct implants and any special equipment or special requirements.

Attachment 10

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

Surveyor Findings

EP 2

Observed in the operating room at Sarah Bush Lincoln Health Center site.

The patient was identified during the "time out" only by name. Hospital policy requires that name and birthdate are standard patient identifiers.

Standard: PC.6.10

Program: OME

Standard Text: The patient receives education and training specific to the patient's needs and as appropriate to the care, treatment, and services provided.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

16. The organization advises the beneficiary and caregiver about appropriate safety considerations. (Corresponds with CMS Quality Standard in Section II: General Product-Specific Service Standards, Training/Instruction to Beneficiary and Caregiver)

Surveyor Findings

EP 16

Observed in Individual tracer activity at In Home Medical of Sarah Bush Lincoln site.

The Survey noted that the patient had 10 E cylinders stored standing upright and unsecured in the garage. The technician did not provide any re-education about the safety concern.

Observed in Individual tracer at In Home Medical of Sarah Bush Lincoln site.

Survey observed oxygen concentrator plugged into a power strip with 3 other high current appliances. Technician did not provide additional patient education regarding this safety concern.

Standard: NPSG Requirement 3C

Program: OME

Standard Text: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

3. The organization takes action to prevent errors involving the interchange of these drugs.

Surveyor Findings

EP 3

Observed in Ind. Tracer Activities/Doc. Review at Lincolnland Home Care of Sarah Bush Lincoln site.

It was noted that although a list of look-alike/ sound-alike medications were identified, the Home Care Department had not yet implemented specific actions to prevent errors involving the interchange of these drugs.

Standard: NPSG Requirement 9B

Attachment 10

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

Program: OME

Standard Text: Implement a fall reduction program including an evaluation of the effectiveness of the program.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

1. The organization establishes a fall reduction program.

Scoring Category : C

2. The fall reduction program includes an evaluation as appropriate to the patient population, settings and services provided.

Scoring Category : A

3. The fall reduction program includes interventions to reduce the patient's fall risk factors.

Scoring Category : C

4. Staff receive education and training for the fall reduction program

Scoring Category : C

5. The patient and patient's family is educated on the fall reduction program and any individualized fall reduction strategies.

Scoring Category : A

6. The fall reduction program is evaluated to determine the effectiveness of the program. (Outcome indicators such as decreased number of falls and decreased number and severity of fall-related injuries could be used.)

Surveyor Findings

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

EP 1

Observed in HME manager interview at In Home Medical of Sarah Bush Lincoln site.
The surveyor noted that the organization had not developed a fall reduction program including evaluation for the home medical equipment operations.

EP 2

Observed in HME manager interview at In Home Medical of Sarah Bush Lincoln site.
The surveyor noted that the organization had not developed a fall reduction program including evaluation for the home medical equipment operations.

EP 3

Observed in HME manager interview at In Home Medical of Sarah Bush Lincoln site.
The surveyor noted that the organization had not developed a fall reduction program including evaluation for the home medical equipment operations.

EP 4

Observed in HME manager interview at In Home Medical of Sarah Bush Lincoln site.
The surveyor noted that the organization had not developed a fall reduction program including evaluation for the home medical equipment operations.

EP 5

Observed in HME manager interview at In Home Medical of Sarah Bush Lincoln site.
The surveyor noted that the organization had not developed a fall reduction program including evaluation for the home medical equipment operations.

EP 6

Observed in HME manager interview at In Home Medical of Sarah Bush Lincoln site.
The surveyor noted that the organization had not developed a fall reduction program including evaluation for the home medical equipment operations.

The Joint Commission
Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Physical Environment

Standard: EC.5.20

Program: HAP

Standard Text: Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

1. Each building in which patients are housed or receive care, treatment, and services complies with the LSC, NFPA 101® 2000; OR Each building in which patients are housed or receive care, treatment, and services does not comply with the LSC, but the resolution of all deficiencies is evidenced through the following:

An equivalency approved by the Joint Commission Or

Continued progress in completing an acceptable Plan For Improvement (Statement of Conditions™, Part 4)

Surveyor Findings

Please see Life Safety Code Report

The Joint Commission
Accreditation Survey Findings

Life Safety Code

Inpatient Occupancy Existing Healthcare Occupancies; Section I - Buildings

Requirement: EC.A.1H

Phrase: Existing Health Care Occupancies When the following penetrate fire resistance rated wall assemblies, the spaces between the item and the wall are filled with an appropriate fire resistance rated material: pipes, conduits, bus ducts, cables/wires, air ducts and pneumatic tubes. (EC.A.1H)

Surveyor Findings:

During the Life Safety Code building tour, unsealed or inadequately resealed penetrations were found on both the 4th and 2nd floors in FRR walls.

Inpatient Occupancy Existing Healthcare Occupancies; Section II - Rooms

Requirement: EC.A.2I.3

Phrase: Existing Health Care Occupancies Corridor doors are: fitted with positive latching hardware. (EC.A.2I)(EC.A.2I.3)

Surveyor Findings:

During the Life Safety Code building tour one patient room door, although fitted with positive latching hardware, would not latch because the bolt in the door was not working.

Inpatient Occupancy Existing Healthcare Occupancies; Section V - Exits

Requirement: EC.A.5B.4

Phrase: Existing Health Care Occupancies Exits are arranged so that: exit corridors are at least four feet in width. (EC.A.5B)(EC.A.5B.4)

Surveyor Findings:

During a tour of the laboratory, it was noted the back exit corridor was partially blocked by a container.

Requirement: EC.A.5K.1

Phrase: Existing Health Care Occupancies Exit signs are: readily visible from any direction of access. (EC.A.5K)(EC.A.5K.1)

Surveyor Findings:

During a tour of the laboratory, it was noted an exit sign in the back of the laboratory did not direct staff to the exit door. The sign was placed in front of a corridor leading to an area without an exit. There was no directional arrow on the corridor exit sign

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Assessment and Care/Services

Standard: PC.4.10

Program: HAP

Standard Text: Development of a plan for care, treatment, and services is individualized and appropriate to the patient's needs, strengths, limitations, and goals.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

1. Care, treatment, and services are planned to ensure that they are individualized to the patient's needs.

Surveyor Findings

EP 1

Observed in Behavioral health medical Record at Sarah Bush Lincoln Health Center site.

During individual tracer activity, it was noted the plan of care was an standardized admission plan of care used on admission to the behavioral health unit. The daily multidisciplinary update to the plan of care was not documented. Each discipline did document the effectiveness of the interventions discussed in the daily meeting.

Observed in CCU medical record at Sarah Bush Lincoln Health Center site.

During individual tracer activity, it was noted the treatment plan was not individualized to the specific needs of the patient. The tracer was of a patient who was placed on a Suicide Risk Assessment as a Standard of Care. The Standard of Care contained interventions not used in the CCU.

Standard: PC.6.10

Program: HAP

Standard Text: The patient receives education and training specific to the patient's needs and as appropriate to the care, treatment, and services provided.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

3. As appropriate to the patient's condition and assessed needs and the hospital's scope of services, the patient is educated about the following:

The plan for care, treatment, and services

Basic health practices and safety

The safe and effective use of medications

Nutrition interventions, modified diets, or oral health

Safe and effective use of medical equipment or supplies when provided by the hospital

Understanding pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management

Habilitation or rehabilitation techniques to help them reach the maximum independence possible

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Accreditation Survey Findings

Supplemental Findings

Surveyor Findings

EP 3

Observed in Psychiatric Clinic medical record at Psychiatric Clinic site.

During tracer activity, it was noted there was no documentation of teaching performed for the medications listed.

Observed in Psychiatric Clinic medical record at Psychiatric Clinic site.

During a second tracer, it was noted there was no medication teaching documented for the listed medications. The patient had had medication changes.

Observed in Psychiatric Clinic medical record at Psychiatric Clinic site.

During a third tracer activity, it was noted there was no documentation of medication teaching. The patient had had medication changes.

Observed in Psychiatric Clinic medical record at Psychiatric Clinic site.

During a fourth tracer, it was noted medication teaching had not been documented. The patient had had medication changes.

Standard: PC.8.10

Program: HAP

Standard Text: Pain is assessed in all patients.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

3. Regular reassessment and follow-up occur according to criteria developed by the hospital.

Surveyor Findings

EP 3

Observed in Behavioral health Medical Record at Sarah Bush Lincoln Health Center site.

During tracer activity, it was noted there was no documented reassessment of the effectiveness of pain intervention per organization policy. The policy required when oral medication was given, reassessment was to be done in one hour. On 10/14, reassessments were not documented per policy.

Observed in Skilled Nursing medical record at Sarah Bush Lincoln Health Center site.

During tracer activity, it was noted a reassessment of pain was documented two hours after the intervention was done. Organization policy required for an oral medication the reassessment occur one hour after the intervention.

Standard: PC.4.10

Program: HDS

Standard Text: Development of a plan for care, treatment, and services is individualized and appropriate to the patient's needs, strengths, limitations, and goals.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

28. For Medicare-certified hospices: The hospice must also comply with CFR 418.58c. See Appendix D

Attachment 10

The Joint Commission
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Supplemental Findings

for the full text of the regulations.

Surveyor Findings

EP 28

Observed in individual tracer at Lincolnland Hospice of Sarah Bush Lincoln site.

Finding Level Observation: During individual patient tracer and review of patient records the surveyor observed that the care plan in the patient's record had not been updated to be appropriate with the patient's needs. For a two month time period, the the HHA plan of care and provision of care directed that the patient receive a bed bath, however, the current plan of care in the patient record directed the bath be given with the use of a shower chair. Review with management confirmed that the change had not been made in the patient's electronic record.

Standard: PC.4.10

Program: OME

Standard Text: Development of a plan for care, treatment, and services is individualized and appropriate to the patient's needs, strengths, limitations, and goals.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

20. For Medicare-certified hospices: The hospice must also comply with CFRs 418.58a, 418.58b, 418.58c, 418.68b1, 418.68b3, 418.88a, 418.94b, 418.96c4, 418.200. See Appendix D for the full text of the regulations.

Surveyor Findings

EP 20

Observed in patient tracer at Lincolnland Hospice of Sarah Bush Lincoln site.

During an individual patient tracer and review of patient records, the surveyor observed that the care plan in the patient's record had not been updated to be appropriate with the patient's needs. For a two month time period, the the HHA plan of care and provision of care directed that the patient receive a bed bath, however, the current plan of care in the patient record directed the bath be given with the use of a shower chair. Review with management confirmed that the change had not been made in the patient's electronic record.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Equipment Use

Standard: EC.6.100

Program: OME

Standard Text: Medical equipment and supplies provided to patients is appropriately received and stored at organization sites.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

2. The organization's receipt and storage of equipment includes clearly identifying and separating areas for the following:

- Clean and dirty equipment
- Cleaning and disinfecting equipment
- Equipment requiring maintenance or repair
- Obsolete inventory
- Patient-ready medical equipment

Surveyor Findings

EP 2

Observed in Warehouse inspection at In Home Medical of Sarah Bush Lincoln site.
During inspection of the warehouse it was noted that the dirty mattress within the marked dirty area crossed the demarkation and touched the adjoining shelving containing new clean merchandise.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Infection Control

Standard: IC.4.10
Program: HAP
Standard Text: Once the hospital has prioritized its goals, strategies must be implemented to achieve those goals.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

3. Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following:

Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment
Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards
The appropriate use of personal protective equipment
*Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

Surveyor Findings

EP 3

Observed in endoscopy suite at Sarah Bush Lincoln Health Center site.

During tracer activity, it was learned that the individual responsible for cleaning endoscopes was not following manufacturer's recommendations to use dilute cidex solution as a negative control to evaluate newly opened bottles of cidex test strips for accuracy.

Observed in ultrasound department at Sarah Bush Lincoln Health Center site.

During a tour of the ultrasound department, it was learned that the individual responsible for cleaning the Transesophageal Echocardiography (TEE) probe with Cidex was not performing full quality control of the Cidex tests trips when opening a new bottle of test strips. A negative control employing dilute Cidex was not carried out.

Standard: IC.4.10
Program: OME
Standard Text: Once the organization has prioritized its goals, strategies must be implemented to achieve those goals.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

3. Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following:

Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment
Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with

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Supplemental Findings

regulatory and professional standards

The appropriate use of personal protective equipment

*Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

Surveyor Findings

EP 3

Observed in Individual tracer activity at In Home Medical of Sarah Bush Lincoln site.

The respiratory therapist mistakenly discarded a reusable part into the garbage can and then retrieved and installed it on the patient's CPAP machine without cleaning the part or her hands.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Information Management

Standard: IM.6.40
Program: HAP
Standard Text: For patients receiving continuing ambulatory care services, the medical record contains a summary list(s) of significant diagnoses, procedures, drug allergies, and medications.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

1. The summary list(s) is initiated for the patient by the third visit and maintained thereafter.

Surveyor Findings

EP 1

Observed in Facility Tour and Clinic Visit at Sullivan Clinic site.

Review of patient care activities indicates a problem summary list but determining whether it was accurately maintained after the third visit was not always possible

Observed in Facility Tour & Clinic Visit at Arthur Clinic site.

Review of a patient record indicated the problem summary list was not always updated and maintained accurately after the third visit.

Standard: IM.2.20
Program: HDS
Standard Text: Information security, including data integrity, is maintained.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

10. For Medicare-certified hospices only: The hospice must also comply with CFR 418.74b. See Appendix D for the full text of the regulations.

Surveyor Findings

EP 10

Observed in review of patient records at Lincolnland Hospice of Sarah Bush Lincoln site.

Finding Level Observation: During review of patient records in the hospice site, the surveyor observed that the integrity of data had not been maintained. In several different records and several different places, letters and numbers were obliterated rendering them unreadable. In one patient's record medication had been written over in the medication profile and several months later the location of pain information was scribbled over. In a second record, a date was written over rendering the numbers underneath unreadable.

Standard: IM.2.20
Program: OME
Standard Text: Information security, including data integrity, is maintained.

Attachment 10

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Accreditation Survey Findings

Supplemental Findings

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

10. For Medicare-certified hospices only: The hospice must also comply with CFR 418.74b. See Appendix D for the full text of the regulations.

Surveyor Findings

EP 10

Observed in patient records at Lincolnland Hospice of Sarah Bush Lincoln site.

During review of patient records in the hospice site, the surveyor observed that the integrity of data had not been maintained. In several different records and several different places, letters and numbers were obliterated rendering them unreadable. In one patient's record medication had been written over in the medication profile and several months later the location of pain information was scribbled over. In a second record, a date was written over rendering the numbers underneath unreadable.

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Patient Safety

Standard: MM.7.10

Program: OME

Standard Text: The organization develops processes for managing high-risk or high-alert medications.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

2. Based on the services provided, the organization develops processes for procuring, storing, ordering, transcribing, preparing, dispensing, administering, and/or monitoring high-risk or high-alert medications.

Surveyor Findings

EP 2

Observed in Ind. Tracer activities/Doc. Review at Lincolnland Home Care of Sarah Bush Lincoln site.

It was noted that although the Home Care Department had identified a list of high-risk or high-alert medications, there was minimal evidence that the department had developed specific processes for administering , and/or monitoring high-risk and/or high-alert medications. This did not reflect the use of currently accepted practices or consistently meet patient needs.

The Joint Commission
Accreditation Survey Findings

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Quality Improvement Expertise/Activities

Standard: PI.1.10
Program: OME
Standard Text: The organization collects data to monitor its performance.
Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

3. The organization collects data on the perceptions of care, treatment, and services* of patients including the following:

Their specific needs and expectations
How well the organization meets these needs and expectations
How the organization can improve patient safety
The effectiveness of pain management, when applicable

*The Joint Commission is moving from the phrase satisfaction with care, treatment, and services toward the more inclusive phrase perception of care, treatment, and services to better measure the performance of organizations meeting the needs, expectations and concerns of patients. By using this term, the organization will be prompted to assess not only patients' and/or families' satisfaction with care, treatment, or services, but also whether the organization meets their needs and expectations.

Surveyor Findings

EP 3

Observed in review of data at Lincolnland Hospice of Sarah Bush Lincoln site.

During review of the organization's data and in discussion with management, the surveyor learned that the organization had not collected data on the patient's perceptions of how the organization could improve patient safety. There was not a question related to the patient's perception of how to improve safety in the patient perception of care (satisfaction) survey, and management confirmed that information was not collected in any other way.

Attachment – 11

Purpose of Project – Criterion 1110.230

Sarah Bush Lincoln Health Center (SBL) is a not-for-profit community hospital located in east central Illinois. The Health Center's mission is to provide exceptional care for all and create healthy communities. Established in 1977, Sarah Bush Lincoln is committed to caring for patients regardless of ability to pay, as demonstrated by its financial assistance program.

The project proposes new construction and modernization, as described in the Narrative Description on page 5 of the application. Additionally, this project proposes to discontinue its general long term care category of service because it is not economically feasible to continue operation, there is insufficient volume, and there is substantial excess bed capacity in Health Service Area 4 to accommodate Sarah Bush Lincoln's caseload (source: IDPH inventory).

SBL's market area, as defined by patient origin, encompasses 7 counties in east central Illinois: Coles, Cumberland, Clark, Edgar, Moultrie, Douglas, and Shelby. Approximately 62% of inpatients come from Coles County (source: Compdata FY09). The total population of SBL's 7-county market area is 160,267 (source: Solucient, 2010 projection).

The purpose of the proposed project will improve the health care and well-being of SBL's market area population. The expansion of the ED will improve necessary access to care and accommodate the conversion of 19 semi-private treatment stations to 27 private rooms to ensure a private and safe environment for patients. The additional private treatment rooms will accommodate the ED's peak census times which require 27 rooms, and will accommodate the anticipated 3% growth each year over the next 5 years (source: TKH, May 2009). Due to the high number of uninsured residents in the SBL market area, more patients are facing financial hardship and therefore seeking care in the ED rather than primary care physician offices. 28% of households in Coles County have incomes below the federal poverty level, and 25% of Coles County households have no health insurance, which is substantially higher than the national average of 15% uninsured. (source: Solucient, U.S. Census Bureau 2005).

The conversion of all semi-private medical/surgical rooms to private rooms will introduce a new standard of care and improve the well-being of SBL's market area population. Private rooms will improve patient satisfaction, increase privacy, and lessen wait times for admissions because gender will no longer be a factor in placing a patient in a bed. Private rooms will substantially improve SBL's 'quietness' metric on the patient experience HCAHPS survey. Quietness is the only measure in which SBL falls below the national average (source: HCAHPS CMS, Dec 08).

The medical/surgical services renovation will also address safety issues. The last facility renovation occurred in 1992. Only 10% of patient bathrooms on the medical/surgical unit are handicap accessible. The proposed renovation will ensure 68% of patient bathrooms are handicap accessible and 100% are bariatric accessible. Currently, SBL does not offer bariatric patient restrooms, which is problematic for the market area. On average, 65% of SBL's 7-county market area is classified as overweight or obese. In Coles County, the number of overweight and obese residents increased at an alarming rate of 52% in 2004 to 62% in 2007 (source: Illinois Behavior Risk Survey, 2007).

The laboratory is being expanded to accommodate the substantial growth in reference laboratory volume. During the past 17 years, the program has expanded from 6 clients to 382 clients in a 22 county region in central and southern Illinois. The Laboratory has experienced a 16% growth in test volume from FY08 to FY09. The current space is undersized according to State Standards.

Surgical Operating Rooms will be renovated to improve operational flow and increase the room size to accommodate large surgical equipment, number of staff required for many of the orthopedic and general surgeries being performed, laparoscopic and video equipment, PACS system which allows surgeons to view images during procedures, and the electronic charting system that is used in the operating rooms. The number of Surgical Recovery Rooms will increase from 26 to 31 to accommodate a new standard of care. The rooms will be used for both recovery and pre-operative care, which will allow family members to remain with the patient as long as possible, in the same location throughout the outpatient surgical process.

SBL's market-area demographics may change in the near future, which will affect the need for healthcare services. Mattoon, Illinois, was selected as the site for FutureGen, a government-industry project to design, build, and operate a first-of-a-kind coal-fueled, near-zero emission power plant. Preliminary estimates suggest average construction to be 1,300 individuals with peak construction employment at 4,000 workers, and a permanent workforce of nearly 200 during the operational phase of the project. Much of this permanent workforce is expected to relocate to Mattoon, Illinois, thus increasing the needs for healthcare in the area (source: FutureGen Alliance, Coles Together, 2009).

Goals:

- 1) Improve HCAHPS Patient Survey 'Quietness' rating from 55%, which is below the national average, to a score of 63% (nation's 75thtile) within first full year of project completion.
- 2) Convert patient bathrooms from: 10% to 68% handicap accessible and 0% to 100% bariatric accessible upon project completion.
- 3) Reduce wait times in the ED from patient arrival time to time evaluated by physician from 1 hour 9 minutes to < 30 minutes within first full year after project completion.
- 4) Reduce walk outs (left prior to medical screening by a physician) in the ED from 1.8% to < 1% within first full year after project completion.

Attachment 12

Alternatives - Criterion 1110.230

Sarah Bush Lincoln Health System ("SBLHS") was opened in May, 1977. Since this time, there have been several expansions to the original building including two medical office pavilions, an ICU, an Education Center, and a Cancer Center. In the last thirty-two years SBLHS has grown significantly in both inpatient and outpatient volumes, as well as our Emergency Department and surgical volumes. We are very pleased with the success of SBLHS and our ability to offer the wide array of medical services to the people we serve in East Central Illinois. However, due to this growth we find it imperative to renovate several key areas.

SBLHS has several facility space issues which we need to resolve to allow us to continue to deliver quality care to our patients. First, our Emergency Department volume has grown substantially in the past 10 years. The last major renovation to our Emergency Department was done in 1993. Currently, the space is inadequate to sustain the annual growth we are experiencing. We are anticipating the problem to worsen as access to primary care physicians becomes more difficult. In the rural communities that represent our service area it gets even more difficult, and the Emergency Department is often the only access to medical care available.

Similar to our Emergency Department, our Surgical Department volume has also grown in the past 10 years. While there have been several construction projects associated with our Surgical Department in the last 32 years, the core operating rooms have not been renovated since the original building was built in 1977. The average size of the O/R Rooms at SBLHS is approximately 480 square feet, while the recommended size of current O/R Rooms is a minimum of 600 square feet, according to the American Institute of Architects.

Originally, SBLHS was constructed with semi-private and private rooms and is still operating the same today. The industry as a whole is moving towards private med/surg rooms. This is being done for two reasons. First, quality issues regarding infection (MSRA and others) are improved in a private room setting. Secondly, patient experience is improved from aspects of quietness, ability to sleep, and family involvement in care.

Currently, the location of SBLHS's Lab is on the first floor of our main hospital building. The current space occupied by the Lab is inadequate. The lab test volume has grown from approximately 400,000 tests in FY 2001 to over 650,000 tests in FY 2009. The average annual growth rate of our Lab is approximately 8%. The Lab cannot expand in its current location due to the location of other departments which currently surround it.

SBLHS analyzed several options to the above mentioned issued, and, as a result, is recommending Alternative 5.

The alternatives considered were:

- Alternative 1 – Do nothing
- Alternative 2 – Addition of Two New Floors
- Alternative 3 – Replacement Hospital
- Alternative 4 – Lab – Separate Building
- Alternative 5 – Modernize/Redevelop in existing space

Alternative 1 – Do Nothing

This alternative would result in SBLHS doing no renovation to any of the areas indicated above. This was unacceptable from a planning approach as this alternative does not resolve any of the issues identified above.

- Quality

This alternative would result in no modernization of SBLHS's Emergency Department, our Surgery area, Med/Surg units, or our Lab. The current space is inadequate, and no improvement in quality, wait times and privacy would occur.

- Access

Expanding E/D space and other areas will increase access to medical care. At the current annual increase in E/D volumes, demand will shortly lead to longer and longer wait times, and a decrease in clinical quality. By converting our current Med/Surg units to all private rooms, access to I/P care will increase. This will happen mainly due to not utilizing two beds in a semi-private room for a single patient with infections and/or MRSA. Doing nothing will actually decrease access.

- Cost

The Do-Nothing alternative, while having no direct capital costs, will, over time, have a negative cost effect. If access issues are not resolved, medical care will be constrained and limited. For many individuals SBLHS is the only access for medical care. If access is further limited and medical care not received, the acuity level of patients will increase, the presence of complications will increase and the eventual cost of treatment will increase. In addition, the overall health of many individuals in our community will decrease. To serve the communities in our area, SBLHS needs to expand/modernize the areas mentioned above.

Alternative 2 – Addition of Two New Floors

This alternative would result in SBL adding two additional floors to our patient tower. The two new floors would house all our current medical/surgical beds in private rooms and our Lab. The current footprint of the building where the two floors would be added is 23,514 square feet per floor, or 47,028 square feet of new hospital space. All other aspects of Alternative 5 (Modernization) would also be done as part of this alternative. This alternative would result in the current 4th floor, approximately one-half our current 3rd floor, and approximately 11,000 square feet in the lower level of our professional building being vacant long-term.

- Quality

This alternative would not materially change the quality of the services provided as compared to Alternative 5 (Modernization). The same basic services would be offered, by the same medical staff and in approximately the same location, only two floors higher.

- Access

Overall access to care would not materially change in this alternative as compared to Alternative 5 (Modernization) with one exception. This alternative would result, when construction is finished, with patient and families having to go to a new 5th and 6th floor past a vacant 3rd and 4th floor. In addition, during the construction period this alternative would result in substantial noise and disruption to existing patients utilizing the 4th floor. Although a detailed engineering study has not been conducted, it has been suggested the current 4th floor Med/Surg unit may have to be vacated during portions of the construction thereby materially affecting access.

- Cost

We estimate the cost of this alternative as follows:

• Construction of 2 new floors (47,028 new square feet @ \$300.0/sq. ft.) ⁽¹⁾	14,108,400
• All other costs associated with Alternative 4 Less those associated with Med/Surg floors Renovation and new Lab space (\$43,969,243 – 5,692,646 – 3,478,969)	<u>\$34,524,628</u>
Total estimated cost of Alternative 2	<u>\$48,633,028</u>

⁽¹⁾ The addition of two new floors was complicated by the moving of large mechanical systems during construction and permanently.

The long-term disadvantage of this alternative would be the vacant space created.

Alternative 3 – Replacement Hospital

This alternative would require the construction of a new hospital. SBLHS currently owns approximately 100 acres on its campus so land acquisition would not be an issue. In addition, the current campus is located approximately an equal distance between Mattoon and Charleston. Therefore, we are making the assumption a newly constructed hospital would be located somewhere on our current campus. The current SBLHS building(s) are approximately 410,000 total square feet. Included in this are two additions referred to as Medical Office Pavilion I (MOP I) and Medical Office Pavilion II (MOP II). Excluding the space occupied by these additions, we analyzed the possibility of building a new replacement facility of approximately 304,000 square feet. This analysis resulted in the following:

- Cost

The estimated cost to construct a new hospital was estimated to be \$76.4 million. This was based on a per square foot construction cost of \$240 per square foot, including architecture costs and an estimated cost of replacement equipment of \$3.4 million. The estimated cost of \$76.4 million to build a replacement hospital (for a hospital that was opened 31 years ago), when an alternative that costs \$44.5 million, was not acceptable in our opinion.

- Access

A replacement hospital, built on the existing campus of SBLHS as an alternative to modernization of the existing facility, in our opinion, would not materially affect patient access to health care services. The same services would be available, in approximately the same size departments as are being proposed in the modernization project. In addition, when considering the additional cost of \$31.9 million, this alternative was not deemed practical or feasible.

- Quality

A replacement hospital offering the same service, by the same medical staff, administration and hospital staff would not effect the overall quality in comparison to the modernization project being proposed other than one issue. The only material difference would be the potential disruption under the proposed modernization project during the construction phase of the proposed project. However, we have planned for the various phases of the construction project and given the cost differential of \$31.9 million, any major difference in access during the construction period was deemed acceptable.

Alternative 4 – Separate Lab Building

This alternative would require the construction of a separate Lab building, while all other components and aspects of Alternative 5 (Modernization) would be required. A separate Lab building would require separate and additional mechanical systems, roadway, and parking. The estimated size of the Lab building would be 14,000 square feet. This is slightly larger than the space planned in Alternative 5 due to additional space being allowed for break rooms, public access, mechanical requirements, and corridors. In addition, the proposed cost of a pneumatic tube system in Alternative 5 would increase.

- Quality

This alternative would not result in a quality difference from Alternative 5.

- Access

This alternative would not result in any differences in access to medical care.

- Cost

The estimated cost of building a separate building for lab was calculated as follows:

Square Feet	14,000
Cost Per Square Ft.	<u>\$250</u>
Estimated Cost	\$3,500,000
Additional Pneumatic Tube Costs	<u>400,000</u>
Total estimated cost of Alternative 4	\$3,900,000

The estimated cost of remodeling the lower level for the Lab in Alternative 5 is \$3,478,969. The total cost of Alternative 4 is estimated to be \$44,390,274, as compared to the estimated cost of Alternative 5 of \$43,969,243.

This alternative would result in an additional \$421,031 in capital costs with no advantages over Alternative 5.

Attachment 13
Criterion 1110.234 – Size of Project

Clinical

The following clinical spaces are included in the proposed project and have State Norms, as specified in Section 1110.Appendix B:

<u>Department</u>	<u>Proposed DGSF</u>
First Floor - Emergency Department	13,787 DGSF
Ground Floor – Laboratory and First Floor - Phlebotomy	10,653 DGSF
First Floor - Surgery Operating Rooms	14,834 DGSF
First Floor - Surgery Recovery Rooms	7,829 DGSF
3 rd and 4 th Floor - Medical/Surgical Beds	25,607 DGSF
First Floor - Radiology (Ultrasound/CT recovery area only)	1,816 DGSF
MOP 4 th Floor - Speech Pathology and Audiology	3,200 DGSF

Emergency Department

Sarah Bush Lincoln's master facility plan identifies a need to increase the size of the Emergency Department (ED). The current ED is operating beyond capacity, is undersized, poorly configured and inefficient.

The existing Emergency Department is 7,949 DGSF and is undersized by State Norms cited in Section 1110.Appendix B. There are currently 19 treatment stations. The current configuration has multiple treatment stations located in two common bay areas, providing no privacy to patients and families.

Upon completion of this project, the Emergency Department will consist of 4 trauma, 3 urgent care, and 20 general treatment rooms, for a total of 27 private rooms. Separate areas are designated for Urgent Care, Pediatrics, as well as securable rooms for Behavioral Health patients. The location of the Emergency Department is adjacent to the Imaging Department with short direct access to CT Scanning and other modalities. The new design provides for improved patient flow, privacy and staff visibility.

Market studies performed by Tchoukaleff Kelly Hartke, Inc. indicate 27 rooms are necessary to meet the current peak demands and future utilization at SBL. Utilization studies which warrant the 27 rooms are found in Attachments 14 and 71.

To accommodate the proposed 27 treatment rooms, Tchoukaleff Kelly Hartke, Inc. specifies the need for 13,787 DGSF. The Space Programming Plan conducted by TKH is found on pages 187-188 of Attachment 71.

Current volumes, using State Agency Guidelines, justify 18 ED rooms. Below is the analysis using current volumes and justified rooms.

Current State Norm

34,963 CY2008 visits/2000 visits = 18 rooms justified
18 rooms x 744.6 DGSF = 13,402 DGSF

Proposed State Standards

34,963 CY2008 visits/2000 visits = 18 rooms justified
18 rooms x 900 DGSF = 15,733 DGSF

The proposed 13,787 DGSF for the Emergency Department is not excessive. In fact, the project is well below the Proposed State Guidelines which allow for 900 DGSF/treatment station, or a total of 15,733 DGSF.

Laboratory / Phlebotomy

Sarah Bush Lincoln's master facility plan developed in 2008 along with an outside laboratory consultant, Delgado Clinical Consulting LLC, indicated the Laboratory, which currently occupies approximately 5,830 DGSF, is in need of additional square footage to continue to produce timely, efficient, high quality services. The Executive Summary from the Delgado Clinical Consulting, LLC study is found on page 182, Attachment 70.

Current Laboratory and Phlebotomy space is congested with overcrowding of work benches, mis-configured work flow, and organization that requires excessive circulation thru testing areas. The current condition utilizes built-in casework which limits flexibility to accommodate new/future equipment.

The project proposes to relocate the main clinical core laboratory to the ground floor of the facility to a space of approximately 9,083 DGSF. The additional space allows for additional testing and automated equipment, appropriate bench testing space to improve tech work space and reduce chances for errors, and introduction of modular lab systems furniture to allow for future flexibility.

The proposed Phlebotomy space of approximately 1,570 DGSF is proposed to remain on the first floor in a new location adjacent to Admitting/Patient Registration to facilitate patient access & efficiency. Proposed improvements include enclosed blood draw rooms in lieu of small curtain bays to allow for improved patient privacy and experience.

Total proposed Laboratory and Phlebotomy space equals 10,653 DGSF.

Current State Norms in section 1110. Appendix B allow for 225 GSF/full-time equivalent for Laboratory Space. Sarah Bush Lincoln employs 75 FTEs in the laboratory.

Current State Norm

225 DGSF x 75 FTE = 16,875 DGSF

The proposed 10,653 DGSF for the Laboratory/Phlebotomy Department is well below the current State Norm.

Surgery Operating Rooms

Over the last several years, separate studies have been produced relative to improving the physical layout and flow of the Surgical Department.

Studies conducted by Navigant and Tchoukaleff Kelly Hartke, Inc indicate the current Surgical Department is inefficient and poorly configured. The proposed rooms are sized to create greater flexibility in scheduling case types, and to accommodate large equipment required for many of the orthopedic and general surgeries. The increased size of the room is needed to accommodate laparoscopic and video equipment, the PACS system which allows surgeons to view images, and the electronic charting system that is used in the operating rooms.

The proposed Surgery Operating Room Department is 14,834 DGSF and includes 8 operating rooms. The proposed, reconfigured space is only 12 DGSF larger than the existing surgery space at Sarah Bush Lincoln, and there is no change to the number of existing operating rooms in use. Sarah Bush Lincoln currently operates 8 surgical operating rooms, 4 of which are combined inpatient/outpatient, and 4 of which are outpatient.

While the project exceeds the current and proposed DGSF State Guidelines, the CY2008 surgery hours performed at SBL are unusually low. During this time period, three orthopedic surgeons left the community, which substantially decreased the number of surgery cases performed at SBL. Historical data indicates orthopedic surgeries, on average, represent 25% of the total surgery volume at SBL. Since the CY2008 reporting period, three Orthopedic Surgeons have been successfully recruited to the community, are employed by Sarah Bush Lincoln, and practicing at or above the median relative value unit (RVU) production level according to the Medical Group Management Association (MGMA) guidelines. Additionally, SBL has plans to recruit a 4th orthopedic surgeon based on demand projections. Future projections, as cited in Attachment 14 and 71, indicate the need to maintain Sarah Bush Lincoln's existing 8 operating rooms, which warrants 16,624 DGSF under the current State Norm.

Current volumes, using State Agency Guidelines, justify 5 operating rooms. Below is the analysis using current volumes and justified rooms.

Current State Norm

6420 surgery hours CY2008/1500 hours = 5 rooms
5 rooms x 2078 = 10,390 DGSF

Proposed State Guidelines

6420 surgery hours CY2008/1500 hours = 5 rooms
5 rooms x 2750 DGSF = 13,750 DGSF

Below is the analysis using current State Norms with projected SBL surgery volumes.

Proposed State Guidelines Using Current # of Rooms

8 rooms x 2078 DGSF = 16,624 DGSF

The proposed 14,834 DGSF meets the Current State Norm using the current # of operating rooms in use at SBL and future projections as indicated in Attachment 14 and 71.

Surgery Recovery Rooms

The project proposes a new design of the surgery recovery rooms, which would include 31 stations and 7,829 DGSF.

Sarah Bush Lincoln is proposing to increase the number of Recovery Rooms from 26 to 31. Additional recovery rooms are needed to accommodate the new standard of care being introduced at Sarah Bush Lincoln. The new design provides 17 enclosed rooms to be used for Pre-Operative Care and Phase II Recovery. The dual-purpose rooms will allow families to remain with patients in a single location during the pre and post surgical process, thus increasing comfort, privacy, and reducing anxieties.

There is a separate Phase I Recovery which includes 14 stations. A large inventory control room is centrally located in the clinical core to provide for more direct and efficient access to supplies and case carts.

Current volumes, using State Agency Guidelines, justify 20 recovery rooms. Below is the analysis using current volumes and justified rooms.

Current State Norms

6420 Surgery Hours CY2008/1500 hours = 5 Operating Rooms
5 Operating Rooms x 4 Recovery Stations = 20 Recovery Stations
20 Recovery Stations x 180 GSF = 3,600 DGSF

Below is the analysis using proposed State Guidelines with projected SBL surgery volumes.

Proposed State Guidelines Using Future SBL Projections

8 Operating Rooms x 4 Recovery Stations = 32 Allowable Recovery Stations
Project proposes a total of 31 Recovery Rooms
14 Phase I x 180 = 2,520sf
17 Phase II x 400 = 6,800sf
31 total rooms = 9,320sf

The proposed 7,829 DGSF meets the Proposed State Guidelines using SBL future projections conducted by outside consultants, as indicated in Attachment 14 and 71.

Outpatient Speech Pathology/Audiology

The current Speech Pathology/Audiology Department is located on the 1st floor off the Main Lobby. The purpose of relocating this department is to provide space for Central Patient Registration.

The current Speech Pathology/Audiology space includes 5 treatment rooms, a sound booth and support functions. It is located in approximately 2,835 DGSF.

The proposed location for Speech Pathology/Audiology is on the 4th floor of the Medical Office Pavilion and is 3,195 DGSF. It will include the same number of procedure rooms and support spaces.

The DGSF is slightly larger than the current space due to the existing facility's physical configuration. The State Standard allows for 1.8 DGSF/bed. The State Standard is based on inpatient utilization, and does not take into account the substantial outpatient volume which occurs in speech pathology and audiology. The speech pathology and audiology visits are predominantly outpatient: 86% of speech pathology and 83% of audiology volume are outpatient cases. There are 12.5 FTEs located in the speech pathology and audiology department, which meets the required level of staffing at SBL to accommodate the FY09 speech/audiology utilization. Therefore, 3,195 DGSF is necessary to accommodate the number of FTEs, equipment and supplies to adequately provide this service to patients.

Because this service is predominantly outpatient, the State Norm which is calculated based on number of inpatient beds is irrelevant. Additionally, the new review criteria proposed by the Health Facilities and Services Review Board does not include a State Standard for Speech Pathology/Audiology.

Inpatient Medical Surgical Unit

This project proposes to introduce a new model of care by converting semi-private medical surgical beds to private beds on the 3rd and 4th floors of the Health Center. Sarah Bush Lincoln proposes to reorganize the central staff support core on the 4th floor to improve efficiencies and create appropriate size support rooms, such as medication dispensing rooms

and clean and soiled utility rooms. Patient room modifications will also improve infrastructure for patient rooms.

Previously utilized patient rooms that had been backfilled with hospital non-clinical departments will be modernized on the 3rd floor to accommodate the shift to private rooms.

The proposed modernization for the 4th and 3rd floor footprint does not change the square footage or patient floor footprint associated with the existing space.

Sarah Bush Lincoln is authorized for 73 beds. 66 beds are set up and staffed. All 66 beds will be converted to private beds and modernized.

Current State Norm

66 staffed beds x 401 DGSF = 26,466 DGSF

73 authorized beds x 401 DGSF = 29,273 DGSF

The project proposes to modernize 25,607 DGSF which meets the Current State Norm for both authorized and staffed beds.

Diagnostic Radiology – Ultrasound and CT holding/recovery area only

This project proposes to renovate 4 of the 5 existing ultrasound rooms and the CT patient holding/recovery area to address overcrowding and patient access in those areas. The proposed area being modernized is 1,816 DGSF.

This project will renovate underutilized space, previously used to accommodate film and paper files. The proposed renovation will use the underutilized space to expand the CT Patient Holding/Recovery Area. Currently, CT patients wait in an alcove area during recovery. The current area holds no more than two patients and provides no privacy. The proposed CT patient/holding area will consist of one large room with three patient bays.

New access doors will be added to 3 ultrasound rooms so patients may be transported on carts, therefore improving patient access to this modality.

Although there is no State Standard for a patient holding/recovery area which is used to recover patients from a computerized tomography test (CT), SBL is providing CT utilization data to indicate there is sufficient volume to warrant the patient holding/recovery area. Ultrasound utilization is also provided to indicate there is sufficient volume to warrant the size of the proposed space.

There are no DGSF State Norms for Radiology.

No other Radiology/Imaging modalities will be modernized.

Current State Norm - Ultrasound

19,278 CY2008 ultrasound visits/2,000 visits = 10 rooms

Current State Norm – Computerized Tomography (CT)

15825 CY2008 CT visits/2,000 visits = 8 rooms

The project proposes to modernize 1,816 DGSF, which is not excessive based on utilization volume and Current State Norms.

Non-Clinical

There are no State Agency guidelines for non-clinical spaces. The non-clinical project spaces are:

<u>Department</u>	<u>Proposed DGSF</u>
Ground Floor – Medical Records	3,300 DGSF
Ground Floor - Linen	695 DGSF
First Floor – Main Entrance/Patient Waiting	1,340 DGSF
First Floor – Admitting/Patient Registration	1,332 DGSF
First Floor – Gift Shop	1,458 DGSF
First Floor – Quality/Risk Management Offices	2,844 DGSF
First Floor – Ambulance Garage	2,635 DGSF
First Floor – EMS Storage and Offices	289 DGSF
First Floor – Patient Registration/Dressing Rooms	745 DGSF
First Floor – Security	225 DGSF
First Floor – Physician Lounge	586 DGSF
Total Circulation	37,108 GSF
Administrative Office Space	7,504 GSF
Mechanical Upgrades	N/A
Temporary Support Space for Surgery Renovation	N/A

Medical Records

To provide appropriate space for an Outpatient Surgery and Family Visitors Lobby, the Medical Records Department will be relocated into space on the Ground Floor. The proposed square footage will be ±3,300sf which is ±236sf less than existing department.

Main Entrance / Patient Waiting

The project proposes to develop a welcoming, open-atmosphere in the Main Entrance and reconfigure the outpatient circulation path for wayfinding purposes. This will serve as the general waiting area for families. The proposed size is 1,340 GSF.

Gift Shop

The Gift Shop will relocate to appropriately modernize the Main Lobby area. The Gift Shop will be re-designed to improve visualization and update the space. It will be located directly off the Main Lobby and will be 1,458 DGSF.

Quality and Risk Management

The Quality and Risk Management Department will be re-located to the Ground Floor. The proposed space allows for a receptionist and small sub-waiting area, conference room, three offices, and 13 workstations. The proposed 2,844 GSF is necessary to accommodate this department.

Ambulance Garage

Sarah Bush Lincoln proposes to construct a 4 bay enclosed ambulance garage which also serves as the emergency vehicle access to the ED. The proposed 2,635 GSF is necessary to accommodate the anticipated and documented ED volume in Attachment 14 and 71.

EMS Storage and Offices

EMS will require storage for equipment and an office area to fill out reports and make phone calls. Space is provided in the proposed plan adjacent to the ambulance garage. Room for disaster supplies is located adjacent to this space for mass casualty equipment storage. The proposed 289GSF will be constructed and is necessary to accommodate this space.

Patient Registration / Dressing Area

This project proposes to renovate currently underutilized space. The proposed renovation will provide improved and enlarged patient changing and sub-waiting areas separated by gender to enhance patient privacy. The staffed reception area is relocated to improve patient sub-wait observation and patient wayfinding entering off the main public corridor. The proposed 745 GSF is necessary to enhance patient privacy.

Security

Security presence adjacent to the ED is desired for staff and patient safety. The security office will be re-located immediately adjacent to the ED walk-in entry and will require 225 GSF.

Physician's Lounge

In order to provide appropriate Patient Waiting space near surgery, the Physician's Lounge will be relocated. The proposed project will slightly increase the size of the space due to the existing facility's physical configuration. Total space required for the relocation is 586 GSF.

Total Circulation

General building circulation required to support these departments is 37,108 GSF.

Total Administrative Office Space

The proposed Administrative Office space will accommodate approximately 18 offices, 2 employee break rooms, and support areas. These administrative functions require a total of 7,504 GSF.

Mechanical Upgrade

The heating, ventilation and air conditioning (HVAC) system will be upgraded for the medical surgical unit. It currently does not maintain proper humidity and temperature levels in the patient rooms, thus affecting the patients' comfort and healing process.

Temporary Space Modernized

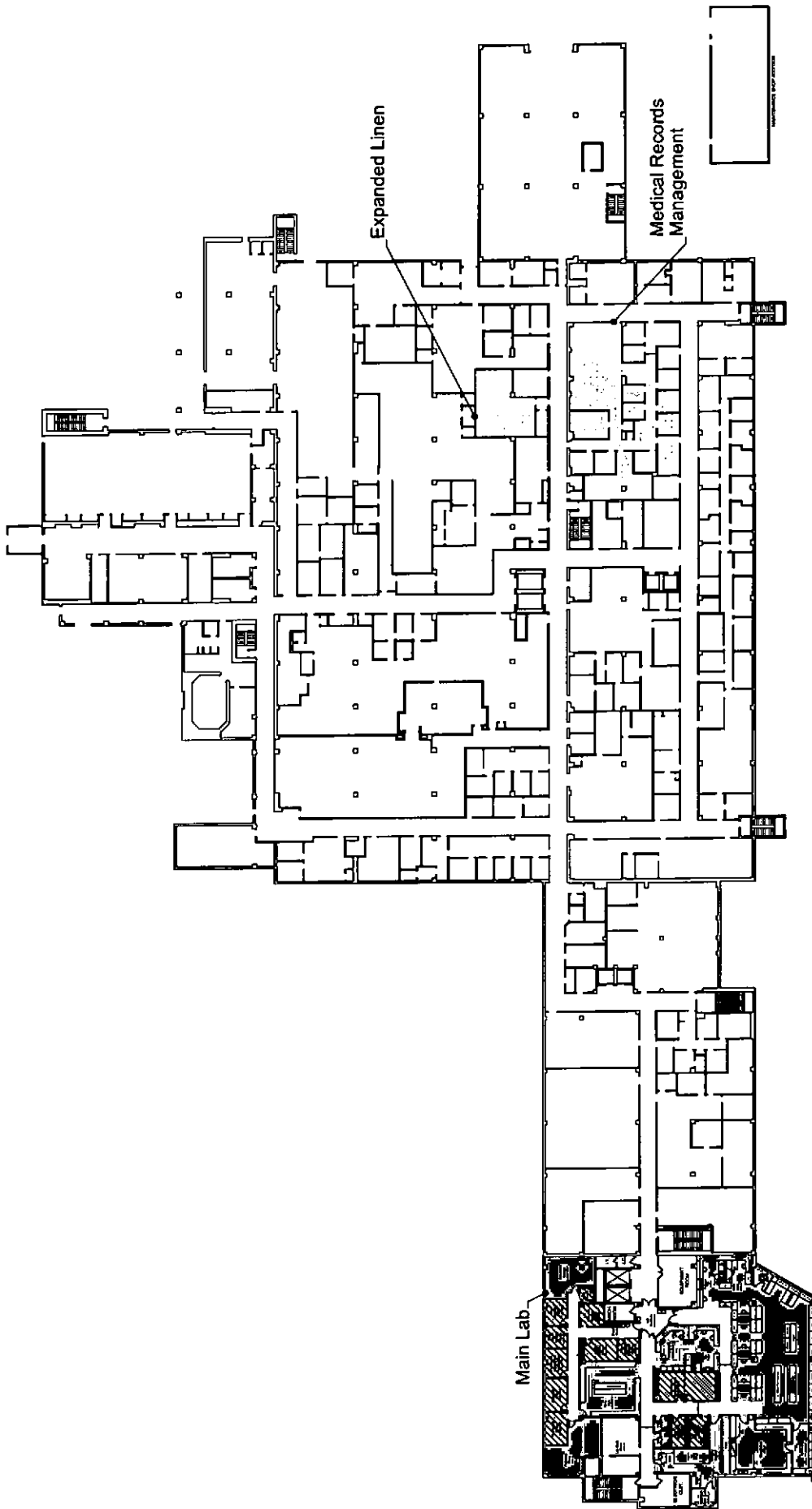
Temporary space will be modernized to accommodate non-clinical support services of the Surgical Services Department during the Surgery renovation. This space will then be modernized for use of the Quality and Risk Management, two administrative offices, and the Gift Shop, as cited above.

Architectural Drawings

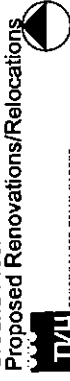
Tchoukaleff Kelly Hartke, Inc., a nationally respected health care facility planning and architectural firm, prepared the square footage requirements for all of the departments in the project. The architects discussed program space needs with administrative, clinical and medical

staff regarding the delivery of emergency, laboratory, surgery, medical/surgical inpatient services, imaging, and non-clinical spaces. The architectural firm also drew on their extensive knowledge of changes in technology and delivery of care. Space allocations were based on the Illinois Health Facilities Planning Board guidelines, the American Institute of Architects guidelines, and other recognized standards for the departments included in the project.

Drawings of the proposed project are found on pages 161 – 164 of this Attachment.



SBLHC
Ground Floor
Proposed Renovations/Relocations

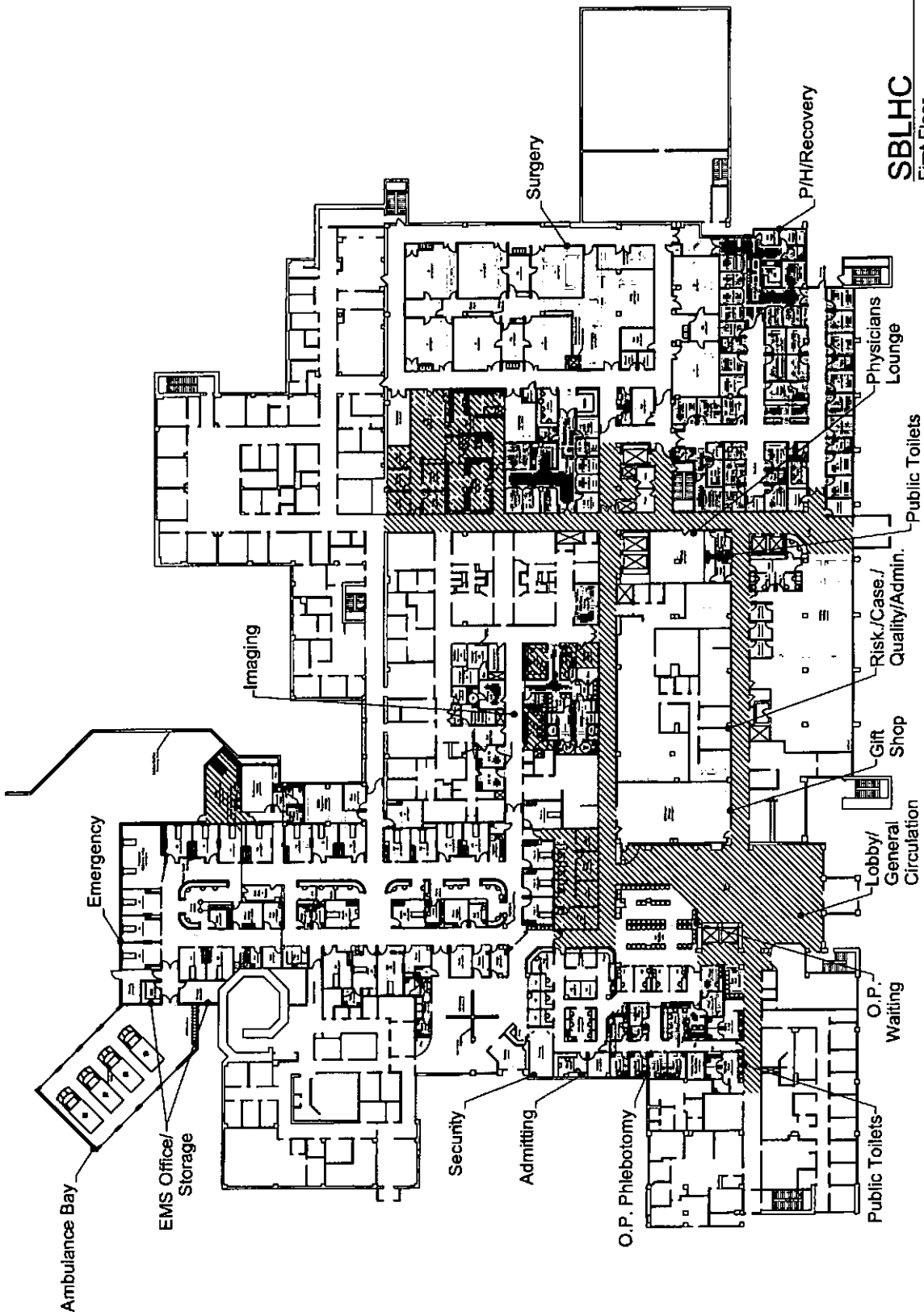


TKH
TENDRILEFF KELLY HARTKE
10/13/2008
Project # 03143 CAD For Lab Renovation
Drawn By: JH

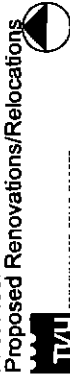


NTS

161

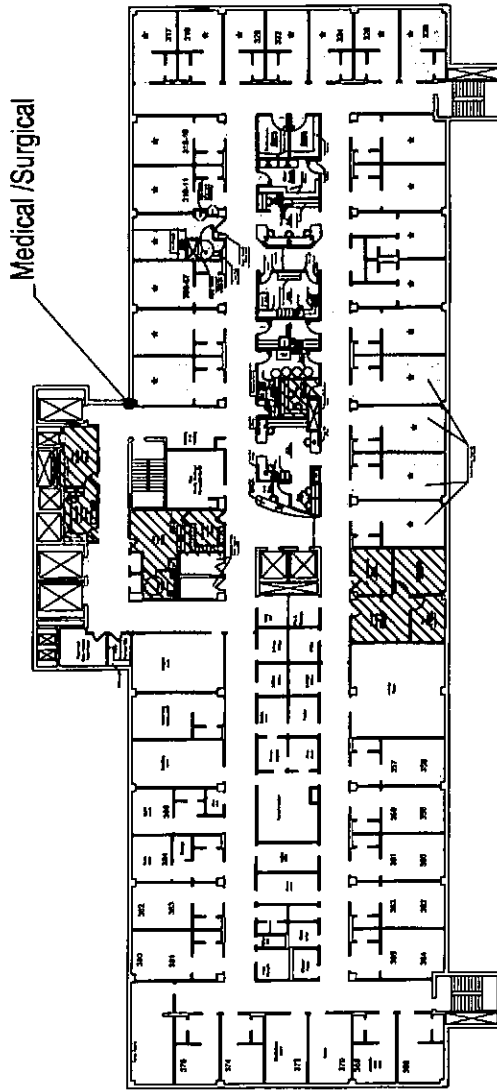


SBLHC
 First Floor
 Proposed Renovations/Relocations



Project #
 File Name: SBLHC 1st Flr Renovation.dwg
 Drawn By: gk
 1/17/2009
 NTS

162

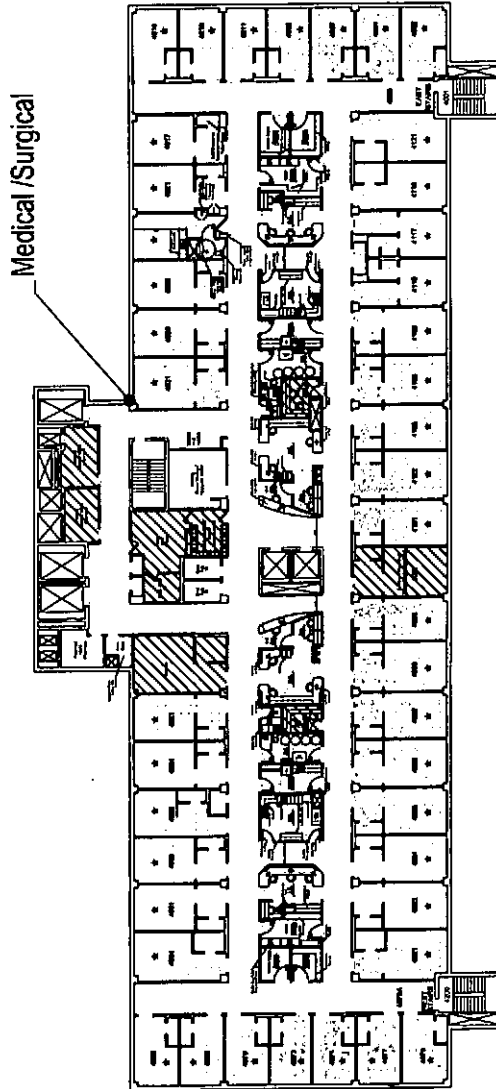


SBLHC
 Third Floor
 Proposed Renovations/Relocations



TKH TROUBENACK & KELLY HARTKE
 PROJECT # 2011-0011, Hospital Campus
 07/15/2009

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SBLHC
 Fourth Floor
 Proposed Renovations/Relocations



Project #
 File Name: 4th Fl. Relocates/Constr.rvt
 Date: 11/16/04



Attachment 14
Criterion 1110.234 - Project Services Utilization

The proposed project has annual utilization standards, specified in 1110.Appendix B, for the following areas:

- Medical/Surgical Inpatient Services
- Radiology/Imaging
- Surgery Operating Rooms
- Surgery Recovery Rooms
- Emergency

There are no utilization standards for laboratory, speech pathology/audiology, or non-clinical areas.

The project completion date is September 2013. The annual utilization is forecasted for two years after the project completion date.

Medical Surgical Inpatient Services

Sarah Bush Lincoln proposed to modernize 66 medical surgical beds. Sarah Bush Lincoln is authorized for 73 beds of which 66 beds are set up and staffed. All 66 beds will be converted from semi-private rooms to private rooms. The average daily census, CON occupancy rate, and staffed bed occupancy rate is listed below.

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Average Daily Census	50.4	48.9	51.2	52.5	53.5	54	54.5	55	55.6	56	56.5
CON Occupancy Rate	69%	67%	70.1%	71.9%	73.3%	74.0%	74.7%	75.3%	76.2%	76.7%	77.4%
Staffed Bed Occupancy	76.3%	74.1%	77.6%	79.5%	81.1%	81.8%	82.6%	83.3%	84.2%	84.8%	85.6%

CY06, 07 historical data re-calculated based on 73 authorized beds

Sarah Bush Lincoln meets the Target Occupancy Standard of 85% in CY15 based on the staffed bed occupancy rate.

Radiology (ultrasound, CT/patient holding/recovery area)

Sarah Bush Lincoln proposes to modernize 4 of the 5 ultrasound rooms and the CT patient/holding recovery area. Sarah Bush Lincoln currently meets and exceeds the utilization standards for 5 ultrasound rooms and continues to meet and exceed the utilization standards two years after the project completion date.

Although there is no State Standard for a patient holding/recovery area, which is used to recover patients from a computerized tomography test (CT), SBL is providing CT utilization data to indicate there is sufficient volume to warrant the patient holding/recovery area. Utilization indicates a need for 11 CT procedure rooms in FY2016. This utilization warrants the proposed CT patient holding/recovery area, which will consist of one large room with three patient bay areas.

No other radiology modalities are being modernized.

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Ultrasound Utilization

	Actual				Projected							
	CY06	CY 07	CY08		CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Visits	20,131	19,909	19,278		19664	19860	20059	20259	20462	20667	20873	21082
Rooms Justified (2000/room)	11	10	10		10	10	11	11	11	11	11	11

CT Utilization

	Actual				Projected							
	CY06	CY 07	CY08		CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Visits	14,562	14,888	15,825		16142	16464	16794	17129	17472	17822	18178	18542
Rooms Justified (2000/room)	8	8	8		9	9	9	9	9	9	10	10

Sarah Bush Lincoln meets and exceeds the target utilization standards for Ultrasound and CT, based on 2000 visits per room.

Surgery Operating and Recovery Rooms

Sarah Bush Lincoln (SBL) proposes to modernize the existing 8 operating rooms already in use at the facility. There are no additional rooms being proposed.

Tchoukaleff Kelly Hartke, Inc (TKH) conducted a detailed Space Planning Study to ensure the appropriate number of operating rooms is planned for this project. Based on utilization projections, efficiencies in scheduling, and patient and medical staff satisfaction, it is appropriate for SBL to maintain and modernize its 8 operating rooms. TKH recommends planning for a 70% efficiency factor, or 1400 hours per room, based upon *SpaceMed2004 A Space Planning Guide for Healthcare Facilities by Cynthia Hayward, AIA*, and TKH's database of benchmarking efforts from past portfolios.

Additionally, the first study of operating room efficiency, completed by *OR Benchmarks, a division of OR Manager, Inc*, found the median overall utilization was 57%. This study, along with TKH's data, indicates 80% utilization is not a reasonable target for operating room utilization.

Recent historical surgery hours performed at SBL are unusually low. During this time period, three orthopedic surgeons left the community, which substantially decreased the number of surgery cases performed at SBL. Historical data indicates orthopedic surgeries, on average, represent 25% of the total surgery volume at SBL.

Since the CY2008 reporting period, three new Orthopedic Surgeons have been successfully recruited to the community, are employed by Sarah Bush Lincoln, and practicing at or above the median relative value unit (RVU) production level according to the Medical Group Management Association (MGMA) guidelines. Additionally, SBL has plans to recruit a 4th orthopedic surgeon based on demand projections.

SBL also hired a third general surgeon in 2009 to accommodate the increasing demand of general surgeries. General Surgery accounts for 22% of surgery time at SBL and is projected to increase in future years.

Based on the additional orthopedic and general surgeons recruited by and employed at Sarah Bush Lincoln in 2008-2009, surgery volumes are projected to increase substantially in CY2009, and 3% for each subsequent year.

A utilization study conducted by TKH indicates the need to maintain Sarah Bush Lincoln's existing 8 operating rooms.

The projected surgery utilization is as follows:

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Hours	7,593	6,725	6,420	8,106	8,349	8,599	8,857	9,123	9,397	9,679	9,969
Rooms Justified (1500/room)	6	5	5	6	6	6	6	7	7	7	7
Rooms Warranted 1400/room	6	5	5	6	6	7	7	7	7	7	8

TKH's Utilization Study is found on pages 172-174 of this Attachment.

Emergency

An extensive Space Planning and Utilization Study were conducted by Tchoukaleff Kelly Hartke, Inc (TKH) to determine projected emergency utilization at Sarah Bush Lincoln. TKH projects a 3% growth in volume each year based on demographics, historical trends, and the growing uninsured population in the market area. Based on the analysis, Sarah Bush Lincoln proposes 27 treatment rooms.

Calendar year and fiscal year data were analyzed, along with anticipated number of visits, levels of acuity, average length of visit based on acuity, and peak volumes.

TKH estimated room requirements based on an actual average case time per acuity level. The time required per case was then calculated and compared to available room time. TKH assumes a 70% efficiency/occupancy factor, based on its database of benchmarking efforts from past portfolios. Actual data revealed that the majority of patients access the ED during an 8 hour period each day. Patient volume is not spread evenly throughout a 24 hour period. Therefore, the Study conducted by TKH reveals that during the daily 8-hour peak time, 27 rooms are required to accommodate the large volume of patients seeking emergency services.

Furthermore, approximately 650 patients are triaged annually in the Emergency Department and walk out before being treated. Additional treatment rooms during these peak volumes would reduce the number of walk outs and improve access to care.

The projected utilization is as follows:

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Visits	32,019	33,322	34,963	36,012	37,092	38,205	39,351	40,532	41,748	43,000	44,290
Rooms Justified (2000/room)	16	16	18	18	19	20	20	21	21	22	23
Rooms Required for Peak Volumes				25	25	25	26	26	27	27	27

The detailed Market Study conducted by TKH is on pages 169-171 of this Attachment.

Attachment 14

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Laboratory

The Health Facilities and Services Review Board has no criteria for laboratory utilization. The projected annual utilization is as follows:

Laboratory Test Volume

ACTUAL			PROJECTED						
FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	F15	F16
608,391	617,886	715,643	719,563	741,150	763,384	786,286	809,874	834,171	859,196

Speech Pathology and Audiology

The Health Facilities and Services Review Board has no criteria for speech pathology and audiology utilization. The projected annual utilization is as follows:

	ACTUAL			PROJECTED						
	FY 07	FY 08	FY 09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
Speech Pathology Visits										
Inpatient	1,658	1,318	1,785	1,785	1,785	1,785	1,785	1,785	1,785	1,785
Outpatient	9,727	11,639	12,603	12657	12712	12766	12821	12876	12932	12987
Outreach	1,302	640	277	277	277	277	277	277	277	277
Total	12,687	13,597	14,665	14,719	14,774	14,828	14,883	14,938	14,994	15,049
Audiology Visits										
Inpatient	720	781	673	673	673	673	673	673	673	673
Outpatient	6,919	7,068	7,218	7249	7280	7312	7343	7375	7406	7438
Outreach	1,543	1,520	792	792	792	792	792	792	792	792
Total	9,182	9,369	8,683	8714	8745	8777	8808	8840	8871	8903
TOTAL VISITS	21,869	22,966	23,348	23,433	23,519	23,605	23,691	23,778	23,865	23,952

Sarah Bush Lincoln Health Center

Emergency (3% growth)

TKH

Date : April 15, 2009

Revised: May 18, 2009, September 17, 2009

Rooms Required 2012	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,364.01	6,132	0.22	1	
Category 2	4,583.92	6,132	0.75		
Category 3	31,319.37	6,132	5.11	13	
Category 4	42,567.47	6,132	6.94		
Category 5	13,017.63	6,132	2.12	3	
Category CCU (ED)	1,151.03	6,132	0.19		
No Charge**	0.00	6,132	0.00	0	
				17	26

Rooms Required 2014	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,447.08	6,132	0.24	2	
Category 2	4,863.08	6,132	0.79		
Category 3	33,226.72	6,132	5.42	13	
Category 4	45,159.83	6,132	7.36		
Category 5	13,810.41	6,132	2.25	3	
Category CCU (ED)	1,221.13	6,132	0.20		
No Charge**	0.00	6,132	0.00	0	
				18	27

Rooms Required 2015	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,490.49	6,132	0.24	2	
Category 2	5,008.97	6,132	0.82		
Category 3	34,223.52	6,132	5.58	14	
Category 4	46,514.63	6,132	7.59		
Category 5	14,224.72	6,132	2.32	3	
Category CCU (ED)	1,257.77	6,132	0.21		
No Charge**	0.00	6,132	0.00	0	
				19	27

Rooms Required 2020	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,728.05	6,132	0.28	2	
Category 2	5,807.20	6,132	0.95		
Category 3	39,675.67	6,132	6.47	16	
Category 4	53,925.95	6,132	8.79		
Category 5	16,492.00	6,132	2.69	3	
Category CCU (ED)	1,460.34	6,132	0.24		
No Charge**	0.00	6,132	0.00	0	
				21	33

Sources:

The following information was provided by Dennis Pluard via e-mail 20090121:

ER Visits by Category (FY 2004 - December 2008 YTD)

The following information was provided by Michele Kroeger via e-mails 20090425 and 20090427:

Number of Patients in the ED by hour, by month (July - December 2008 and January - March 2009)

Patient Interval Averages in the ED by month (July - December 2008 and January - March 2009)

Inpatient / Observation patient reports (July - December 2008 and January - March 2009)

Average Turn Over Time

The following information was provided by Jo Flannell via e-mails 20090511, 20090514, 20090515, and 20090518:

Length of Stay Room to Disposition, by month (January 2008 - May 2009)

Revised Length of Stay Room to Disposition, by month (January 2008 - April 2009)

Attachment 14

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Sarah Bush Lincoln Health Center

Emergency (3% growth)

Date : April 15, 2009
 Revised: May 18, 2009, September 17, 2009
 A. Basis of Planning

TKH

1. Volumes of Service

	(Actual) FY 2008	(Annualized) FY 2009	(Projected) FY 2012	(Projected) FY 2014	(Projected) 2015	(Projected) 2016
Emergency						
Category 1	1,840	1,228	1,342	1,424	1,466	1,510
Category 2	3,670	3,856	4,214	4,470	4,604	4,742
Category 3	15,037	14,094	15,401	16,339	16,829	17,334
Category 4	10,401	10,882	11,891	12,615	12,994	13,383
Category 5	2,891	2,854	3,119	3,309	3,408	3,510
Category CCU (ED)	295	308	337	357	368	379
No Charge**	710	652	712	756	779	802
	34,844	33,874	37,015	39,269	40,447	41,661

*Assumes 3% annual growth.

** No Charge are patients that have been triaged, but left before being seen by a physician.

2. Room Requirements (Estimated)

The following time frames have been used to develop the room requirements.

	Average Case Time (min)	Room Turn Around Time	Total (min)	Total (hrs)
Category 1	50.99	10	61	0.85
Category 2	55.27	10	65	0.92
Category 3	112.02	10	122	1.87
Category 4	204.79	10	215	3.41
Category 5	230.45	20	250	3.84
Category CCU (ED)	185.20	20	205	3.09
No Charge**	0	0	0	0.00

3. Space Programming Methodology

Time Required

2009	Number of Cases	Time/Unit	Time Required
Category 1	1,228	1.02	1,248.26
Category 2	3,856	1.09	4,194.93
Category 3	14,094	2.03	28,661.66
Category 4	10,882	3.58	38,955.27
Category 5	2,854	4.17	11,912.98
Category CCU (ED)	308	3.42	1,053.36
No Charge**	652	0.00	0.00

Time Available

	Hrs/Day	Days/Yr	Efficiency	Hrs/Avail
Monday - Sunday	24.00	365.00	0.70	6132.00

Rooms Required 2009	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,248.26	6,132.00	0.20	1	
Category 2	4,194.93	6,132.00	0.68		
Category 3	28,661.66	6,132.00	4.67	12	
Category 4	38,955.27	6,132.00	6.35		
Category 5	11,912.98	6,132.00	1.94	3	
Category CCU (ED)	1,053.36	6,132.00	0.17		
No Charge**	0.00	6,132.00	0.00	0	
				16	25

Sarah Bush Lincoln Health Center

Department:

Emergency

TKH

Date : April 15, 2009
 Revised: May 18, 2009, September 17, 2009

	7/2008	8/2008	9/2008	10/2008	11/2008	12/2008	1/2009	2/2009	3/2009
0:00	76	69	75	73	69	70	74	70	73
1:00	55	61	59	70	66	80	67	53	72
2:00	54	55	46	60	43	62	53	62	46
3:00	40	44	50	48	38	39	39	33	47
4:00	37	33	46	46	40	31	39	42	49
5:00	41	34	39	30	40	34	44	47	43
6:00	53	64	45	56	44	44	45	47	55
7:00	77	78	73	74	74	66	59	72	78
8:00	102	102	117	115	100	110	85	117	142
9:00	135	151	145	165	151	161	169	160	188
10:00	173	191	181	177	161	160	165	139	202
11:00	186	180	163	164	177	191	177	142	193
12:00	170	180	167	166	171	171	154	169	194
13:00	153	194	144	167	156	149	155	150	174
14:00	163	156	162	178	150	152	163	158	161
15:00	177	191	165	197	147	130	158	147	174
16:00	157	176	151	212	171	171	177	180	226
17:00	171	177	196	199	175	164	172	192	237
18:00	177	173	225	176	158	136	148	185	218
19:00	188	163	193	176	149	147	164	158	175
20:00	157	215	185	181	134	141	174	140	169
21:00	146	162	145	145	131	126	155	128	176
22:00	131	123	125	115	125	96	112	105	142
23:00	101	106	94	88	77	83	102	83	108
2925	3078	2991	3078	2748	2714	2854	2779	3342	total patients per month
31 days	31 days	30 days	31 days	30 days	31 days	31 days	28 days	31 days	average patients per day
94.35	99.29	99.70	99.29	91.60	87.55	92.06	99.25	107.81	

2009	2012 - 3%	2014 - 3%	2015 - 3%
daily average	101	107	109
63% urgent	63.63	67.41	68.67
37% non-urgent (Level 1, 2, 3)	37.37	39.59	40.33
	3084.583333	3272.416667	3370.583333
	101.1338798	107.2923497	110.510929

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Sarah Bush Lincoln Health System

Surgery - All Cases (3% annual growth)

TKH

Date : April 16, 2009

Revised: April 30, 2009, May 11, 2009, September 18, 2009, December 3, 2009

A. Basis of Planning

1. Volumes of Service

	FY 09 (Annualized)	FY 12 (Projected)*	FY 14 (Projected)*	FY 16 (Projected)*	FY 2020 (Projected)*
Surgical Cases					
Anesthesia (Spine Cases)	8	9	9	10	11
Dental	115	126	133	141	159
ENT	1,509	1,649	1,750	1,856	2,089
General	1,268	1,386	1,470	1,559	1,755
Gift of Hope (Donors)	8	9	9	10	11
OB / GYN	768	839	890	945	1,063
Ophthalmology	725	793	841	892	1,004
Orthopedics	818	893	948	1,006	1,132
Plastic Surgery	16	17	19	20	22
Urology	549	600	637	676	760
Totals	5,785	6,321	6,706	7,114	8,007

*Assumes 3% annual growth for Surgical cases.

2. Room Requirements (Estimated)

The following time frames have been used to develop the room requirements.

	Case Time	Room Turn	Total (min)	Total (hrs)
Anesthesia (Spine Cases)	90.00	20.00	110.00	1.83
Dental	120.00	10.00	130.00	2.17
ENT	45.00	10.00	55.00	0.92
General	100.00	27.00	127.00	2.12
Gift of Hope (Donors)	120.00	20.00	140.00	2.33
OB / GYN	45.00	20.00	65.00	1.08
Ophthalmology	40.00	7.00	47.00	0.78
Orthopedics	100.00	21.00	121.00	2.02
Plastic Surgery	90.00	20.00	110.00	1.83
Urology	60.00	14.00	74.00	1.23

3. Space Programming Methodology

Time Required	Number of Cases	Time/Unit	Time Required
Anesthesia (Spine Cases)	8.00	1.83	14.67
Dental	115.00	2.17	249.17
ENT	1509.33	0.92	1383.56
General	1268.00	2.12	2683.93
Gift of Hope (Donors)	8.00	2.33	18.67
OB / GYN	768.00	1.08	832.00
Ophthalmology	725.33	0.78	568.18
Orthopedics	817.67	2.02	1648.96
Plastic Surgery	16.00	1.83	29.33
Urology	549.33	1.23	677.51
			8105.97

Time Available

Please indicate the hours of operation per day, and the days per year that department is scheduling patients.

	Hrs/Day	Days/Yr	Efficiency	Hrs/Avail
Monday - Friday	8.00	250.00	70%	1400.00
Saturday				0.00
Total				1400.00

Attachment 14

Rooms Required	2009	Hours Required	Hours Available	Rooms Required	Actual
				5.79	6
Anesthesia (Spine Cases)		14.67	1400.00	0.01	
Dental		249.17	1400.00	0.18	
ENT		1383.56	1400.00	0.99	
General		2683.93	1400.00	1.92	
Gift of Hope (Donors)		18.67	1400.00	0.01	
OB / GYN		832.00	1400.00	0.59	
Ophthalmology		568.18	1400.00	0.41	
Orthopedics		1648.96	1400.00	1.18	
Plastic Surgery		29.33	1400.00	0.02	
Urology		677.51	1400.00	0.48	

Rooms Required	2012	Hours Required	Hours Available	Rooms Required	Actual
				6.33	7
Anesthesia (Spine Cases)		16.03	1400.00	0.01	
Dental		272.27	1400.00	0.19	
ENT		1511.85	1400.00	1.08	
General		2932.81	1400.00	2.09	
Gift of Hope (Donors)		20.40	1400.00	0.01	
OB / GYN		909.15	1400.00	0.65	
Ophthalmology		620.86	1400.00	0.44	
Orthopedics		1801.86	1400.00	1.29	
Plastic Surgery		32.05	1400.00	0.02	
Urology		740.33	1400.00	0.53	

Rooms Required	2014	Hours Required	Hours Available	Rooms Required	Actual
				6.71	7
Anesthesia (Spine Cases)		17.00	1400.00	0.01	
Dental		288.85	1400.00	0.21	
ENT		1603.92	1400.00	1.15	
General		3111.41	1400.00	2.22	
Gift of Hope (Donors)		21.64	1400.00	0.02	
OB / GYN		964.52	1400.00	0.69	
Ophthalmology		658.67	1400.00	0.47	
Orthopedics		1911.60	1400.00	1.37	
Plastic Surgery		34.01	1400.00	0.02	
Urology		785.42	1400.00	0.56	

Rooms Required	2016	Hours Required	Hours Available	Rooms Required	Actual
				7.12	8
Anesthesia (Spine Cases)		18.04	1400.00	0.01	
Dental		306.44	1400.00	0.22	
ENT		1701.60	1400.00	1.22	
General		3300.90	1400.00	2.36	
Gift of Hope (Donors)		22.96	1400.00	0.02	
OB / GYN		1023.26	1400.00	0.73	
Ophthalmology		698.79	1400.00	0.50	
Orthopedics		2028.01	1400.00	1.45	
Plastic Surgery		36.08	1400.00	0.03	
Urology		833.25	1400.00	0.60	

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Rooms Required	2020	Hours Required	Hours Available	Rooms Required	Actual
				8.01	9
Anesthesia (Spine Cases)		20.30	1400.00	0.01	
Dental		344.90	1400.00	0.25	
ENT		1915.16	1400.00	1.37	
General		3715.19	1400.00	2.65	
Gift of Hope (Donors)		25.84	1400.00	0.02	
OB / GYN		1151.68	1400.00	0.82	
Ophthalmology		786.49	1400.00	0.56	
Orthopedics		2282.55	1400.00	1.63	
Plastic Surgery		40.60	1400.00	0.03	
Urology		937.83	1400.00	0.67	

Sources:

The following information was provided by Carol Ray via e-mail 20090422:

- Total IP and OP Cases (FY 2006 - March 2009)
- IP and OP Case Minutes per Fiscal Year (FY 2006 - March 2009)
- Patient Case Type (FY 2006 - March 2009)
- C-Section Case Type (FY 2006 - March 2009)
- Average Turn Over Time (FY 2005 - March 2008).
- Days / Hours of Operation

Attachment 24
Section VII.G. Category of Service Modernization

1. The inpatient medical surgical beds at Sarah Bush Lincoln are being modernized for two main reasons: (1) to introduce a new standard of care by shifting from semi-private to private rooms, and (2) to replace outdated and deteriorated facility conditions, including patient restrooms that are no longer accessible to much of the handicapped and/or bariatric patient population.

Sarah Bush Lincoln is committed to changing the standard of care on the Medical/Surgical Inpatient Unit by converting all semi-private rooms to private rooms. This change will improve patient satisfaction, enhance privacy, create a quieter environment which has been identified by Centers for Medicare and Medicaid (CMS) as a key element of the patient experience, will enable 100% functional bed availability, and has the potential to reduce the spread of infections.

Private patient rooms are currently preferred in hospital design for their contributions to a healing environment. Noise has been demonstrated to be significantly reduced in single-compared to double occupancy patient rooms. With fewer patients in a room, the amount of equipment, care activities, conversations, and visitors are reduced, resulting in an overall reduction of noise within that space (Bailey & Timmons, 2005). In addition, single-occupancy rooms have been advocated to promote privacy, sleep and rest, patient satisfaction, involvement of family and friends, and patient safety (Chaudhury, Mahmood, & Valente, 2003). Moreover, single-bed rooms allow for individual patient and family control over noise in their immediate environment such as television volume control (Ulrich, 2003).

The Guidelines for Design and Construction of Health Care Facilities (The American Institute of Architects, 2006) indicates that single-bed rooms are the minimum standard for medical/surgical patient care units in new general hospital construction. The rationale for this requirement is based on a comprehensive study conducted by Chaudhury, Mahmood, & Valente (2003) including a comprehensive literature review and an empirical study of four U.S. facilities comparing single- and double-occupancy rooms. The comprehensive review presents an analysis of costs, rates of infections and falls, and the therapeutic impact of single- compared to multi- occupancy rooms. Overall there were greater benefits presented for single rooms compared to multi-occupancy rooms in each of the categories. (source: NRC Noise White Paper, 2007).

Research also indicates private patient rooms enable higher occupancy rates, lower transfer rates and thus reduced length of stays. Private rooms allow for 100% functional bed availability due to the elimination of gender issues, behavior issues, isolation needs and incompatibilities (source: BSA LifeStructures metrics, Nov 2009).

Private patient rooms also reduce the spread of infections, according to BSA LifeStructures metrics. "Private rooms enable separation or isolation on admission, so that those with unrecognized infections can be tested and identified without being mixed in with uninfected individuals in multi-bed rooms. Isolation of patients is the recommended precaution to prevent nosocomial infections, and isolation can only be possible through the confinement of the patient in a private room" (source: BSA LifeStructures metrics, Nov 2009).

In addition to creating single-occupancy rooms, modernization is also required to replace outdated and deteriorated plumbing, wall coverings, furniture, windows and fixtures. The facility was built in 1977 and the medical surgical unit was partially renovated in 1992. Only 10% of patient bathrooms are handicap accessible and none are bariatric accessible. The proposed renovation will ensure 68% of patient bathrooms are handicap accessible and 100% are bariatric accessible. Current toilets are wall-hung with weight restrictions rather than floor mounted, posing a safety hazard for patients.

The original plumbing has not been replaced since the building was constructed in 1977 and is deteriorating rapidly. Leaks occur frequently above other patient care areas as a result of failed plumbing.

The heating, ventilation and air conditioning system will not maintain proper humidity and temperature levels in the patient rooms, thus affecting the patients' comfort and healing process.

The patient care room windows are in substantial disrepair. The original windows, installed 32 years ago at the time the facility was constructed, have lost their seals and leak air between the panes and around the framing.

2. The Joint Commission on Accreditation of Healthcare Organization Report is found in Attachment 10.

3. The high maintenance cost associated with the Medical Surgical Inpatient Unit is cited in the Sarah Bush Lincoln Maintenance Report, found on page 177 of this Attachment. During the most recent three year period, the cost to maintain the Medical Surgical Inpatient Unit, including labor, material and renovation costs was \$163,947. Approximately 2,264 labor hours were spent performing maintenance in this area.

4. The Medical Surgical Inpatient Unit is the only category of service being modernized. The last three years of annual occupancy is listed below.

	Utilization		
	CY06	CY 07	CY08
Average Daily Census	50.4	48.9	51.2
CON Occupancy Rate	69%	67%	70.1%

Attachment 24

**Maintenance Costs for Proposed Department Renovations as part of
the Master Facility Plan FY 2007-2009**

Department	Hours Worked	Labor Costs	Material Costs	Department Renovations	Total Cost of Maintenance/Dept.
Emergency	1334	\$29,348	\$4,695	\$28,899	\$64,276
Medical/ Surgical	2264	\$49,808	\$2,484	\$109,391	\$163,947
Surgery Surgical	2922	\$64,284	\$18,276	\$8,411	\$93,893
Recovery	501	\$11,015	\$210		\$11,726
Laboratory	2350	\$51,705	\$5,688	\$53,557	\$113,301
Imaging/CT	234	\$5,141	\$981		\$6,355
Imaging/US	76	\$1,661	\$17		\$1,754
Audiology/ Speech	668	\$14,685	\$1,798		\$17,151
Total					\$472,402

Attachment 70
Criterion 1110.3030 Clinical Service Areas Other than Categories of Service
Deteriorated Facilities

Radiology Imaging (Ultrasound, Patient holding/recovery area for CT and special procedures)

The project proposes to renovate 4 of 5 existing ultrasound rooms and the CT/special procedures patient holding/recovery area to address overcrowding and patient access issues. The last renovation in this imaging area occurred 17 years ago.

New access doors will be added to the ultrasound rooms so patients may be transported on carts, therefore improving patient access to this modality.

This project will renovate underutilized space, previously used to accommodate film and paper files. The underutilized space will also be used to expand the CT Patient Holding/Recovery Area. Currently, CT patients wait in an alcove area during recovery. The current area holds no more than two patients and provides no privacy. The proposed CT patient/holding area will consist of one large room with three patient bays.

Total maintenance and labor expense required to maintain the deteriorated Imaging Department over the prior three-year period was \$8,089, and is documented in the SBL Maintenance Report on page 181 of this Attachment.

Surgery Operating and Recovery Rooms

The inpatient surgical space has not been renovated since the facility was built in 1977. The outpatient surgery suites were renovated nine years ago. Both areas have substantial deterioration, as cited in a recent 2009 Healthcare Facilities Accreditation Program (HFAP) mock survey report.

The HFAP findings indicate the Terrazo and vinyl floors are deteriorated. The floor is bubbled, split along the edges and cracked, posing infection control issues. The tile wall coverings are broken and obsolete, and the heating, ventilation and air conditioning system will not maintain proper humidity and temperature levels.

Total maintenance and labor expense required to maintain the deteriorated Surgery Department over the prior three-year period was \$105,619, and is documented in the SBL Maintenance Report on page 181 of this Attachment.

Emergency

Frequent repairs are necessary to the doors and hallway wall coverings due to the undersized space and high traffic volume. The current ED waiting area is not equipped with negative air flow and therefore will not meet the new IDPH standard. The last renovation to the ED occurred 16 years ago.

Total maintenance and labor expense required to maintain the deteriorated Emergency Department over the prior three-year period was \$64,276 and is documented in the SBL Maintenance Report on page 181 of this Attachment.

Laboratory

The Laboratory space is deteriorated and no longer meets the needs of the department. SBL retained Delgado Clinical Consulting, LLC to study the workflow, design, staffing levels and space needs. The overall findings of the Study are documented in the Executive Summary found on page 182 of this Attachment.

Total maintenance and labor expense required to maintain the Laboratory Department over the prior three-year period was \$113,301 and is documented in the SBL Maintenance Report on page 181 of this Attachment.

Speech Pathology and Audiology

This service is being relocated, rather than renovated, to accommodate the Admitting/Patient Registration Department, which will be located in the former Speech Pathology and Audiology space near the Main Entrance.

Total maintenance and labor expense required to maintain the Speech Pathology and Audiology Department over the prior three-year period was \$17,151 and is documented in the SBL Maintenance Report on page 181 of this Attachment.

Attachment 70

**Maintenance Costs for Proposed Department Renovations as part of
the Master Facility Plan FY 2007-2009**

Department	Hours Worked	Labor Costs	Material Costs	Department Renovations	Total Cost of Maintenance/Dept.
Emergency	1334	\$29,348	\$4,695	\$28,899	\$64,276
Medical/ Surgical	2264	\$49,808	\$2,484	\$109,391	\$163,947
Surgery Surgical	2922	\$64,284	\$18,276	\$8,411	\$93,893
Recovery	501	\$11,015	\$210		\$11,726
Laboratory	2350	\$51,705	\$5,688	\$53,557	\$113,301
Imaging/CT	234	\$5,141	\$981		\$6,355
Imaging/US	76	\$1,661	\$17		\$1,754
Audiology/ Speech	668	\$14,685	\$1,798		\$17,151
Total					\$472,402



Delgado Clinical Consulting, LLC

A Healthcare Solutions Group

Sarah Bush Lincoln Health System Laboratory Services Site Survey

Executive Summary

The laboratory of Sarah Bush Lincoln Health Center retained Delgado Clinical Consulting, LLC to study the workflow, design, staffing levels and space analysis. The purpose of this study is to address any process issues, prepare for lab automation and identify any process improvements in lab operations. Multiple site visits were made to this facility as well as other hospitals and labs to observe automation solutions for lab services.

The observations made during my visits to Sarah Bush Lincoln have expanded the scope of my recommendations to include personnel reorganization, departmental (physical) moves and bring attention to address the critical need for new space. It is important to note that, no lab automation can occur without new space given to the lab. The footprint of any lab automation solution (incorporating Chemistry, Immunochemistry, Coagulation, Urinalysis and Hematology) is too large for existing space to accommodate. Additionally, most lab automation solutions come with increased labor efficiencies such as centrifuging, aliquoting of specimens, de-capping/re-capping tubes and a refrigerated specimen storage unit. A lab automation solution should incorporate all these features in order to maximize value, increase efficiencies and gain labor savings.

The laboratory at Sarah Bush Lincoln Health Center has reached capacity with space and instrumentation. The lab cannot accommodate any new instrumentation. Some of the observations made during my visits will require immediate attention to address employee safety and ergonomics. The lack of lab space coupled with an ever increasing test volume, new Outreach customers and a demand to continue to grow the Outreach network, will soon task current staffing levels and instrumentation. In order for the lab to grow and become more efficient and create a safe work environment, it is imperative new space be found. New lab space will allow Sarah Bush Lincoln Health Center to grow and protect a healthy Outreach Program (customer base), by being a state of the art facility with highly responsive and competitively priced regional laboratory services in Central Illinois.

Attachment 71
Criterion 1110.3030 Clinical Service Areas Other than Categories of Service
Necessary Expansion

Radiology Imaging (Ultrasound, Patient holding/recovery area for CT and special procedures)

This area is not expanding. It is being renovated in its existing space.

Emergency

Sarah Bush Lincoln's master facility plan identifies a need to increase the size of the Emergency Department (ED). The current ED is operating beyond capacity, is undersized, poorly configured and inefficient.

Upon completion of this project, the Emergency Department will consist of 4 trauma, 3 urgent care, and 20 general treatment rooms, for a total of 27 private rooms. Separate areas are designated for Urgent Care, Pediatrics, as well as securable rooms for Behavioral Health patients. The existing location is adjacent to the existing Imaging Department with short direct access to CT Scanning and other modalities. The new design provides for improved patient flow, privacy and staff visibility.

An extensive Space Planning and Utilization Study were conducted by Tchoukaleff Kelly Hartke, Inc (TKH) to determine projected emergency utilization at Sarah Bush Lincoln. TKH projects a 3% growth in volume each year based on demographics, historical trends, and the growing uninsured population in the market area. Based on the analysis and peak volumes, Sarah Bush Lincoln proposes 27 treatment rooms.

Calendar year and fiscal year data were analyzed, along with anticipated number of visits, levels of acuity, average length of visit based on acuity, and peak volumes.

TKH estimated room requirements based on an actual average case time per acuity level. The time required per case was then calculated and compared to available room time. TKH assumes a 70% efficiency/occupancy factor, based on its database of benchmarking efforts from past portfolios. Actual data revealed that the majority of patients access the ED during an 8 hour period daily. Patient volume is not spread evenly throughout a 24 hour period. Therefore, the Analysis on pages 187-191 of this Attachment reveals that during the daily 8-hour peak time, 27 rooms are required to accommodate the large volume of patients seeking emergency services.

Furthermore, approximately 650 patients are triaged annually in the Emergency Department and walk out before being treated. Additional treatment rooms during these peak volumes would reduce the number of walk outs and improve access to care.

The projected utilization is as follows:

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Visits	32,019	33,322	34,963	36,012	37,092	38,205	39,351	40,532	41,748	43,000	44,290
Rooms Justified (2000/room)	16	16	18	18	19	20	20	21	21	22	23
Rooms Required for Peak Volumes				25	25	25	26	26	27	27	27

Based on this analysis, necessary expansion is required to accommodate peak volumes, requiring 27 rooms.

Surgery

Sarah Bush Lincoln (SBL) proposes to modernize the existing 8 operating rooms already in use at the facility. There are no additional rooms being proposed.

Tchoukaleff Kelly Hartke, Inc (TKH) conducted a detailed Utilization Study to ensure the appropriate number of operating rooms is planned for this project. Based on utilization projections, efficiencies in scheduling, and patient and medical staff satisfaction, it is appropriate for SBL to maintain and modernize its 8 operating rooms. TKH recommends planning for a 70% efficiency factor based upon *SpaceMed2004 A Space Planning Guide for Healthcare Facilities* by Cynthia Hayward, AIA, and TKH's database of benchmarking efforts from past portfolios.

Additionally, the first study of operating room efficiency, completed by *OR Benchmarks, a division of OR Manager, Inc*, found the median overall utilization was 57%. This study, along with TKH's data, indicates 80% utilization is not a reasonable target for operating room utilization.

Recent historical surgery hours performed at SBL are unusually low. During this time period, three orthopedic surgeons left the community, which substantially decreased the number of surgery cases performed at SBL. Historical data indicates orthopedic surgeries, on average, represent 25% of the total surgery volume at SBL.

Since the CY2008 reporting period, three new Orthopedic Surgeons have been successfully recruited to the community, are employed by Sarah Bush Lincoln, and practicing at or above the median relative value unit (RVU) production level according to the Medical Group Management Association (MGMA) guidelines. Additionally, SBL has plans to recruit a 4th orthopedic surgeon based on demand projections.

SBL also hired a third general surgeon in 2009 to accommodate the increasing demand of general surgeries. General Surgery accounts for 22% of surgery time at SBL and is projected to increase in future years.

Based on the additional orthopedic and general surgeons recruited by and employed at Sarah Bush Lincoln in 2008-2009, surgery volumes are projected to increase substantially in CY2009, and 3% for each subsequent year.

Future projections indicate the need to maintain Sarah Bush Lincoln's existing 8 operating rooms.

The projected utilization is as follows:

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Hours	7,593	6,725	6,420	8,106	8,349	8,599	8,857	9,123	9,397	9,679	9,969
Rooms Justified (1500/room)	6	5	5	6	6	6	6	7	7	7	7
Rooms Warranted 1400/room	6	5	5	6	6	7	7	7	7	7	8

TKH's Utilization Study is found on pages 192-194 of this Attachment.

In addition to modernizing the existing 8 operating rooms, SBL proposes to expand its surgical recovery rooms from 26 to 31 to accommodate a new standard of care.

Additional recovery rooms are needed to accommodate the new standard of care. The new design provides 17 enclosed rooms for outpatient surgical patients and families to be used for pre-operative care, as well as phase II recovery. Families will wait with patients in these rooms during pre-operative care and phase II recovery care to create comfort and efficiencies.

In addition to the 17 phase II recovery/pre-operative rooms, there are 14 phase I recovery stations proposed. A large inventory control room is centrally located in the clinical core to provide for more direct and efficient access to supplies and case carts.

Based on this analysis, it is necessary for Sarah Bush Lincoln to modernize its existing 8 operating rooms and expand its surgical recovery rooms from 26 to 31.

Laboratory and Phlebotomy

Sarah Bush Lincoln's master facility plan developed in 2008 along with an outside laboratory consultant, Delgado Clinical Consulting LLC, indicated the Laboratory, which currently occupies approximately 5,830 DGSF, is in need of additional square footage to continue to produce timely, efficient, high quality services. SBL retained Delgado Clinical Consulting, LLC, to conduct a space analysis of the Laboratory Department. The analysis addresses space for pathology/histology, blood bank, microbiology, chemistry and serology, hematology, specimen processing, phlebotomy, and couriers. The Executive Summary of the report is found on page 182 of Attachment 70.

Overall, current Laboratory and Phlebotomy space is congested with overcrowding of work benches, mis-configured work flow, and organization that requires excessive circulation thru testing areas. The current condition utilizes built-in casework which limits flexibility to accommodate new/future equipment.

The project proposes to relocate the main clinical core laboratory to the ground floor of the facility to a space of approximately 9,083 DGSF. The additional space allows for additional testing, automated equipment, appropriate bench testing space to improve tech work space and reduce chances for errors, and an introduction of modular lab systems furniture to allow for future flexibility.

The project also plans to add a pneumatic tube system which will access 17 different points throughout the Health Center. This enhancement to laboratory services will increase efficiency and turnaround times for lab results.

The proposed Phlebotomy space of approximately 1,570 DGSF is proposed to remain on the first floor in a new location adjacent to Admitting/Patient Registration to facilitate patient access and efficiency. Proposed improvements include enclosed blood draw rooms in lieu of small curtain bays to allow for improved patient privacy and experience.

The laboratory's substantial growth in reference laboratory volume, as detailed in Attachment 73, is also driving the need for additional space. During the past 17 years, the program has expanded from 6 clients to 382 clients in a 22 county region in central and southern Illinois. The Laboratory has experienced a 16% growth in test volume from FY08 to FY09. Additionally, the current space is undersized according to State Standards.

Total proposed Laboratory and Phlebotomy space equals 10,653 DGSF.

Current State Norms in section 1110. Appendix B allow for 225 GSF/full-time equivalent for Laboratory Space. Sarah Bush Lincoln employs 75 FTEs in the laboratory.

Current State Norm

225 DGSF x 75 FTE = 16,875 DGSF

The proposed 10,653 DGSF for the Laboratory/Phlebotomy Department is well below the current State Norm.

Speech Pathology and Audiology

The current Speech Pathology and Audiology Department is located on the 1st floor off the Main Lobby. The purpose of relocating this department is to provide space for Admitting/Patient Registration.

The current Speech Pathology and Audiology space includes 5 treatment rooms, a sound booth and support functions. It is located in approximately 2,835 DGSF.

The proposed location for Speech Pathology and Audiology is on the 4th floor of the Medical Office Pavilion and is 3,195 DGSF. It will include the same number of procedure rooms and support spaces.

The DGSF is slightly larger than the current space due to the existing facility's physical configuration. The State Standard allows for 1.8 DGSF/bed. The State Standard is based on inpatient utilization, and does not take into account the substantial outpatient volume which occurs in speech pathology and audiology. The speech pathology and audiology visits are predominantly outpatient: 86% of speech pathology and 83% of audiology volume are outpatient cases.

There are 12.5 FTEs located in the speech pathology and audiology department, which meets the required level of staffing at SBL to accommodate the FY09 speech/audiology utilization. Therefore, 3,195 DGSF is necessary to accommodate the number of FTEs, equipment and supplies to adequately provide this service to patients.

Because this service is predominantly outpatient, the State Norm which is calculated based on number of inpatient beds is irrelevant. Additionally, the new review criteria proposed by the Health Facilities Services Review Board does not include a State Standard for Speech Pathology/Audiology.

Sarah Bush Lincoln Health Center

Emergency

TKH

Based on 3% annual growth to 2014: Peak Need of 27 Treatment Spaces (4 Trauma / 3 Urgent Care / 20 Treatment)

Date: 04/30/2009

Revised: 05/18/2009, 05/20/2009, 06/08/2009, 6/9/2009

Preliminary Space Program

Space / Use	Units	NSF / Unit	Total NSF	OCC	Comments
Intake/Family Support					
Waiting	81	20	1,620		sub-dividable into pods, 3 seats / trtmnt
Play Area	0	80	0		Part of main waiting room.
Vending	1	120	120		Coffee, cold drinks, snacks
WC Storage	1	60	60		
Toilet, Public	2	150	300		3 fixtures each, incl baby changing
Security Station	1	200	200	2	Near entry; metal detector
Consult / Grieving Room	1	120	120		
Consult / Grieving Room	1	150	150		
Registration Rooms	3	80	240	3	
Subtotal			2,810		special procedure lights in trauma / resuscitation; 100% exhaust in treatment rooms; swivettes in 4 rooms
Clinical Space					
Triage	2	100	200		1 triage nurse
Urgent Care Room	3	168	504		
Treatment Room	17	168	2,856		2 sets of headwalls in each room
Treatment - Psych.	1	168	168		With fold down security door
Treatment - GYN	1	168	168		Doubles for isolation room
Ante Room	1	60	60		
Toilet w/Shower, Patient	1	60	60		
Trauma w/X-Ray	1	400	400		with x-ray equip, 2 sets of headwalls in ea rm
Resuscitation	3	300	900		2 sets of headwalls per rm, 1 doubles as iso rm
Eye Room / Treatment Room	1	216	216		slit lamp, table, equip determines length of rm
Computer Stations	6	20	120		Locate in staff core.
Nurse Station	2	300	600	10	Clerk, tech, 2 nurses, phys at each nurse sta
Pneumatic Tube Station	2	12	24		Within nurse sta - to lab, surgery, radiol., phar
Central Monitoring Station	1	80	80		Locate in staff core.
Physician Workroom	1	120	120	2-3	Accessible from staff core with reference unit.
Toilet, Patient	4	55	220		
Clean Utility	2	150	300		
Soiled Utility	2	120	240		clinical sink
Point of Care Testing Eq.	1	100	100		Central location
C-arm Alcove	1	48	48		Portable storage
Specialty Cart Alcove	6	24	144		
Crash Cart Alcove	1	30	30		3 adult / 1 ped. crash carts - remainder in rms
Medication Area	2	100	200		Locate in staff core.

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Attachment 71

Sarah Bush Lincoln Health Center

Emergency

TKH

Based on 3% annual growth to 2014: Peak Need of 27 Treatment Spaces (4 Trauma / 3 Urgent Care / 20 Treatment)

Date: 04/30/2009

Revised: 05/18/2009, 05/20/2009, 06/08/2009, 6/9/2009

Preliminary Space Program

Space / Use	Units	NSF / Unit	Total NSF	OCC	Comments
Nourishment	2	80	160		Locate in staff core.
Diagnostic X-Ray	0	360	0		Imaging located adjacent ED & in Trauma rms.
Storage, Equipment	2	150	300		ultrasound machines, dynamap pumps
Storage, Respiratory Therapy	1	64	64		Blood gas; ventilator
Subtotal			8,282		
Total NSF			11,092	NSF	
Multiplier		X 0.25	2,740		partitions, structure, etc.
Total DGSF			13,832	DGSF	does not include departmental circulation

Comments/Issues:

- Existing State Agency guidelines allows 744.6 gsf / treatment room (2000 visits /). 39,269 projected visits to 2014.
Projected 39,269 visits = 20 treatment rooms @ 744.6 gsf = **14,892 gsf**. TKH projects 27 rooms at peak.
- Proposed State Agency draft guidelines* allows 900 gsf / treatment room (2000 visits /). 39,269 projected visits to 2014.
Projected 39,269 visits = 20 treatment rooms @ 900 gsf = **18,000 gsf**.
- 3 ambulance bay spaces

* State Agency draft guidelines are currently being reviewed and have not yet been approved for use.

Attachment 71

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Sarah Bush Lincoln Health Center

Emergency (3% growth)

TKH

Date : April 15, 2009

Revised: May 18, 2009, September 17, 2009

Rooms Required 2012	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,364.01	6,132	0.22	1	
Category 2	4,583.92	6,132	0.75		
Category 3	31,319.37	6,132	5.11	13	
Category 4	42,567.47	6,132	6.94		
Category 5	13,017.63	6,132	2.12	3	
Category CCU (ED)	1,151.03	6,132	0.19		
No Charge**	0.00	6,132	0.00	0	
				17	26

Rooms Required 2014	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,447.08	6,132	0.24	2	
Category 2	4,863.08	6,132	0.79		
Category 3	33,226.72	6,132	5.42	13	
Category 4	45,159.83	6,132	7.36		
Category 5	13,810.41	6,132	2.25	3	
Category CCU (ED)	1,221.13	6,132	0.20		
No Charge**	0.00	6,132	0.00	0	
				18	27

Rooms Required 2015	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,490.49	6,132	0.24	2	
Category 2	5,008.97	6,132	0.82		
Category 3	34,223.52	6,132	5.58	14	
Category 4	46,514.63	6,132	7.59		
Category 5	14,224.72	6,132	2.32	3	
Category CCU (ED)	1,257.77	6,132	0.21		
No Charge**	0.00	6,132	0.00	0	
				19	27

Rooms Required 2020	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,728.05	6,132	0.28	2	
Category 2	5,807.20	6,132	0.95		
Category 3	39,675.67	6,132	6.47	16	
Category 4	53,925.95	6,132	8.79		
Category 5	16,492.00	6,132	2.69	3	
Category CCU (ED)	1,460.34	6,132	0.24		
No Charge**	0.00	6,132	0.00	0	
				21	33

Sources:

The following information was provided by Dennis Pluard via e-mail 20090121:

ER Visits by Category (FY 2004 - December 2008 YTD)

The following information was provided by Michele Kroeger via e-mails 20090425 and 20090427:

Number of Patients in the ED by hour, by month (July - December 2008 and January - March 2009)

Patient Interval Averages in the ED by month (July - December 2008 and January - March 2009)

Inpatient / Observation patient reports (July - December 2008 and January - March 2009)

Average Turn Over Time

The following information was provided by Jo Flannell via e-mails 20090511, 20090514, 20090515, and 20090518:

Length of Stay Room to Disposition, by month (January 2008 - May 2009)

Revised Length of Stay Room to Disposition, by month (January 2008 - April 2009)

Attachment 71

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Sarah Bush Lincoln Health Center

Emergency (3% growth)

Date : April 15, 2009

Revised: May 18, 2009, September 17, 2009

TKH

A. Basis of Planning

1. Volumes of Service

	(Actual) FY 2008	(Annualized) FY 2009	(Projected) FY 2012	(Projected) FY 2014	(Projected) 2015	(Projected) 2016
Emergency						
Category 1	1,840	1,228	1,342	1,424	1,466	1,510
Category 2	3,670	3,856	4,214	4,470	4,604	4,742
Category 3	15,037	14,094	15,401	16,339	16,829	17,334
Category 4	10,401	10,882	11,891	12,615	12,994	13,383
Category 5	2,891	2,854	3,119	3,309	3,408	3,510
Category CCU (ED)	295	308	337	357	368	379
No Charge**	710	652	712	756	779	802
	34,844	33,874	37,015	39,269	40,447	41,661

*Assumes 3% annual growth.

** No Charge are patients that have been triaged, but left before being seen by a physician.

2. Room Requirements (Estimated)

The following time frames have been used to develop the room requirements.

	Average Case Time (min)	Room Turn Around Time	Total (min)	Total (hrs)
Category 1	50.99	10	61	0.85
Category 2	55.27	10	65	0.92
Category 3	112.02	10	122	1.87
Category 4	204.79	10	215	3.41
Category 5	230.45	20	250	3.84
Category CCU (ED)	185.20	20	205	3.09
No Charge**	0	0	0	0.00

3. Space Programming Methodology

Time Required

2009	Number of Cases	Time/Unit	Time Required
Category 1	1,228	1.02	1,248.26
Category 2	3,856	1.09	4,194.93
Category 3	14,094	2.03	28,661.66
Category 4	10,882	3.58	38,955.27
Category 5	2,854	4.17	11,912.98
Category CCU (ED)	308	3.42	1,053.36
No Charge**	652	0.00	0.00

Time Available

	Hrs/Day	Days/Yr	Efficiency	Hrs/Avail
Monday - Sunday	24.00	365.00	0.70	6132.00

Rooms Required 2009	Hours Required	Hours Available	Rooms Required	Actual	Peak
Category 1	1,248.26	6,132.00	0.20	12	3
Category 2	4,194.93	6,132.00	0.68		
Category 3	28,661.66	6,132.00	4.67		
Category 4	38,955.27	6,132.00	6.35		
Category 5	11,912.98	6,132.00	1.94		
Category CCU (ED)	1,053.36	6,132.00	0.17	0	25
No Charge**	0.00	6,132.00	0.00		
				16	

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Sarah Bush Lincoln Health Center

Department:

Emergency

Date: April 15, 2009
 Revised: May 18, 2009, September 17, 2009

TKH

	7/2008	8/2008	9/2008	10/2008	11/2008	12/2008	1/2009	2/2009	3/2009	
0:00	76	69	75	73	69	70	74	70	73	
1:00	55	61	59	70	66	80	67	53	72	
2:00	54	55	46	60	43	62	53	62	46	
3:00	45	44	50	48	38	39	39	33	47	
4:00	37	33	46	46	31	46	39	40	42	
5:00	41	34	39	30	40	34	44	47	43	
6:00	53	64	45	56	45	44	49	47	55	
7:00	77	78	73	74	74	66	59	72	78	
8:00	102	102	117	115	100	110	85	117	142	
9:00	135	151	145	165	151	161	169	160	188	
10:00	173	191	181	177	161	160	185	139	202	
11:00	186	180	163	164	177	191	177	142	193	
12:00	170	180	167	166	171	171	154	169	194	
13:00	153	194	167	144	156	155	149	156	174	
14:00	163	156	162	178	150	152	163	158	161	
15:00	177	191	165	197	147	130	158	147	174	
16:00	157	176	151	212	171	171	177	180	226	
17:00	171	177	196	199	175	164	172	192	237	
18:00	177	173	225	176	158	136	148	185	218	
19:00	188	163	193	176	149	147	164	158	175	
20:00	157	215	185	181	134	141	174	140	169	
21:00	146	162	145	145	131	126	155	128	176	
22:00	131	123	125	115	125	96	112	105	142	
23:00	101	106	94	88	77	83	102	83	108	
	2925	3078	2991	3078	2748	2714	2854	2779	3342	total patients per month
	31 days	31 days	30 days	31 days	30 days	31 days	31 days	28 days	31 days	
	94.35	99.29	99.70	99.29	91.60	87.55	92.06	99.25	107.81	average patients per day
		50% peak	# patients	210 min avg	336 hrs = 8 hr peak @70%		1.62 urgent care			
		75% peak	30.5	64 min avg	19.38	25				2009
			27		5.14					97
										61
										37% non-urgent (Level 1, 2, 3)
		50% peak	32	210 min avg	20.00	26				2012 - 3%
		75% peak	27.75	64 min avg	5.33					101
										63.63
										37.37
										37% non-urgent (Level 1, 2, 3)
										3084.583333
										101.1338798
		50% peak	33.5	210 min avg	21.25	27				2014 - 3%
		75% peak	30	64 min avg	5.71					107
										67.41
										39.59
										37% non-urgent (Level 1, 2, 3)
										3272.416667
										107.2923497
		50% peak	34	210 min avg	21.25	27				2015 - 3%
		75% peak	30	64 min avg	5.71					109
										68.67
										40.33
										37% non-urgent (Level 1, 2, 3)
										3370.583333
										110.510929

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Sarah Bush Lincoln Health System

Surgery - All Cases (3% annual growth)

TKH

Date : April 16, 2009

Revised: April 30, 2009, May 11, 2009, September 18, 2009, December 3, 2009

A. Basis of Planning

1. Volumes of Service

	FY 09 (Annualized)	FY 12 (Projected)*	FY 14 (Projected)*	FY 16 (Projected)*	FY 2020 (Projected)*
Surgical Cases					
Anesthesia (Spine Cases)	8	9	9	10	11
Dental	115	126	133	141	159
ENT	1,509	1,649	1,750	1,856	2,089
General	1,268	1,386	1,470	1,559	1,755
Gift of Hope (Donors)	8	9	9	10	11
OB / GYN	768	839	890	945	1,063
Ophthalmology	725	793	841	892	1,004
Orthopedics	818	893	948	1,006	1,132
Plastic Surgery	16	17	19	20	22
Urology	549	600	637	676	760
Totals	5,785	6,321	6,706	7,114	8,007

*Assumes 3% annual growth for Surgical cases.

2. Room Requirements (Estimated)

The following time frames have been used to develop the room requirements.

	Case Time	Room Turn	Total (min)	Total (hrs)
Anesthesia (Spine Cases)	90.00	20.00	110.00	1.83
Dental	120.00	10.00	130.00	2.17
ENT	45.00	10.00	55.00	0.92
General	100.00	27.00	127.00	2.12
Gift of Hope (Donors)	120.00	20.00	140.00	2.33
OB / GYN	45.00	20.00	65.00	1.08
Ophthalmology	40.00	7.00	47.00	0.78
Orthopedics	100.00	21.00	121.00	2.02
Plastic Surgery	90.00	20.00	110.00	1.83
Urology	60.00	14.00	74.00	1.23

3. Space Programming Methodology

Time Required	Number of Cases	Time/Unit	Time Required
Anesthesia (Spine Cases)	8.00	1.83	14.67
Dental	115.00	2.17	249.17
ENT	1509.33	0.92	1383.56
General	1268.00	2.12	2683.93
Gift of Hope (Donors)	8.00	2.33	18.67
OB / GYN	768.00	1.08	832.00
Ophthalmology	725.33	0.78	568.18
Orthopedics	817.67	2.02	1648.96
Plastic Surgery	16.00	1.83	29.33
Urology	549.33	1.23	677.51
			8105.97

Time Available

Please indicate the hours of operation per day, and the days per year that department is scheduling patients.

	Hrs/Day	Days/Yr	Efficiency	Hrs/Avail
Monday - Friday	8.00	250.00	70%	1400.00
Saturday				0.00
Total				1400.00

Attachment 71

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Rooms Required	2009	Hours Required	Hours Available	Rooms Required	Actual
				5.79	6
Anesthesia (Spine Cases)		14.67	1400.00	0.01	
Dental		249.17	1400.00	0.18	
ENT		1383.56	1400.00	0.99	
General		2683.93	1400.00	1.92	
Gift of Hope (Donors)		18.67	1400.00	0.01	
OB / GYN		832.00	1400.00	0.59	
Ophthalmology		568.18	1400.00	0.41	
Orthopedics		1648.96	1400.00	1.18	
Plastic Surgery		29.33	1400.00	0.02	
Urology		677.51	1400.00	0.48	

Rooms Required	2012	Hours Required	Hours Available	Rooms Required	Actual
				6.33	7
Anesthesia (Spine Cases)		16.03	1400.00	0.01	
Dental		272.27	1400.00	0.19	
ENT		1511.85	1400.00	1.08	
General		2932.81	1400.00	2.09	
Gift of Hope (Donors)		20.40	1400.00	0.01	
OB / GYN		909.15	1400.00	0.65	
Ophthalmology		620.86	1400.00	0.44	
Orthopedics		1801.86	1400.00	1.29	
Plastic Surgery		32.05	1400.00	0.02	
Urology		740.33	1400.00	0.53	

Rooms Required	2014	Hours Required	Hours Available	Rooms Required	Actual
				6.71	7
Anesthesia (Spine Cases)		17.00	1400.00	0.01	
Dental		288.85	1400.00	0.21	
ENT		1603.92	1400.00	1.15	
General		3111.41	1400.00	2.22	
Gift of Hope (Donors)		21.64	1400.00	0.02	
OB / GYN		964.52	1400.00	0.69	
Ophthalmology		658.67	1400.00	0.47	
Orthopedics		1911.60	1400.00	1.37	
Plastic Surgery		34.01	1400.00	0.02	
Urology		785.42	1400.00	0.56	

Rooms Required	2016	Hours Required	Hours Available	Rooms Required	Actual
				7.12	8
Anesthesia (Spine Cases)		18.04	1400.00	0.01	
Dental		306.44	1400.00	0.22	
ENT		1701.60	1400.00	1.22	
General		3300.90	1400.00	2.36	
Gift of Hope (Donors)		22.96	1400.00	0.02	
OB / GYN		1023.26	1400.00	0.73	
Ophthalmology		698.79	1400.00	0.50	
Orthopedics		2028.01	1400.00	1.45	
Plastic Surgery		36.08	1400.00	0.03	
Urology		833.25	1400.00	0.60	

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Rooms Required	2020	Hours Required	Hours Available	Rooms Required	Actual
				8.01	9
Anesthesia (Spine Cases)		20.30	1400.00	0.01	
Dental		344.90	1400.00	0.25	
ENT		1915.16	1400.00	1.37	
General		3715.19	1400.00	2.65	
Gift of Hope (Donors)		25.84	1400.00	0.02	
OB / GYN		1151.68	1400.00	0.82	
Ophthalmology		786.49	1400.00	0.56	
Orthopedics		2282.55	1400.00	1.63	
Plastic Surgery		40.60	1400.00	0.03	
Urology		937.83	1400.00	0.67	

Sources:

The following information was provided by Carol Ray via e-mail 20090422:

- Total IP and OP Cases (FY 2006 - March 2009)
- IP and OP Case Minutes per Fiscal Year (FY 2006 - March 2009)
- Patient Case Type (FY 2006 - March 2009)
- C-Section Case Type (FY 2006 - March 2009)
- Average Turn Over Time (FY 2005 - March 2008).
- Days / Hours of Operation

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Attachment 73
Criterion 1110.3030 Clinical Service Areas Other than Categories of Service Utilization

Radiology Imaging (Ultrasound and CT/Special Procedures Patient Holding Area)

Sarah Bush Lincoln proposes to modernize 4 of the 5 ultrasound rooms and the CT patient/holding recovery area, which will consist of one large room with three patient bays. The number of rooms being modernized does not exceed the number justified by historical utilization rates for each of the last two years, as indicated in the tables below.

Although there is no State Standard for a computerized tomography test (CT) patient holding/recovery area, SBL is providing CT utilization data to indicate there is sufficient volume to warrant the patient holding/recovery area. The project proposes to modernize underutilized space to create one large room with 3 patient bays. The number of CT Recovery Bays being modernized does not exceed the number of CT rooms justified by historical utilization rates for each of the last two years, as indicate in the tables below.

No other radiology modalities are being modernized.

Ultrasound Utilization

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Visits	20,131	19,909	19,278	19664	19860	20059	20259	20462	20667	20873	21082
Rooms Justified (2000/room)	11	10	10	10	10	11	11	11	11	11	11

CT Utilization

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Visits	14,562	14,888	15,825	16142	16464	16794	17129	17472	17822	18178	18542
Rooms Justified (2000/room)	8	8	8	9	9	9	9	9	9	10	10

Emergency

Sarah Bush Lincoln proposes to modernize 27 emergency treatment rooms. There are currently 19 semi-private rooms. The number of treatment rooms does exceed the number justified by historical utilization rates for each of the last two years, as indicate in the tables below. Additional rooms are justified and documented in the Space Planning and Utilization Study conducted by TKH, found on pages 187-191 in Attachment 71.

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Visits	32,019	33,322	34,963	36,012	37,092	38,205	39,351	40,532	41,748	43,000	44,290
Rooms Justified (2000/room)	16	16	18	18	19	20	20	21	21	22	23
Rooms Required for Peak Volumes				25	25	25	26	26	27	27	27

Surgery

Sarah Bush Lincoln proposes to modernize 8 existing surgery rooms, and modernize 31 recovery rooms. There are currently 26 recovery rooms. The number of surgery operating rooms and surgery recovery rooms being modernized does exceed the number justified by historical utilization rates for each of the last two years, as indicate in the tables below. Additional rooms are justified and documented in the Utilization Study conducted by TKH, found on pages 192-194 in Attachment 71.

	Actual			Projected							
	CY06	CY 07	CY08	CY09	CY10	CY11	CY12	CY13	CY14	CY15	CY16
Hours	7,593	6,725	6,420	8,106	8,349	8,599	8,857	9,123	9,397	9,679	9,969
Rooms Justified (1500/room)	6	5	5	6	6	6	6	7	7	7	7
Rooms Warranted 1400/room	6	5	5	6	6	7	7	7	7	7	8

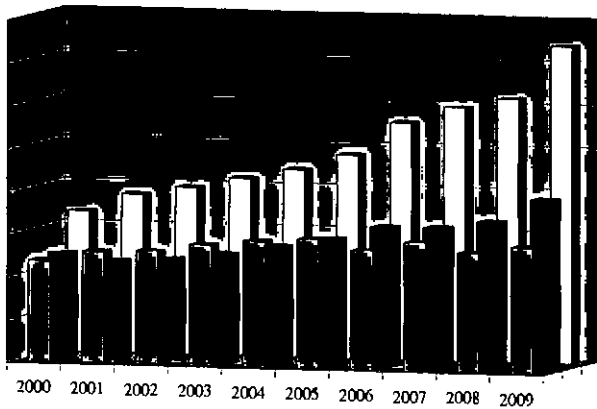
Laboratory

The Health Facilities Services Review Board has no review criteria for Laboratory utilization. Laboratory utilization is as follows:

ACTUAL			PROJECTED				
FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14
608,391	617,886	715,643	719,563	741,150	763,384	786,286	809,874

Breakdown of Laboratory Volume

■ Inpatient ■ Outpatient □ Reference Lab



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
■ Inpatient	118,118	129,754	132,304	140,981	146,972	150,936	139,201	149,823	139,189	147,366
■ Outpatient	120,690	113,352	117,102	125,208	135,981	145,638	160,827	162,141	170,387	197,279
□ Reference Lab	164,338	185,657	195,041	207,193	219,410	237,706	277,261	296,427	308,310	370,998

Speech Pathology and Audiology

The Health Facilities Services Review Board has no review criteria for speech pathology/audiology utilization.

The utilization for speech pathology and audiology is as follows:

	ACTUAL			PROJECTED				
	FY 07	FY 08	FY 09	FY10	FY11	FY12	FY13	FY14
Speech Pathology Visits								
Inpatient	1,658	1,318	1,785	1,785	1,785	1,785	1,785	1,785
Outpatient	9,727	11,639	12,603	12657	12712	12766	12821	12876
Outreach	1,302	640	277	277	277	277	277	277
Total	12,687	13,597	14,665	14,719	14,774	14,828	14,883	14,938
Audiology Visits								
Inpatient	720	781	673	673	673	673	673	673
Outpatient	6,919	7,068	7,218	7249	7280	7312	7343	7375
Outreach	1,543	1,520	792	792	792	792	792	792
Total	9,182	9,369	8,683	8714	8745	8777	8808	8840
TOTAL VISITS	21,869	22,966	23,348	23,433	23,519	23,605	23,691	23,778

Attachment 75
Criterion 1120.210 - Financial Feasibility

Sarah Bush Lincoln Health Center has an A bond rating from Standard and Poor's. Documentation from Standard and Poor's is included in this attachment.

The debt is guaranteed by Sarah Bush Lincoln Health Center, not Sarah Bush Lincoln Health System, therefore Sarah Bush Lincoln Health System does not have a bond rating.

- A. Criterion 1120.210a Financial Viability
Not applicable – Sarah Bush Lincoln Health Center has an A bond rating.

- B. Criterion 1120.210b Availability of Funds
Not applicable – Sarah Bush Lincoln Health Center has an A bond rating.

- C. Criterion 1120.210c Operating Start Up Costs
Not applicable – Sarah Bush Lincoln Health Center has an A bond rating.

**Illinois Health Facilities Authority
Sarah Bush Lincoln Health Center**

Primary Credit Analysts:

Martin D Arrick
New York
(1) 212-438-7963
martin_arrick@
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Secondary Credit Analysts:

Antionette W Maxwell
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Credit Profile

Illinois Hlth Fac Auth, Illinois

Sarah Bush Lincoln Hlth Ctr, Illinois
Illinois Hlth Fac Auth (Sarah Bush Lincoln Health Center)

Long Term Rating	A/Positive	Affirmed
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Illinois Hlth Fac Auth, Illinois

Sarah Bush Lincoln Hlth Ctr, Illinois
Illinois Hlth Fac Auth (Sarah Bush Lincoln Health Center) (Connie Lee)

Unenhanced Rating	A(SPUR)/Positive	Rating Assigned
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Many issues are enhanced by bond insurance.

Rationale

Standard & Poor's Ratings Services affirmed its 'A' long-term rating and positive outlook on Illinois Health Facilities Authority's \$20.135 million series 1996B bonds, issued for Sarah Bush Lincoln Health Center (SBL). Standard & Poor's also assigned its 'A' underlying rating (SPUR) to the existing series 1996 \$8.4 million insured revenue bonds also issued by the Illinois Health Facilities Authority on behalf of Sara Bush Lincoln. The insured bonds retain their bond insurance from Connie Lee Insurance Company.

The rating reflects a strong, though weakened balance sheet, continued strong operations, and maintenance of a sound business position with minimal competition and a sizable employed physician base. A slightly softer financial profile in fiscal 2008 combined with a sizable, although still developing capital plan, are issues that prevent an upgrade at this time. The outlook remains positive as SBL could be upgraded over the medium term as it has some debt capacity at a higher rating level, but more clarity on future capital plans is needed along

with more time managing through some new physician hires, and the broad national recession.

The 'A' rating reflects SBL's:

- Strong balance sheet highlighted by strong liquidity, light debt and a minimal debt burden, although the balance sheet is weaker than in the past as liquidity is off its 2008 peak;
- Sound operating earnings after adjusting for Illinois provider tax revenue timing, which, given the light debt burden, generates very strong debt service, although investment losses in the current year weaken coverage to only adequate levels; and
- A sound business position as the dominant provider in Coles County combined with a long established employed physician strategy, which helps the hospital retain solid market share.

The primary rating concern is a potentially sizable series of capital projects that could reach \$60 million over the next three years, excluding routine capital spending, although these projects could be staggered, allowing management to spread out capital expenditures over a longer period. The projects include an emergency room renovation and expansion, moving the laboratory, more private rooms, and two medical offices buildings. Management indicates that SBL's master facilities plan is still under development and no firm decisions about project scope, timing, or funding have been made although \$45 million of new debt in fiscal 2010 is the current maximum forecast by management with the balance of the projects and routine capital to be funded through cash flow. Other concerns include declining admissions in 2008 due to temporary loss of some key physicians, which stabilized in the current year.

Although SBL is a small facility, it has a solid market share at 74% in its home county, minimal competition, and 76 employed physicians and mid-level professionals, which help to overcome issues often associated with smaller providers. In addition, the employed physician strategy has dampened direct competition from the medical staff ambulatory ventures. Market share in its larger seven-county service area is also solid at 42%.

SBL operates a 132 staffed-bed general acute-care hospital in Mattoon, which is in east central Illinois, approximately 50 miles south of Champaign. The hospital opened in 1977 replacing two local community hospitals. The hospital's parent, Sarah Bush Lincoln Health System, operates the hospital, a foundation, home health corporation, captive insurance company, and a management services business. While only the hospital is obligated on the debt, Standard & Poor's analysis includes financial results from the entire corporation, of which the hospital represented about 96% of 2008 assets. A revenue pledge of the hospital secures the bonds. SBL is not a party to any swaps at this time.

Outlook

The positive outlook reflects Standard & Poor's expectations that this rating could move to 'A+' within the next 12-24 months, pending further clarification of the capital plan and a continued record of success in a difficult economic climate. While SBL clearly has some additional debt capacity, even at a higher rating level, a return to stable is possible if the operations, balance sheet, and financial plan are not consistent with higher rating.

Operations And Finances

SBL has \$86.4 million of unrestricted liquidity, which has grown significantly since 2003 but, like many other providers, is well off its fiscal peak of \$109.7 million. This reflects broad investment market losses and SBL's target allocation of two-thirds equities and one-third fixed-income securities. The current allocation is roughly 50/50. Unrestricted liquidity is still strong at 202 days' cash on hand and more than 3x outstanding debt. If one assumes future issuance of \$45 million of additional debt, cash to debt is still sound at 122% on a pro forma basis. SBL has made adequate investments in capital over the past five years, generally exceeding depreciation although average age of plant has risen to a still moderate 9.2 years at fiscal 2008 year-end.

Management has been focused on investment in information technology (IT) and has a fully functioning inpatient medical record system including physician order entry; however, it does not expect to complete the full implementation of an ambulatory electronic medical record until fiscal 2011.

SBL has a defined contribution plan, which has limited its exposure to extraordinary pension funding requirements and has a captive insurance company backed by commercially purchased excess coverage and reserves. The captive has reserves of \$4.7 million, which are excluded from our calculation of unrestricted cash and investments. SBL's balance sheet is strong and has additional debt capacity as debt as a percent of capitalization is only 15.3% in 2008 and debt burden remains light at under 2%.

SBL's net patient revenue's were down \$5 million in fiscal 2008 due to a larger than typical payment from the Illinois provider tax in fiscal 2007 (representing payment of fiscal 2006 and 2007 amounts) and some declines in inpatient admissions due to delays, since resolved, in successfully recruiting new orthopedic surgeons. Despite these issues, operating and excess income was strong at \$6.3 million and \$13.0 million in fiscal 2008, down somewhat from \$9.2 million and \$17.4 million the previous year. The main difference was that SBL received \$7.8 million net from the Illinois provider tax in fiscal 2007, which included SBL's allocation pertaining to fiscal 2006, and in fiscal 2008, SBL only received the \$3.9 million pertaining to fiscal 2008. While the operating income for the interim period through February 2009 (eight months unaudited) seems light at just \$1.6 million, it does not include any of the fiscal 2009 Illinois provider tax net allocation of \$5.3 million, nine months of which will be posted in March. The Illinois provider tax is now established for the next five years, with SBL's allocation at \$5.3 million annually, including fiscal 2009. In addition, a Medicare rebasing will result in an additional \$1.7 million to SBL beginning in fiscal 2010. Excess income in the current year to date is negative reflecting investment losses.

Fiscal 2008 earning generated a strong 7.5x coverage of maximum annual debt service, which was down slightly from fiscal 2007's excellent 8.6x. The difficulties recruiting orthopedic surgeons contributed to slightly weaker results in 2008 and were clearly the behind 2008 drop in volume. Year-to-date volume has remained level as the 2009 flu season was reported by management to be light, although ambulatory surgeries are up due, in part, to three new orthopedic surgeons. Other physicians have also been recruited and management expects volume to accelerate over calendar 2009. Other

physician recruitment seems to be going well and operating results are expected to be \$2 million over budget in the current year, according to management. Based on year-to-date results, debt service coverage should still be strong at more than 3x despite losses from investments after factoring in the full allocation of this year's provider tax. Overall payor mix at SBL is manageable with Medicare at 43% and Medicaid somewhat high at slightly more than 15%. Self-pay is growing at just more than 6% and commercial and blue cross are roughly a third of total gross revenues.

SBL is located in Mattoon, in Coles County, with a population of about 51,000, which has been relatively flat for many years. The hospital is the third largest employer in the county behind Eastern Illinois University and R. R. Donnelley, a printing and publishing company. Other companies in the area are generally small with less than 500 employees. SBL's market share in its home county, where it is a sole provider, is excellent at 74% in 2007.

The hospital admitted 5,903 inpatients in 2008, which was down from 6,251 in the previous year. Admissions were augmented by slightly more than 800 behavioral health admissions in each year as well as births and long-term care admissions. While overall inpatient admissions are flat in fiscal 2009, surgeries are up for both inpatients and outpatients. Patients may go to other providers for primarily two reasons: for services SBL does not provide, and for insurance purposes as SBL is not a participant in the insurance plan owned by the 'AA-' rated Carle Foundation, which is SBL's only major competitor.

SBL employs 76 primary and specialty physicians as well as physician assistants, which are practicing in various locations throughout the seven-county primary and secondary service area. These physicians are responsible for 71% of annual admissions and represent about three-quarters of the total active medical staff. In addition, management has plans to continue to enlarge its medical staff during the next several years, some of which will be replacement of existing staff member, but most of which will be new additions to the medical staff.

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Attachment 76
Criterion 1120.310 Economic Feasibility

A. Criterion 1120.310a Reasonableness of Financing Arrangements
Not Applicable – Sarah Bush Lincoln Health Center has an A bond rating.

B. Criterion 1120.310b Conditions of Debt Financing
Included in this attachment is a notarized statement to attest to this criterion.

C. Criterion 1120.310c Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet Allocation Table for new construction and modernization is included on page 207 of this Attachment.

2. There is no major medical equipment proposed in this project, therefore this is not applicable.

3. Below is a list of items included in the Project Costs and Source of Funds table found on page 50 in Attachment 7.

- Line three, Site Preparation, \$330,000
Cost includes all site preparation necessary for the new construction of this project. Of the total amount, \$280,500 represents the clinical site preparation cost. This amount represents 8.3% of the clinical Construction, and Contingency costs.

This site preparation cost exceeds the standards by 3.3%. Extensive site planning is required, even for a small, single story construction project. Because the construction project is fairly small, the required site planning is a larger percentage of the total clinical construction cost than the State Standard.

- Line five, New Construction Costs, \$3,032,850
Of the total amount, \$2,593,610 represents the clinical cost, which is the expansion of the emergency department. The clinical construction is 6,021 square feet. The clinical cost/square foot is \$430

The non clinical cost represents the ambulance garage, EMS storage and offices.

The clinical cost/square foot exceeds the State Standard because the construction will join the occupied Emergency Department. The construction will require 4 phases to complete. This phasing is necessary for the continued use of the adjacent Emergency Room space. SBL will continue to care for the increasing number of emergency room patients, and therefore special accommodations will be made to deliver care during the construction phase. Also, premium time is included in this project to decrease the timeline needed for completion, therefore reducing any adversary impact on patients.

- Line six, Modernization Costs, \$33,007,041
Of the total amount, \$20,069,362 represents the clinical cost and includes all clinical components of the project, with the exception of the construction of the emergency department. The clinical modernization is 71,705 square feet. The clinical cost/square foot is \$279.

Non clinical costs include non-clinical areas, including the temporary modernization which involves temporary non-clinical support space which will minimize disruption to the surgery service during the renovation.

The clinical cost/square foot exceeds the State Standards because of the surgery component of the project. The surgery suites will remain in operation during the modernization phase. Therefore, this modernization will require multiple phasing. The cost of the project increases for each added phase of construction. It's likely 5 phases will be required to complete the surgery suite renovation. Some of these phases will be completed on premium time due to the noise levels and infection control.

Line seven, Contingencies, \$1,254,761

- Contingencies allow for unforeseen costs. Of the total amount, \$781,880 represents the clinical contingency cost. This amount represents 3.4% of the clinical modernization and construction costs and meets the State Standard.

Line eight, Architectural/Engineering Fees, \$3,009,592

- Includes preplanning architect fees, schematic design, design development, bidding and negotiation, construction administration phase, and inspection of project. Of the total amount, \$1,813,038 is the clinical component of the Architectural and Engineering Fees., which represents 7.73% of the clinical Modernization, Construction, and Contingency costs and meets the State Standard.

Non Clinical includes A/E fees for non-clinical areas.

Line ten, Movable or Other Equipment (not in construction contracts), \$3,335,000

- The clinical cost is \$3,050,000 and includes all equipment, furniture and furnishings required for equipping the clinical services associated with this project. This represents 13% of clinical Modernization, Construction, and Contingency costs.

Line eleven, Bond Issuance, \$700,000

- The clinical cost associated with the Bond Issuance expense is \$445,133.

Line twelve, Net Interest Expense, \$4,240,948

- The clinical cost associated with the Net Interest Expense is \$2,757,424

D. Criterion 1120.310d Projected Operating Costs

Sarah Bush Lincoln's projected annual operating cost in FY15 is \$236,722,919, or \$2,280 per equivalent patient day.

E. Criterion 1120.310e Total Effect of the Project on Capital Costs

Sarah Bush Lincoln's projected capital expenditure in FY15 is \$10,000,000, or \$96,32 per equivalent patient day.

F. Criterion 1120.310f Non-patient Related Services

Not applicable. This project involves patient related services.



**SARAH BUSH
LINCOLN**
HEALTH SYSTEM

December 10, 2009

Ms. Courtney Avery
Interim Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, IL 62702-5051

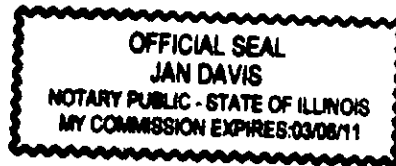
Dear Ms. Avery,

In response to the conditions of debt financing for the proposed project, Sarah Bush Lincoln has engaged the assistance of an outside financial consultant to determine the appropriate size and structure of the debt. The debt financing the project will be at the lowest net cost available. In addition this project does not involve leasing equipment or facilities.

Sincerely,

Gary Barnett
President and
Chief Executive Officer

Scott Lensink
Sarah Bush Lincoln Health Center
Health Center Board Member



Attachment 76 Reasonableness of Project and Related Costs

	A		B		C		D		E		F		G	
	New	Modernized	New	Modernized	New	Modernized	New	Modernized	Cost \$ (A+C)	Mod \$ (B+D)	Total Cost	(E+F)	Total Project Cost including A/E, P/E, Contingency	
Clinical														
Ground Floor - Laboratory		\$279		9,083					\$2,538,330		\$2,538,330		\$3,478,968	
First Floor - Emergency Department Addition (New Construction)	\$431		6,021						\$2,593,610		\$2,593,610		\$2,940,577	
First Floor - Emergency Department Renovation		\$515		7,766					\$3,138,524		\$3,138,524		\$3,997,885	
First Floor - Phlebotomy		\$356		1,570					\$559,388		\$559,388		\$673,438	
First Floor - Radiology/Imaging		\$320		1,816					\$580,390		\$580,390		\$696,844	
First Floor - Surgery Operating Rooms		\$387		14,834					\$5,740,758		\$5,740,758		\$7,248,074	
First Floor - Surgery Recovery Rooms		\$326		7,829					\$2,552,254		\$2,552,254		\$2,994,486	
Medical/Surgical Beds		\$175		25,607					\$4,479,718		\$4,479,718		\$5,692,645	
Medical Office Pavilion 4th Floor - Speech Pathology/Audiology		\$150		3,200					\$480,000		\$480,000		\$584,970	
CLINICAL SUBTOTAL			6,021	71,705					\$2,593,610	\$20,069,362	\$22,662,972		\$38,307,887	

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	A		B		C		D		E		F		G	
	New	Modernized	New	Modernized	New	Modernized	New	Modernized	Cost \$ (A+C)	Mod \$ (B+D)	Total Cost	(E+F)	Total Project Cost including A/E, P/E, Contingency	
Non-Clinical														
Ground Floor - Medical Records		\$71		3,300					\$165,000		\$165,000		\$233,892	
Ground Floor - Expanded Linen		\$7		695					\$3,475		\$3,475		\$4,874	
First Floor - Main Entrance/Patient Waiting		\$238		1,340					\$241,200		\$241,200		\$318,817	
First Floor - Admitting/Patient Registration		\$340		1,332					\$338,546		\$338,546		\$452,310	
First Floor - Gift Shop		\$207		1,458					\$262,440		\$262,440		\$301,489	
First Floor - Quality and Risk Management Dept.		\$202		2,844					\$426,600		\$426,600		\$575,445	
First Floor - Ambulance Garage (New Construction)	\$166		2,635						\$393,000		\$393,000		\$437,998	
First Floor - EMS Storage and Offices (New Construction)	\$178		289						\$46,240		\$46,240		\$51,534	
First Floor - Patient Registration/Dressing Rooms		\$162		745					\$108,025		\$108,025		\$120,393	
First Floor - Security		\$156		225					\$31,500		\$31,500		\$35,106	
First Floor - Physician Lounge		\$162		586					\$84,970		\$84,970		\$94,699	
Total Circulation		\$156		37,108					\$5,195,120		\$5,195,120		\$5,789,961	
Total Administrative Office Space		\$162		7,504					\$1,088,080		\$1,088,080		\$1,212,664	
Mechanical Upgrades									\$4,673,476		\$4,673,476		\$5,208,588	
NON-CLINICAL SUBTOTAL									\$22,662,972	\$20,069,362	\$42,732,334		\$65,437,770	

Site Work													\$367,785
Certificate of Need Fee													\$100,000
Temporary Modernization													\$355,801
Bond Issuance													\$700,000
Net Interest Expense													\$4,240,948
OTHER SUBTOTAL													\$5,764,534

TOTAL \$48,910,191

Attachment 77
Safety Net Impact Statement

The Safety Net Impact Statement describes how the proposed project addresses the following areas:

1. Enhances safety net services at Sarah Bush Lincoln Health Center
2. Does not impair the ability of other providers or health systems to provide safety net services
3. Does not discontinue any safety net services
4. Presents Sarah Bush Lincoln's charity care and Medicaid volumes
5. Presents Sarah Bush Lincoln's commitment to community benefit

Safety Net Services at Sarah Bush Lincoln (SBL)

The Emergency Department and Inpatient Acute Mental Illness services at SBL are considered safety net services. SBL provides the only emergency department service within a 35 mile radius of the Health Center. The Inpatient Psychiatric Unit at SBL provides services to a 7-county region, and is the only provider of such service within a 50 mile radius. SBL has absorbed psychiatric patients associated with the closures of several inpatient psychiatric units over the last decade in central and southern Illinois, along with facilities in western Indiana, which borders the SBL service area. Furthermore, reimbursement for these emergency and inpatient psychiatric services does not cover the cost of care. The services are subsidized by other services provided at Sarah Bush Lincoln.

Safety Net Impact Statement

This project is expected to enhance a safety net service. SBL proposes to modernize and expand the Emergency Department to ensure SBL has the capacity to meet the demand in east central Illinois. Projected increase in ED utilization is found in Attachments 14 and Attachment 71.

This project will not impair other health centers to provide safety net services, nor does this proposed project discontinue any safety net services.

Sarah Bush Lincoln has a strong commitment to charity care and the Medicaid population. Below is 3 years of data which is in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act, and in accordance with the information reported 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.

	2006			2007			2008		
Medicaid	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
Patients	1206	29431	30637	1539	41663	43202	1349	55426	56775
Revenue	\$2,936,647	\$3,871,654	\$6,808,301	\$3,042,878	\$9,406,650	\$12,449,528	\$6,285,687	\$11,938,958	\$18,224,645
Charity Care	\$754,353	\$626,728	\$1,381,081	\$840,687	\$948,110	\$1,788,797	\$868,206	\$1,727,327	\$2,595,533

Sarah Bush Lincoln's Financial Assistance Policy #SB007 is included in this attachment and describes the framework under which financial assistance is provided to patients who do not have the ability to pay for the medical services which they require.

Additionally, a signed, notarized letter is included in the attachment to certify that Sarah Bush Lincoln Health Center maintains a commitment to provide exceptional care for all patients regardless of their ability to pay, and certifies that the charity care and Medicaid figures noted in this attachment are accurate and in accordance with reporting requirements of the Illinois Community Benefits Act and with the information reported to the Illinois Department of Public Health.



December 10, 2009

Ms. Courtney Avery
Interim Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Second Floor
Springfield, IL 62702-5051

Dear Ms. Avery,

This letter shall serve as certification that Sarah Bush Lincoln Health Center will maintain a commitment to provide exceptional care for all patients regardless of their ability to pay, continue its Financial Assistance Policy #SB007, and verify that the charity care and Medicaid information submitted in this application is in accordance with the Illinois Community Benefits Act and the Illinois Department of Public Health.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Barnett", written over a horizontal line.

Gary Barnett
President and
Chief Executive Officer



A handwritten signature in black ink, appearing to read "Jan Davis", written below the notary seal.

POLICY AND PROCEDURE: ADMINISTRATIVE

Policy Title: **FINANCIAL ASSISTANCE PROGRAM (FINANCE)**

Date:	8/22/96	Dept. of	Financial Administration
Reviewed:		Origin:	
		Board	
		Approval:	_____
Revised:	6/30/98, 10/22/98, 7/16/99, 10/17/03, 10/28/04, 4/28/05, 01/24/08, 04/29/08, 04/01/09	Admin.	
		Approval:	_____

PURPOSE:

To provide the framework under which financial assistance may be provided to patients who do not have the ability to pay for the medical services which they require.

STATEMENT OF POLICY:

- A. Sarah Bush Lincoln Health System (SBLHS) facilities will provide medically necessary services for patients regardless of their ability to pay. Services not eligible to receive consideration for financial assistance are:
 - i. Elective procedures, tests and services (not medically necessary)
 - ii. Services provided through Health Management Systems (HMS) – Prairie Pharmacy and In Home Medical
 - iii. Physician Office Co-Pays
 - iv. Hearing Aids

- B. The amount of financial assistance provided must be subject to financial ability to absorb the cost of such services, considering the continued financial viability of Sarah Bush Lincoln Health System. Provision of charitable services will be governed both by administrative and by clinical review. Every effort will be made to educate medical and other clinical staff, as well as the public, regarding the criteria and the processes to be followed in the application of this Financial Assistance policy. SBLHS corporations may seek assistance in funding charitable services from available sources, including philanthropy, public assistance, and county aid.

- C. Accounts, which have been written off as a bad debt and referred to a collection agency will be placed on hold at the collection agency and added to the balances considered for Financial Assistance. The amount of the adjustment applicable to the accounts at the collection agency will be transmitted to the agency after the adjustment has been made.

- D. Any patient/family member who gives false information or who received proceeds of an insurance policy or liability settlement without applying to the original account balance will be so notified and any policy discounts issued will be reversed.
- E. Failure on the part of the patient or family member to provide either verbal information or requested documents within 30 days of the request may be deemed sufficient to terminate the process and result in subsequent denial of assistance.
- F. Receipt of revised Federal Poverty guidelines will not effect any payment agreement in place at time of receipt.
- G. Patients and/or family members incurring additional self pay balances who have previously been qualified for assistance will remain qualified for a period of six months following their initial determination for assistance. A new application for credit must be completed if the most current application is greater than six months old. If the previous application is less than six months old any new self-pay balances will be written off to the extent allowed by the application on file.
- H. Patients who appear to qualify for Medicaid based on the information obtained but who refuse to cooperate by making an application or refuse to follow through with the application will not be considered for financial assistance.

PROCEDURE:

- A. In establishing the amount of a discount, SBLHS will analyze the guarantor's gross income and certain assets to determine the financial ability to pay. SBLHS will apply two tests to both the insured and uninsured applicant to determine financial responsibility. A third test, "Adjusted to Cost" test will be applied to only the uninsured patients. The lowest balance determined from these tests will be the guarantor's financial obligation. Any account balance in excess of the lowest calculated financial ability to pay will be written off as a charitable discount.

1. Income and Asset Test – Available income and assets are combined to determine the financial obligation. Available income is calculated as fifteen percent of the guarantor's Adjusted Gross Income in excess of 130% of the poverty guidelines for a period of four years. In other words, no more than 60 percent of the guarantor's income in excess of 130% of the poverty guidelines will be considered available income. Adjusted Gross Income will be as shown on their most recently filed federal income tax return or estimated based on the completed application and a review of the relevant documents supporting the information in the application such as recent pay stubs and estimated support from family members. The federal poverty guidelines are set forth by the United States Department of Health and Human Services and are adjusted annually.

Cash, investments and the equity in real property (home, buildings and other real estate) above existing federal bankruptcy exemption guidelines for real property based on marital status will be used to determine the available assets. The federal bankruptcy exemptions are adjusted every three years. The amount of liquid assets will be determined by reviewing recent bank or investment statements. The value of the property will be determined by

multiplying times three (3) the assessed values as represented on the most recent property tax bill. Equity will be determined by subtracting the outstanding mortgage from the value of the property.

These two components added together become the potential obligation based on the Income and Asset Test.

2. Discount Test (also see table on last page of this policy) – A sliding discount will be applied to accounts with income beginning at 130% of the Federal Poverty Guidelines (FPG), as published at the time of the completed application, and ending at 400% of the FPG. For each increment of income up to 400% of the FPG, the discount decreases by 10 percentage points. If a person's income is below 130% of the FPG they receive a 100% write-off. Example: If a single person's annual income is \$17,000 they would be entitled to a 70% discount since their income is between \$16,744 (130% of the FPG) and the next level of \$18,480. \$18,480 is \$16,744 plus the increment of income for a single person of \$1,429.

In addition to the discount calculated above to determine the patient's obligation, any cash, investments and equity in real property (home, buildings and other real estate) above existing federal bankruptcy exemption guidelines for real property based on marital status will be used to determine assets available and will be added to the patient's obligation calculated from the sliding scale discount table. The federal bankruptcy exemptions are adjusted every three years. The amount of liquid assets will be determined by reviewing recent bank or investment statements. The value of the property will be determined by multiplying times three (3) the assessed values as represented on the most recent property tax bill. Equity will be determined by subtracting the outstanding mortgage from the value of the property.

3. Adjusted to Cost Test (Uninsured Patients only) A discount equal to the difference between the charges on the account and 135% of Cost will be applied. Cost will be determined by applying the ratio of inpatient cost to charges from the most recently filed Medicare cost report (Worksheet C Part I). A copy of Worksheet C Part I will be filed annually with the Attorney General of the State of Illinois. Guarantors with family income up to 400% of the FPG will qualify. Guarantors with family income above 400% of the FPG will not qualify.

The maximum amount collected in a 12-month period from an eligible guarantor is 25% of the family's annual gross income. The time period begins as of the first date of service determined to be eligible for a discount. For any subsequent services to be included in the maximum, the patient must inform the hospital that he had received prior services from that hospital which were determined to be eligible for discount.

Patients with equity in assets that exceed three times the federal poverty guideline are excluded from the limitation derived from maximum amount calculation in the previous paragraph. Assets excluded from the asset test are as follows: their primary residence, personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure, and any amounts held in a pension or retirement plan.

B. Eligibility Determination:

1. Wherever possible, a patient's status as medically indigent should be identified prior to providing services so that appropriate counseling can be provided. However, review by an appropriate Patient Services representative or Clinic Director may determine that a patient is medically indigent subsequent to treatment and subsequent to billing.
2. Patients who seek financial assistance will be required to submit a written request for determination of eligibility. This request must include a completed and signed application and the appropriate attachments which covers income and assets pertaining to the guarantor. Income levels will be verified by the business office or physician billing office through direct communication. In determining whether a patient meets the eligibility criteria, assets other than income may be considered that could be used to meet financial obligations. (See Attachment A for Financial Assistance Application.) Patients submitting an incomplete application will be informed of the information missing and will continue to receive billing statements until the application is deemed complete. Failure to complete the application may lead to the account being placed with an "early out" billing service and eventually turned over to collection.
3. Eligibility for financial assistance may be approved by the Financial Assistance staff up to \$5,000, by the Patient Services Manager up to \$15,000, by the Vice President of Finance up to \$40,000, and by the Chief Executive Officer if over \$40,000. The Patient Services Manager shall randomly select 10% of the accounts written off by Financial Assistance staff to assure that the documentation supports the write-off.
4. Once a complete application has been received, patients will be notified of the eligibility determination within a reasonable period of time. The patient will also be advised of his or her responsibilities under these guidelines.

C. Accountability and Internal Control:

1. Daily administration of this financial assistance policy shall be the responsibility of the Vice President, Finance. Uncompensated/financial assistance shall be estimated annually in the operating budget
2. The Patient Services Manager is responsible for maintaining cumulative journals of all financial assistance rendered so that monthly reports may be prepared to monitor the experience of SBLHS facilities in providing financial assistance

D. Communication of the Program:

1. Signs and brochures will be placed in the waiting areas of the Emergency Department, the Admitting/Registration area, physicians' offices and other appropriate areas of the

System's facilities. These will specify that Sarah Bush Lincoln Health System's facilities offer financial assistance for medical services, and describe how to obtain more information

2. Financial counselors and clinic directors are designated to explain the SBLHS financial assistance policy. The Patient Services Manager will provide annual in-service sessions regarding the policy

E. Patient Responsibilities:

1. To be considered for a discount under the financial assistance policy, an uninsured or underinsured person must cooperate with SBLHS to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicare, Medicaid, KidCare, FamilyCare, third-party liability, etc.
2. To be considered for a discount under the financial assistance policy, an uninsured or underinsured person must provide the hospital with financial and other information needed to determine eligibility. An incomplete application will not halt billing and collection activity. Only a complete application, including the requested supporting documentation, will be considered a request for assistance and cause the billing and collection process to be suspended.
3. A request for financial assistance under this policy must be made by or on behalf of the patient. Patients may apply for, and will be encouraged to apply for financial assistance before, during or within a reasonable time after medical services are provided. In the event they do not initially qualify for financial assistance after providing the requested information and documentation, patients may re-apply if there is a change in their income, assets, or family size responsibility.
4. An uninsured or underinsured patient who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan in accordance with the Collection of Patient Balance Policy (SB031), which takes into account available income, assets, the amount of the discounted bill(s), and any prior payments.
5. Uninsured patients who qualify for partial discounts must make a good faith effort to honor the payment plans for their discounted hospital bills. They are responsible for communicating to the hospital any change in their financial situation that may impact their ability to pay their discounted hospital bills or to honor the provisions of their payment plans.

Financial Assistance Discount Table
Effective 4/1/09

Income level below which patients receive 100% write-off = 130%
Income level above which patients receive 0% write-off (discount) = 400%
For families with more than 8 persons add per person:

# in Family	INCOME LEVEL										
	\$14,079	\$17,328	\$20,577	\$23,826	\$27,075	\$30,324	\$33,573	\$36,822	\$40,071	\$43,320	\$46,569
1	\$18,941	\$23,312	\$27,683	\$32,054	\$36,425	\$40,796	\$45,167	\$49,538	\$53,909	\$58,280	\$62,651
2	\$23,803	\$29,296	\$34,789	\$40,282	\$45,775	\$51,268	\$56,761	\$62,254	\$67,747	\$73,240	\$78,733
3	\$28,665	\$35,280	\$41,895	\$48,510	\$55,125	\$61,740	\$68,355	\$74,970	\$81,585	\$88,200	\$94,815
4	\$33,527	\$41,264	\$49,001	\$56,738	\$64,475	\$72,212	\$79,949	\$87,686	\$95,423	\$103,160	\$110,897
5	\$38,389	\$47,248	\$56,107	\$64,966	\$73,825	\$82,684	\$91,543	\$100,402	\$109,261	\$118,120	\$126,979
6	\$43,251	\$53,232	\$63,213	\$73,194	\$83,175	\$93,156	\$103,137	\$113,118	\$123,099	\$133,080	\$143,061
7	\$48,113	\$59,216	\$70,319	\$81,422	\$92,525	\$103,628	\$114,731	\$125,834	\$136,937	\$148,040	\$159,143
8	\$52,975	\$65,200	\$77,425	\$89,650	\$101,875	\$114,100	\$126,325	\$138,550	\$150,775	\$163,000	\$175,225
9	\$57,837	\$71,184	\$84,531	\$97,878	\$111,225	\$124,572	\$137,919	\$151,266	\$164,613	\$177,960	\$191,307
Discount	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
% of FPG	130%	160%	190%	220%	250%	280%	310%	340%	370%	400%	

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Replaces previous Health Center policy 10B, "Community Service Assurance" (8/22/96).
Replaces previous Health System policy SB007, "Charity Care" (7/16/99)



**SARAH BUSH
LINCOLN**
HEALTH CENTER

Policy No.: SB007

Sarah Bush Lincoln Health Center
Patient Services • Attn: Marsha Brumleve
P.O. Box 372 • Mattoon, IL 61938
ph. (217) 258-2157 • fax (217) 238-3462

Application for Sarah Bush Lincoln Health Center Financial Assistance
If you need any help with this form, please call 217-258-2157

Applicant Name _____

Telephone # _____ Social Security # _____ Birthdate _____

Name of person responsible for paying account _____

Address _____ City _____ State _____

Employer _____

Marital Status _____

Spouse's Name _____ Social Security # _____ Birthdate _____

Spouse's Employer _____

Insurance Name _____

Insurance ID# _____

Names and Birthdates of dependents

Name _____	Birthdate: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Annual Income:

- | | |
|--|---------------------|
| <input type="checkbox"/> Your wages | \$ _____, _____ .00 |
| <input type="checkbox"/> Spouse's wages | \$ _____, _____ .00 |
| <input type="checkbox"/> Farm or Self-Employment Income | \$ _____, _____ .00 |
| <input type="checkbox"/> Public Assistance | \$ _____, _____ .00 |
| <input type="checkbox"/> Social Security/Disability | \$ _____, _____ .00 |
| <input type="checkbox"/> Unemployment/Worker's Compensation Benefits | \$ _____, _____ .00 |
| <input type="checkbox"/> Alimony/Child Support | \$ _____, _____ .00 |
| <input type="checkbox"/> Pensions/Annuities | \$ _____, _____ .00 |
| <input type="checkbox"/> Dividends/Interest/Rent | \$ _____, _____ .00 |
| <input type="checkbox"/> Income from family or friends | \$ _____, _____ .00 |
| <input type="checkbox"/> Financial Assistance from other sources (i.e. township) | \$ _____, _____ .00 |
| Total gross income from all sources for the past 12 months | \$ _____, _____ .00 |

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LIQUID ASSETS	BANK/FINANCIAL INSTITUTION	BALANCE
Checking Account		\$
Savings Account		\$
Other:		\$
Other:		\$

OTHER ASSETS	\$ VALUE	\$ OWED	\$ EQUITY BALANCE
Home			
Rental Property			
Farm			
Other:			

If you have reported little or no income, please provide a statement of how you are surviving financially.

Copies of the following forms must be submitted with your application (if applicable):

- Most recent tax forms.
- Most recent check stub(s) from all jobs.
- Unemployment check stub listing start date and amount.
- Divorce decree stating child support or alimony received.
- Your most recent bank statement(s).
- Letter from public programs (Social Security, Veterans, Public Aid) listing amount received.
- Award letter for scholarship or grant.
- Public Aid approval or denial letter if applicable - pregnant, dependent children, disabled, blind, over age 65.
- Copy of most recent property tax bill(s) for all owned real estate.

Bills will continue to be sent until a completed application is returned. Before the application may be processed, copies of supporting forms must be turned in with application or mailed to:

**Sarah Bush Lincoln
1000 Health Center Drive
Mattoon, IL 61938**

If your financial situation changes for any reason, please do not hesitate to re-apply after six (6) months from date of application.

I understand that all of the information given will be confirmed by Sarah Bush Lincoln Health Center (SBLHC) or its related businesses. I also understand that false information will result in a denial of the Financial Assistance Application and that I will owe the charges for the services provided. I also give permission for SBLHC to share this information and any supporting documentation for financial assistance purposes only with a facility that I may be referred to directly from SBLHC.

Applicant Signature _____ **Date** _____

(217)



GO

- FOR WOMEN
- FOR MEN
- FOR SENIORS
- FOR CHILDREN
- FOR PATIENTS & VISITORS
- FOR COMMUNITY
- HOME

- Find a Medical Professional
- Careers
- Medical Specialties
- Other Services
- Health Information
- Donate/Volunteer
- About Us



Home > For Men > Sarah Bush Lincoln Financial Assistance Program

- SBL Health Tools
- ✓ View our Nursery
 - ✓ E-Mail a patient
 - ✓ Find a Medical Professional
 - ✓ Request a Publication
 - ✓ Manage My Health
 - ✓ Find a job at SBL
 - ✓ View our calendar



VIEW OUR NURSERY



E-MAIL A PATIENT



MANAGE YOUR HEALTH ONLINE



RECOGNIZE A GREAT SBL EMPLOYEE

Enhanced to better serve people with greater financial needs

Click here to download Financial Assistance forms.

The mission of Sarah Bush Lincoln Health System is to provide exceptional care for all and create healthy communities.

At Sarah Bush Lincoln, our doors are open and care is available to all persons regardless of their income levels. Our policies become personal when a patient needs cancer treatment and cannot possibly afford it, when a disabled person has difficulty completing Medicaid enrollment paperwork on his or her own, or when families have unexpected expenses that make paying their hospital bills on time next-to-impossible.

In short, we work with community members to help simplify the business aspect of our relationship, in addition to providing excellent medical care. For example, we help patients obtain payment from third parties such as Medicaid and Medicare by answering their questions and assisting them with applications. We offer our enhanced financial assistance for medically necessary healthcare services to persons who meet the financial terms once they've submitted the necessary documents, and we invite patients to apply for financial assistance when they cannot cover account balances after we've received payments from third-party payers (like Medicaid, Medicare and insurance companies).

If you have any questions about the SBL Financial Assistance Program, please call the Registration office between 8 a.m. and 5 p.m., Monday through Friday at (217) 258- or 348-2157.

- SBL Psychiatry & Counseling
- Sarah Bush Lincoln Financial Assistance Program
- Heart to Heart Program
- Healthy Directions Weight Management Program
- Lumpkin Family Center for Health Education

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Attachment 78
Support Letters

Sarah Bush Lincoln has received several letters in support of this project. The letters are included in this Attachment and are from:

State Senator, Dale Righter, 55th District
Representative, Chapin Rose, 110th District
Coles Together, economic development organization
Mayor of City of Charleston
Mayor of City of Mattoon
Mattoon Chamber of Commerce
Charleston Chamber of Commerce

District Office:

88 Broadway, Suite 1
Mattoon, IL 61938
217/235-6033
217/235-6052 (Fax)
888/235-6033 (Toll Free)
www.dalerighter.com



General Assembly
State of Illinois

Dale A. Righter

Deputy Republican Leader
State Senator - 55th District

Springfield Office:

309D State House
Springfield, IL 62706
217/782-6674
217/782-7818 (Fax)
drighter@consolidated.net

September 9, 2009

Illinois Health Facilities and Service Review Board
525 West Jefferson St.
Springfield, Illinois 62761

Dear Illinois Health Facilities and Service Review Board:

I am writing to express my support for the expansion and renovation of Sarah Bush Lincoln Health Center in Mattoon, Illinois.

Sarah Bush Lincoln Health System is a major employer in our community, employing 1,550 local and area residents in a wide variety of healthcare and support roles.

As you may know, Sarah Bush Lincoln provides a number of primary care services to residents of our community regardless of their ability to pay for the services. Some of these services readily available through Sarah Bush Lincoln include:

- Emergency Department (averages 35,000 patient visits a year)
- Obstetrical Services
- Inpatient and Outpatient Surgery
- Inpatient Hospital Care
- Laboratory, Radiology and Therapy Services
- Regional Cancer Center
- Critical Care Services
- Behavioral Health Services
- Homecare and Hospice Services
- Primary and Specialty Care Physician Clinics that provide access to care

The construction project includes 6,276 gross square feet of new construction designated in the Emergency Department, and more than 123,000 gross square feet of renovation.

The renovation includes:

- converting all medical/surgical patient rooms to private patient rooms which will provide people with more privacy, a healing environment and lessen the spread of germs and infections;
- renovating an expanding the Emergency Department to create more private patient areas and accommodate the growing number of people seeking emergency care;

Attachment 78

- upgrading the Surgical Suites to better accommodate the growing equipment needs;
- renovating and expanding the Laboratory to accommodate an increase in volume.

The construction and expansion project would also add a significant employment boost in the local and regional market.

I firmly believe this project is an important component in helping Sarah Bush Lincoln continue to better serve the health needs of the local residents.

Sarah Bush Lincoln has held strong to its commitment to serve the community through the support of Healthy Communities – a goal to improve the health status of local residents, and by supporting numerous program in which the care is uncompensated. It also is an important health resource and economic development asset in our community when companies are making crucial expansion plans.

It is for these reasons that I respectfully request the board approve Sarah Bush Lincoln's Certificate of Need application.

Sincerely,



DALE A. RIGHTER
State Senator
55th District

DAR/aw

ILLINOIS HOUSE OF REPRESENTATIVES

SPRINGFIELD OFFICE
200-2N STRATTON BUILDING
SPRINGFIELD, IL 62706
217/ 558-1006
FAX 217/557-0530

DISTRICT OFFICE
1113 LINCOLN AVENUE
CHARLESTON, IL 61920
217/ 348-7673
FAX 217/348-7677



COMMITTEES:
JUDICIARY I - CIVIL LAW
APPROPRIATIONS - HIGHER EDUCATION
ENVIRONMENTAL & ENERGY
INSURANCE
FINANCIAL INSTITUTIONS

CHAPIN ROSE
STATE REPRESENTATIVE • 110TH DISTRICT

December 21, 2009

Illinois Health Facilities and Service Review Board
525 West Jefferson St.
Springfield, Illinois 62761

Dear Illinois Health Facilities and Service Review Board,

I am writing to express my support for the expansion and renovation of Sarah Bush Lincoln Health Center in Mattoon, Illinois.

Sarah Bush Lincoln Health System is a major employer in our community, employing 1,550 local and area residents in a wide variety of healthcare and support roles.

Sarah Bush Lincoln provides a number of primary care services to residents of our community regardless of their ability to pay for the services. Some of these services readily available through Sarah Bush Lincoln include:

- Emergency Department (averages 35,000 patient visits a year)
- Obstetrical Services
- Inpatient and Outpatient Surgery
- Inpatient Hospital Care
- Laboratory, Radiology and Therapy Services
- Regional Cancer Center
- Critical Care Services
- Behavioral Health Services
- Homecare and Hospice Services
- Primary and Specialty Care Physician Clinics that provide access to care

The construction project includes 6,276 gross square feet of new construction designated in the Emergency Department, and more than 123,000 gross square feet of renovation.

The renovation includes:

- converting all medical/surgical patient rooms to private patient rooms which will provide people with more privacy, a healing environment and lessen the spread of germs and infections

- renovating and expanding the Emergency Department to create more private patient areas and accommodate the growing number of people seeking emergency care
- upgrading the Surgical Suites to better accommodate the growing equipment needs
- renovating and expanding the Laboratory to accommodate an increase in volume

The construction and expansion project would add great employment opportunities to numerous construction/trades people in the local and regional market.

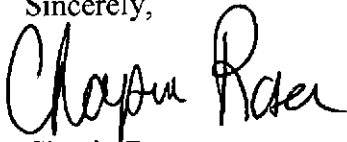
The project is an important component in helping Sarah Bush Lincoln continue to better serve the health needs of the local residents.

Sarah Bush Lincoln has held strong to its commitment to serve the community through the support of Healthy Communities – a goal to improve the health status of local residents, and by supporting numerous program in which the care is uncompensated.

Sarah Bush Lincoln is an important health resource and economic development asset in our community when companies are making crucial expansion plans.

It is for these reasons that I respectfully request the board approve Sarah Bush Lincoln's Certificate of Need application.

Sincerely,



Chapin Rose,
State Representative

September 14, 2009

Illinois Health Facilities and Service Review Board
525 West Jefferson St.
Springfield, Illinois 62761

Dear Illinois Health Facilities and Service Review Board,

I am writing to express my support for the expansion and renovation of Sarah Bush Lincoln Health Center in Mattoon, Illinois.

Sarah Bush Lincoln Health System is a cornerstone of the entire East Central Illinois area including that of the City of Charleston. Sarah Bush Lincoln is a major employer employing 1,550 local and area residents in a wide variety of healthcare and support roles.

Sarah Bush Lincoln provides a number of primary care services to residents of our community regardless of their ability to pay for the services. Some of these services readily available through Sarah Bush Lincoln include:

- Emergency Department (averages 35,000 patient visits a year)
- Obstetrical Services
- Inpatient and Outpatient Surgery
- Inpatient Hospital Care
- Laboratory, Radiology and Therapy Services
- Regional Cancer Center
- Critical Care Services
- Behavioral Health Services
- Homecare and Hospice Services
- Primary and Specialty Care Physician Clinics that provide access to care

Sarah Bush is constantly upgrading and renovating their facility with patient needs being the driving force. I understand this latest project includes 6,276 gross square feet of new construction designated in the Emergency Department, and more than 123,000 gross square feet of renovation.

The renovation includes:

- renovating and expanding the Emergency Department to create more private patient areas and accommodate the growing number of people seeking emergency care
- upgrading the Surgical Suites to better accommodate the growing equipment needs
- renovating and expanding the Laboratory to accommodate an increase in volume

The construction and expansion project would add great employment opportunities to numerous construction/trades people in the local and regional market.

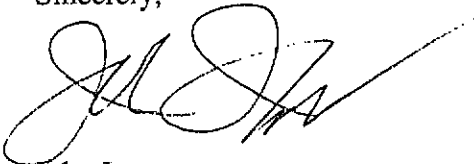
The project is an important component in helping Sarah Bush to continue to better serve the health needs of the local residents.

Sarah Bush Lincoln has held strong to its commitment to serve the community through the support of Healthy Communities – a goal to improve the health status of local residents, and by supporting numerous program in which the care is uncompensated.

Sarah Bush Lincoln is an important health resource and economic development asset in our community when companies are making crucial expansion plans.

It is for these reasons that I respectfully request the board approve Sarah Bush Lincoln's Certificate of Need application.

Sincerely,



John Inyart
Mayor
City of Charleston



Mattoon chamber of commerce

September 11, 2009

Illinois Health Facilities and Service Review Board
525 West Jefferson St.
Springfield, Illinois 62761

Dear Illinois Health Facilities and Service Review Board,

I am writing to express the support for the expansion and renovation of Sarah Bush Lincoln Health Center in Mattoon, Illinois, by our Board of Directors for the Mattoon Chamber of Commerce.

Sarah Bush Lincoln Health System is a major employer in our community, employing 1,550 local and area residents in a wide variety of healthcare and support roles.

Sarah Bush Lincoln provides a number of primary care services to residents of our community regardless of their ability to pay for the services.

The construction project includes 6,276 gross square feet of new construction designated in the Emergency Department, and more than 123,000 gross square feet of renovation.

Not only will the construction and expansion project add great employment opportunities to numerous construction/trades people in the local and regional market, this project is an important component in helping Sarah Bush Lincoln continue to better serve the health needs of the local residents.

Sarah Bush Lincoln has held strong to its commitment to serve the community through the support of Healthy Communities – a goal to improve the health status of local residents, and by supporting numerous program in which the care is uncompensated.

Sarah Bush Lincoln is an important health resource and economic development asset in our community when companies are making crucial expansion plans.

It is for these reasons that I respectfully request the board approve Sarah Bush Lincoln's Certificate of Need application.

Sincerely,

Mary E. Wetzel
Executive Director
Mattoon Chamber of Commerce



Charleston Area Chamber of Commerce

Your Business Connection

www.charlestonchamber.com

September 11, 2009

Illinois Health Facilities and Service Review Board
525 West Jefferson St.
Springfield, Illinois 62761

Dear Illinois Health Facilities and Service Review Board,

I am writing to express my support for the expansion and renovation of Sarah Bush Lincoln Health Center in Mattoon, Illinois.

Sarah Bush Lincoln Health System is a major employer in our community, employing 1,550 local and area residents in a wide variety of healthcare and support roles. They are a vital part of our regional business community and give back to the local communities on a regular basis.

The construction project includes 6,276 gross square feet of new construction designated in the Emergency Department, and more than 123,000 gross square feet of renovation. This construction and expansion project would add great employment opportunities to numerous construction/trades people in the local and regional market and would position Sarah Bush Lincoln to better continue serving the health needs of the local residents.

In addition, Sarah Bush Lincoln is an important health resource and economic development asset in our community when companies are making crucial expansion plans and prospective residents are considering relocating to this area.

Sarah Bush Lincoln has held strong to its commitment to serve the community through the support of Healthy Communities – a goal to improve the health status of local residents, and by supporting numerous programs in which the care is uncompensated.

It is for these reasons that I respectfully request the board approve Sarah Bush Lincoln's Certificate of Need application.

Sincerely,

Cindy Titus
Executive Director

September 14, 2009

Illinois Health Facilities and Service Review Board
525 West Jefferson St.
Springfield, Illinois 62761

Dear Illinois Health Facilities and Service Review Board:

I am writing to express my support for the expansion and renovation of Sarah Bush Lincoln Health Center in Mattoon, Illinois. Sarah Bush Lincoln is an important health resource and economic development asset in our community, particularly at a time when companies are re-evaluating, and in some cases, delaying crucial expansion and construction plans.

As President of the county-wide economic development organization, I am particularly mindful of the impact Sarah Bush Lincoln Health System has on our local economy. As a major employer in our community, employing 1,550 local and area residents in a wide variety of healthcare and support roles, the impact is far-reaching and has a significant trickle-down effect.

The planned construction project includes 6,276 gross square feet of new construction designated in the Emergency Department, and more than 123,000 gross square feet of renovation and includes:

- converting all medical/surgical patient rooms to private patient rooms;
- expanding the Emergency Department to create more private patient areas and accommodate the growing number of people seeking emergency care;
- upgrading surgical suites to better accommodate growing equipment needs; and
- renovating and expanding the laboratory to accommodate an increase in volume.

The construction and expansion project would add considerable employment opportunities for numerous construction and trades individuals in the local and regional market and likely increase employment opportunities in the healthcare field as well.

Sarah Bush Lincoln has held strong to its commitment to serve the community through the support of Healthy Communities – a goal to improve the health status of local residents, and by supporting numerous programs in which care is uncompensated. This project is an important component in helping Sarah Bush Lincoln continue to better serve the health needs of the local residents.

It is for these reasons that I respectfully request the board approve Sarah Bush Lincoln's Certificate of Need application.

Sincerely,

Angela Griffin

Angela Griffin
President

Attachment 78

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MATTOON

MATTOON, ILLINOIS: *Working Together to Build the Future*

December 21, 2009

Illinois Health Facilities and Service Review Board
525 West Jefferson Street
Springfield, IL 62761

Dear Illinois Health Facilities and Service Review Board:

I am writing to express my support for the expansion and renovation of Sarah Bush Lincoln Health Center in Mattoon, Illinois.

Sarah Bush Lincoln Health System is a major employer in our community, employing 1,150 local and area residents in a wide variety of healthcare and support roles.

Sarah Bush Lincoln provides a number of primary care services to residents of our community regardless of their ability to pay for the services. Some of these services readily available through Sarah Bush Lincoln include an emergency department that averages 35,000 patient visits a year, inpatient and outpatient surgery, critical care services, a regional cancer care center as well as primary and specialty care physician clinics that provide access to care.

The construction project includes 6,276 gross square feet of new construction designated in the Emergency Department and more than 123,000 gross square feet of renovation that will convert all medical/surgery patient rooms to private rooms. Renovations will also include expanding the Emergency Department to create more private patient areas, upgrading the Surgical Suites to better accommodate the growing equipment needs, and renovate and expand the Laboratory to accommodate an increase in volume. The construction and expansion project would add employment opportunities to numerous construction/trades people in the local and regional market.

The project is an important component in helping Sarah Bush Lincoln continue to better serve the health needs of the local residents. Sarah Bush Lincoln has held strong to its commitment to serve the community through the support of Health Communities.



Mayor
David W. Cline
Commissioners
Tim Gover
Chris Rankin
Randy Ervin
Rick Hall

Mattoon City Hall
208 N. 19th Street
Mattoon, Illinois 61938
Mayor: 217-234-4633
City Clerk: 217-235-5654
Fax: 217-258-6435

City Clerk
Susan J. O'Brien
City Attorney & Treasurer
J. Preston Owen

Attachment 78

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It is for these reasons that I respectfully request the board approve Sarah Bush Lincoln's Certificate of Need application.

Sincerely,

A handwritten signature in cursive script, appearing to read "David W. Cline".

David W. Cline
Mayor